

CareCore National, LLC

Who is CareCore National?

CareCore National, LLC (CCN) is a nationally recognized, physician-owned, radiology/imaging management service company with significant operations in New Jersey. CCN has an established reputation for leadership in radiology benefit management. Its physician culture places CCN in a position to offer more effective management services and the ability to understand the professional and practical implications of Advanced Imaging Services (AIS).

What will CCN do for Horizon BCBSNJ?

CCN is working in conjunction with Horizon BCBSNJ to manage the AIS for our members through prior authorization/medical necessity determinations with the physicians. CCN helps ensure appropriate radiology/imaging services for our members, provide clinical consultation to our participating providers and assist in the scheduling of radiology/imaging services.

What are the Advanced Imaging Services (AIS)?

The Advanced Imaging Services (AIS) include, but are not limited to: CT, CTA, MRI, MRA, PET and Nuclear Medicine (including Nuclear Cardiology).

Who is responsible for obtaining the prior authorization/pre-service determination of medical necessity?

It is the prescribing physicians' (i.e., Primary Care Physicians and specialists) responsibility to contact CCN through the toll-free number, for a prior authorization/pre-service determination of medical necessity for AIS exams.

CCN will not accept a request for a prior authorization/pre-service determination of medical necessity from the rendering provider. However the rendering provider should verify if prior authorization was given or a pre-service necessity was made, by calling CCN at 1-866-496-6200 or verify on the Web site: www.carecorenational.com.

Will CCN accept a call from the radiology facility regarding prior authorization/ medical necessity?

CCN will accept calls from the Horizon participating radiology facility within 2 business days of the performed procedure for any upgrading or downgrading of AIS procedures.

Please Note: Upgrading of procedures will require the facility to justify the need for the upgrade with CCN.

How does the physician prior authorization/medical necessity process work?

1. The ordering physician's office will contact CCN utilizing the toll-free number 1-866-496-6200 (Monday through Friday from 7 a.m. to 7 p.m. Eastern Time) or via a 24-hour toll-free fax line 1-800-637-5204* or the Web site: www.carecorenational.com.
2. CCN will ask for relevant clinical information and history. Examples of required documentation:
 - Completed fax authorization form
 - Clinical office notes
 - Consultation reports
 - Previous diagnostic reports
3. Generally, authorization numbers will be provided at the end of the call (**providing all necessary clinical information has been provided**).
4. Scheduling may be accomplished at the same time. The physician's office can be transferred to the scheduling line once prior authorization/medical necessity determination is obtained.

* New toll free number.

Fax forms are available on www.horizonblue.com under downloadable form or on www.carecorenational.com.

What are the turnaround times for prior authorization/medical necessity determinations?

- General requests will be resolved within 48 hours, providing all necessary information has been supplied.
- Medically Urgent* cases (not life threatening and can wait up to 3 hours) are resolved as soon as possible but no longer than 3 hours.
- Emergent cases should proceed to the nearest Emergency Room, pre-certification is not required.

Please note: Medically Urgent cases should be called into CCN at 1-866-496-6200.

What products require prior authorization?

As of January 1, 2005, a prior authorization is required for NJ PLUS members for the referenced AIS procedures. Also included will be insured Horizon POS, Horizon PPO and Horizon Direct Access plans. Horizon Medicare Blue, Horizon Medicare Blue Plus and Horizon Medicare Blue Value will be effective as of April 1, 2005.

Please note: Prior Authorization does not apply to radiology/imaging services rendered during Emergency Room visits, Observation Unit or inpatient stays. Prior authorization is not required for Small Group (Reform) and Individual products.

What is available for physicians on CCN's website?

- **Eligibility Lookup-** advises which members require prior authorization/pre-service medical necessity determinations.
- **Authorization Lookup-** shows current status of authorizations (approved, denied, awaiting clinical documentation or currently in review).
- **Authorization requests-** allows the office to initiate the authorization request through the website (requires registration).
- **Downloadable forms-** fax forms are available through the website.
- **Physician Guidelines-** current evidence-based recommendations regarding imaging.

Web address: www.carecorenational.com

Do Small Group/Individual contracts have to go for a pre-service medical necessity determination?

It is not required but we highly recommend the cases be reviewed for medical necessity. This process not only guarantees payment for the radiologist it also protects the member from potentially being balanced billed should the monies be taken back for not meeting medical necessity.

For what products will pre-service medical necessity determination be available?

