


# Imaging Excellence Program

## Quick Reference Guide

Information for Referring Physicians:	
Program commencement date:	January 1, 2013
Who is administering this program for Health Tradition Health Plan?	 <b>CARE to CARE</b> MULTI-SPECIALTY MANAGEMENT
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
What Health Tradition plans are under this program?	All Health Tradition Benefit Plans Except 65+ Enrolled Members and Members with Access to First Health Network
Prior authorization requests can be submitted by:	<ul style="list-style-type: none"> <li>▶ <b>Web:</b> <a href="https://hthp.careportal.com">https://hthp.careportal.com</a></li> <li>▶ <b>Phone:</b> 1-888-248-4882</li> <li>▶ <b>Fax:</b> 1-888-925-7816</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 7:00 AM – 5:00 PM CST 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 referring <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-9 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?	30 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 Health Tradition is the secondary insurer?	Yes
Must I notify you if I need to modify my request from CONTRAST to NO CONTRAST?	Yes, preferably within 24-48 hours.
Where can I get a prior authorization 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>