


# Radiology Benefits Management Program

## Quick Reference Guide



Information for Ordering Physicians:	
Program commencement date:	June 1 <sup>st</sup> , 2015
Who is administering this program for CenCal Health?	
What imaging procedures require prior authorization?	MRI, MRA, CT, CTA, PET, PET/CT & Nuclear Cardiology <i>Note: The above services require prior authorization if rendered in a freestanding diagnostic imaging facility, physician office, or hospital outpatient diagnostic facility.</i>
Who should submit the authorization request?	The Ordering (Referring) Physician
Prior authorization requests can be submitted by:	<ul style="list-style-type: none"> <li>▶ <b>Web:</b> <a href="https://cencal.careportal.com">https://cencal.careportal.com</a></li> <li>▶ <b>Phone:</b> 1-888-318-0276</li> <li>▶ <b>Fax:</b> 1-888-717-9660</li> </ul> <i>Note: There will be a first-time user registration process to complete when first submitting an online request to establish your username and password.</i>
Hours of Operation for Prior Authorization of Imaging Services:	Care to Care's contact center is open 5:00 AM – 5:00 PM PST Monday – Friday.
What information is required when requesting prior authorization?	<ul style="list-style-type: none"> <li>▶ Member (Patient) <b>Name</b>, Member <b>DOB</b>, Member <b>ID</b> number and ordering <b>Physician Name</b> and <b>Address</b></li> <li>▶ Name of <b>Facility</b> where services will be performed</li> <li>▶ Radiological or Imaging <b>Procedure</b> to be performed</li> <li>▶ <b>Medical Indication(s)</b> for requested procedure and ICD-10 code as available. Be sure to include:                             <ul style="list-style-type: none"> <li>▷ Member's major complaint</li> <li>▷ What the referring physician is looking to rule out</li> <li>▷ Results of any lab findings, prior tests or imaging procedures</li> <li>▷ Outcome any prior treatment, including type and duration, for the same medical indication</li> </ul> </li> </ul>
How long is an authorization valid for?	90 days from the date of approval
Requests for URGENT reviews:	<b>URGENT</b> requests will be considered based on each clinical situation. Make urgent requests by <b>PHONE</b> . Tell the Intake Specialist of your urgent need and provide rationale.
Is prior authorization required if the member has Other Health Coverage (OHC)?	No. Members with other health coverage or Medicare primary do not require prior authorization through Care to Care
Must I notify you if I need to modify my request from CONTRAST to NO CONTRAST?	Yes, preferably within 24-48 hours.
How do I modify my authorization once submitted?	Contact Care to Care to modify the authorization
Where can I get a prior authorization fax form?	You may download the form at: <a href="http://caretocare.com/index.php/resources/provider-resources">http://caretocare.com/index.php/resources/provider-resources</a>