To ensure claim payment (of the referenced AIS procedures), a pre-service determination of medical necessity is available for the following products: Horizon HMO, Horizon Medicare Blue, Horizon Medicare Blue Plus, Horizon Medicare Value, Horizon POS, Horizon PPO, Horizon Direct Access.

What if the physician does not agree with CCN's determination?

We highly recommend the physician contact the CCN Peer to Peer Consultation Line. The physician will be able to discuss the actual case in detail with a CCN Medical Director. In most cases, missing clinical information is often clarified once this discussion takes place.

Toll Free: 1-800-918-8924 x11858

How does this apply if the member wants to use a radiology facility outside of NJ?

For facilities within the contiguous counties (DE, PA or NY), if that site is participating with Horizon, they will need to get prior authorization from CCN (for member contracts that require prior authorization).

If the rendering site is not participating with Horizon, they do not need to have prior authorization as the claims will process against the members Out of Network benefits (if applicable) or will be processed by Bluecard (ITS local plan).

Which products are completely excluded from this arrangement?

Horizon NJ Health, Federal Employee Program (FEP), SHBP Traditional, Bluecard (ITS local plan) and Medigap plans are completely excluded from this arrangement.

What is the telephone number for physician prior authorization/medical necessity determinations?

Toll free: 1-866-496-6200

What is the fax number for physician prior authorization/medical necessity determinations?

Toll free fax: 1-800-637-5204

How will this work for members that are Medicare primary or have another primary health plan?

Prior authorization will not be required when Horizon BCBSNJ is the secondary payer.

Do I need an authorization and a confirmation number to get my claims paid?

No, if an authorization number is received for AIS there is no need to get a confirmation number from the scheduling line. The authorization number will assist in the claim payment.

What are CCN's hours of operation?

CCN's professional scheduling coordinators and clinical staff are available Monday through Friday from 7:00 a.m. to 7:00 p.m., ET and with fax availability 24 hours, seven days a week.

What is the scheduling line?

The scheduling line is a service provided by CCN to Horizon BCBSNJ physicians and members. CCN will schedule radiology/imaging procedures for patients. The scheduling line improves patient access to imaging services by helping the patient identify Horizon BCBSNJ's participating radiology/imaging facilities that most closely match the patient's needs. CCN representatives collect basic information, check eligibility and connect members directly with the imaging facility they select to schedule the appointment. CCN will provide the ordering physician and radiology facility with a fax confirmation of the patient's appointment, along with the unique confirmation number.

How does scheduling work for the AIS procedures?

After receiving an authorization for exams (AIS) the physician/office staff can then be transferred to the scheduling line to have the service scheduled by a CCN representative. The patient or physician's office may schedule radiology/imaging services by calling the toll free number at:

Physicians: 1-866-496-6200
Patients: 1-866-969-1234

Is a paper referral still required for non-AIS?

No, paper or electronic referrals are not required for radiology/imaging services rendered at facilities*, as long as the services are scheduled through the scheduling line. The tracking number given will replace the need for the paper referral (for Horizon HMO, Horizon POS and Medicare Advantage patients).

**Effective November 1, 2006, Horizon's claim processing systems have been updated so that paper referrals will no longer be required for routine radiology procedures such as X-rays, ultrasounds, and mammograms rendered in the Outpatient Department of the hospital. As of November 1st, tracking numbers can be utilized in lieu of paper referrals for these procedures.*

Please Note: Prior authorization/pre-service medical necessity reviews are still required for the Advanced Imaging Services (MRI/MRA, CT/CTA, PET Scans, Nuclear Medicine and Nuclear Cardiology).

Can other radiology services be scheduled through the scheduling line?

Yes, all other Non-AIS radiology/imaging services can be scheduled through the scheduling line. A tracking number will be issued to the caller for all services scheduled at non-hospital (freestanding) facilities.

Are there products that do not require confirmation numbers for non-AIS procedures?

Horizon PPO, Horizon Direct Access and Traditional/Indemnity products do not require the use of the scheduling line. However they can utilize the scheduling line as a value-added service.

What should referring or ordering physicians give their patients to schedule radiology/imaging services?

Ordering physicians should give their patients a completed radiology prescription with instructions to call CCN.

Please Note: A tracking number is not required if the ordering physician issues a paper or electronic referral (for managed care members).

What information should be provided to the scheduling line by the patient?

The patient should have his/her Horizon BCBSNJ ID card and the completed radiology prescription form available when they call.

What if I have questions about these programs?

You can contact CareCore Customer Service directly at 1-866-496-6200 between the hours of 7:00 a.m. to 7:00 p.m. or you may contact your Horizon BCBSNJ Professional Field Consultant.