



Provider Fact Sheet CenCal Health's Radiology Benefit Management (RBM) Program

Overview

For the past several years, CenCal Health has been focusing on provider consultations and patient safety as a means to control for appropriate utilization of high-tech imaging. CenCal Health has selected Care to Care, a URAC accredited as our new partner **effective June 1, 2015**. Together we are improving our Radiology Benefit Management (RBM) program for high-tech imaging to enhance the quality of services delivered to patients and reduce unnecessary radiation associated with advanced diagnostic imaging.

Process

The ordering physician's office must contact Care to Care to request an authorization **prior to ordering** a high-tech imaging service. Based on clinical information from the physician's office, Care to Care will then make consultative determinations using the clinical guidelines published on their website.

Requests can be submitted via phone, fax or through Care to Care's webportal.

- Requests submitted through the CARE portal will be automatically approved if clinical criteria is met. If criteria is not met, the request will be pended for review by a medical director at Care to Care. If additional information is needed, Care to Care will contact the ordering provider's office to request it. Once all the necessary information is provided to Care to Care, a determination will be made.
- Requests submitted via phone are usually approved within 10 minutes when all information is provided and clinical criteria is met. If the in-take specialist is unable to approve the request based on the information available, the request will pend for review by a medical director at Care to Care. If additional information is needed, Care to Care will contact the ordering provider's office to request it. Once all the necessary information is provided to Care to Care, a determination will be made.
- Requests submitted via fax can take up to 5 business days to approve when all information is provided and clinical criteria is met. If the in-take specialist is unable to approve the request based on the information available, the request will pend for review by a medical director at Care to Care. If additional information is needed, Care to Care will contact the ordering provider's office to request it. Once all the necessary information is provided to Care to Care, a determination will be made.

Once a determination is made, an authorization number will be issued. If approved, a copy of the approval letter will be faxed to the ordering provider and rendering facility. Authorizations are valid for 90 days from the date of the consultation.

If an adverse determination is made, the appeal process will be handled by CenCal Health and follow all CenCal Health guidelines. The appeal process is explained in the Denial Letter that will be mailed to both the provider and the member. Appeals must be sent to CenCal Health in writing within 90 calendar days from receipt of the denial notice.

Exceptions

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, urgent care centers, or intra-operative procedures are excluded from the high-tech imaging consultation requirement. Imaging studies for members who have other health care coverage are excluded from the consultation process requirement.

Place of Service

This program only applies to outpatient services performed in:

- Physician Offices
- Freestanding Radiology Centers
- Outpatient Hospital Setting
- Mobile Imaging Units

Applicable Services

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Nuclear cardiology studies

Requesting Consultations

Consultation requests can be made to Care to Care via phone, fax or web:

- ...Phone: 1-888-318-0276
- ...Fax: 1-888-717-9660
- Web: <https://cencal.careportal.com>

Care to Care's call center is open M-F 5:00 AM – 5:00 PM PST.

Required Information

When submitting an authorization request to Care to Care, providers should have the following pertinent information available:

- Patient's chart
- Contact name and number of person calling
- Member name
- Member ID number and group number
- Member date of birth
- Ordering physician name, telephone & fax number
- Reason for imaging procedure and/or ICD-9 CM diagnosis code
- High-Tech imaging service ordered (CPT code)
- Patient symptoms and duration
- Prior imaging studies
- Laboratory studies completed
- Patient medications and duration of use
- Name and fax number of imaging facility where test will be performed

Claims Impact

Rendering providers should verify that an approved authorization has been issued prior to

rendering services. Claims for high-tech imaging services will be denied if the approved authorization number is not documented on the claim.

A Care to Care authorization number does not guarantee eligibility or payment.

Authorizations obtained Retrospectively

On a case by case basis, Providers may request an authorization for services up to a year past the date the service was rendered. To request an authorization for services already rendered, contact Care to Care at 1-888-318-0276.

For additional information please contact Care to Care at (888) 318-0276.