


Radiology Benefits Management Programs - Quick Reference Guide



Information for Ordering Physicians:	
Program commencement date:	June 1 st , 2017
Who is administering this program for Physicians Health Plan?	 CARE to CARE <small>MULTI-SPECIALTY MANAGEMENT</small>
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"> • Phone: (888) 223-4144 • Fax: (646) 502-5044 • Web: https://php.careportal.com NOTE: There will be a first-time user registration process to complete when first submitting an online request to establish your username and password.
Hours of Operation for Prior Authorization of Imaging Services:	Care to Care's call center is open M-F 8:00 AM – 6:00 PM EST
What information is required when requesting prior authorization?	<ul style="list-style-type: none"> ➤ Member (Patient) Name, Member DOB, Member ID number and ordering Physician Name and Address ➤ Name of Facility where services will be performed ➤ Radiological or Imaging Procedure to be performed ➤ Medical Indication(s) for requested procedure and ICD-10 code as available. Be sure to include: <ul style="list-style-type: none"> • Member's major complaint • What the referring physician is looking to rule out • Results of any pertinent lab findings, prior tests or imaging procedures • Outcome any prior treatment, including type and duration, for the same medical indication
How long is an authorization valid for?	60 days from the date of approval
Requests for URGENT reviews:	URGENT requests will be considered based on each clinical situation. Make urgent requests by web, phone or fax. Indicate the urgent need and provide rationale.
Must I notify you if I need to modify my request from CONTRAST to NO CONTRAST?	Yes. Any change in requested code requires notification to Care to Care.
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: http://www.caretocare.com/index.php/resources/provider-resources