


# Imaging Excellence Program

## Quick Reference Guide



Please consider using the web to submit your requests. To submit online, visit: <https://elderplan.careportal.com>.

Information for Ordering Physicians:	
Program commencement date:	January 1, 2010
Who is administering this program for ElderPlan?	 <b>CARE to CARE</b> MULTI-SPECIALTY MANAGEMENT
What imaging procedures require prior authorization?	MRI, MRA, CT, CTA, PET, PET/CT <u>Note:</u> The above services require prior authorization if rendered in a freestanding diagnostic imaging facility, physician office, or hospital outpatient diagnostic facility.
Who should submit the authorization request?	The ordering (Referring) Physician
What lines of business are covered under this program?	Extra Help, Medicaid Beneficiaries, Plus Long Term Care (MLTC)
Prior authorization request can be submitted by:	<b>Phone:</b> 1-888-390-7526 <b>Fax:</b> 1-888-248-4884 <b>Web:</b> <a href="https://elderplan.careportal.com">https://elderplan.careportal.com</a> <u>Note:</u> 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:	8:00 a.m. – 5:00 p.m. EST, Monday through 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?	60 days from the date of approval
Request for URGENT reviews:	<b>URGENT</b> Make urgent requests by PHONE. Tell the Intake Specialist of your urgent need and provide rationale.
Who do I contact for Claim Submissions and Inquiries?	<b>Electronic:</b> EDI Payor ID 41222 (via ChangeHealthcare – formerly known as Emdeon) <b>Physical:</b> Care to Care Claims P.O Box 211548 Eagan, MN 55121 1-800-610-6114
Must I notify you if need to modify my request from Contrast NO CONTRAST?	Yes, preferably within 24-48 hours for processing.
Where can I get a prior authorization fax form?	<a href="http://www.caretocare.com/index.php/resources/provider-resources">http://www.caretocare.com/index.php/resources/provider-resources</a>