### Important Information Regarding Advanced Radiology Services for Obstetric (OB) and Maternal Fetal Medicine (MFM) Providers

#### Authorizations and Backdating

- Authorizations should be approved by CareCore National prior to performing the service whenever possible.
- CareCore National will allow OB and MFM specialties to submit an authorization **within 2 business days of performing the service** without having to meet the normal Medical Urgency criteria.
- If the request meets Medical Necessity criteria and an authorization is granted, the authorization will be back-dated to the actual Date of Service and claims processing will not be impacted.

#### Ultrasounds

- The first two ultrasounds per member do **not** require prior authorization.
- The third ultrasound and each subsequent ultrasound for a particular member **always** require prior authorization.
- In the case of twins, each subsequent ultrasound given to that member, even with an appropriate 59 modifier applied to the second ultrasound, will count towards the member’s total number of ultrasounds.

#### Appeals / Peer-to-Peer Discussions

- Providers are encouraged to utilize CareCore’s peer-to-peer discussion process before submitting an appeal to WellCare. A peer-to-peer discussion with a CareCore Medical Director may provide the information needed to approve the case, thus removing the need for an appeal.
- Please note that a peer-to-peer discussion with a CareCore Medical Director is only available **within three business days** of receiving a denial for an authorization.
- Remember that Appeals should be sent directly to WellCare.
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  Attn: Appeals Department  
  PO Box 31368  
  Tampa, FL 33631-3368  
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- A peer-to-peer discussion with a CareCore Medical Director is always available by request. If a provider wishes to have a peer-to-peer/reconsideration discussion with a CareCore Medical Director, an appeal should not be submitted to WellCare until after this conversation has taken place.
Claims / Coding Issues

- Please note that denial letters often state an alternate CPT code that would have been approved by CareCore.
  - Please review this information before initiating a peer-to-peer discussion with CareCore or submitting an appeal to WellCare.
- Should a radiology service be broken into the Technical and Professional component and billed by two independent agents (e.g., radiology center and interpreting physician), only the claim with the Technical component needs to be submitted with the appropriate authorization number.
- Specialists may obtain approval for CPT code 76825 even if the ‘initial’ service has already been performed by the referring physician.
- Please call the following contacts regarding coding issues:
  - Jennifer Cossifos 800-918-8924 x10389 (7:00am -3:30pm)
  - Karl Liles 800-918-8924 x 30241 (11:00am – 7:00pm)
  - Ana Casanova, Supervisor 800-918-8924 x 10246.

Clinical Coverage Guidelines

- Please note that WellCare has adopted CareCore’s clinical policies regarding high-tech radiology and OB imaging. The criteria can be accessed on their Web site: http://www.carecorenational.com/criteria.asp

CCN Website Enhancements

- CareCore is working with WellCare to streamline the process for OB Ultrasounds and other pregnancy-related imaging services. Where medically necessary, CareCore has modified the web authorization process to allow for up to 10 authorizations of the same CPT code. In order to cover the imaging services needed for the duration of the member’s pregnancy, each authorization granted for an OB Ultrasound or other pregnancy-related imaging service will be given an expiration date of three weeks past the Expected Date of Delivery (EDD). The EDD is requested as part of the clinical information submitted online.
- For web authorizations, a free form text box has been added to allow OB and MFM providers to enter additional information regarding the case.
- CareCore and WellCare are also creating specific clinical pathways which, if medical necessity criteria are met, will result in multiple authorizations granted through one submission of clinical information. We appreciate your patience and partnership as we continue to evolve our process.