

For Alliance Health detailed prior authorization requirements, please visit the Alliance Health Procedure Code Look-up Tool at <https://www.alliancehealthplan.org/providers/procedure-code-lookup-tool/>

Program Frequently Asked Questions

Diagnostic Tests and Interventional Procedures for Alliance Health Members

Why do some procedures now require prior authorization?

Prior authorization is required to minimize radiation exposure, and promote the most appropriate, evidence-based tests and interventions that impact member outcomes.

When does the program begin?

Alliance Health, consistent with North Carolina Medicaid guidance, is waiving prior authorization for these services for dates of service from July 1, 2024 through September 30, 2024. Prior authorization will be required for all dates of service October 1, 2024 and thereafter. Evolent will be available to begin providing prior authorizations for those services starting on September 1, 2024 for dates of service October 1, 2024 and after. We will work with you and your office staff to ensure that you are prepared for the launch of this program.

How does the program work?

The management program assesses technologies used to diagnose, monitor, and treat members with related conditions in non-emergent outpatient cases. The program takes a comprehensive approach to determine if a recommended test or procedure is the proper next step in diagnosing or treating related conditions or if another approach is more appropriate.

What procedures are included in the Alliance Health program?

Effective for dates of service on or after October 1, 2024, the below outpatient non-emergent procedures will require prior authorization:

- CT/CTA
- CCTA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography

What additional services are provided?

- Evidence-based algorithms to support the best diagnostic options for each member

- Consultations with cardiologists related to elective diagnostic and interventional procedures when peer-to-peer review is required

Who will administer clinical oversight of the program?

Board-certified specialty physicians worked with community-based physicians to develop evidence-based clinical guidelines and algorithms that determine the best available diagnostic pathway. These board-certified physicians also consult with referring physicians to apply these guidelines and algorithms to a member's specific symptoms and medical history. By determining the most appropriate clinical protocol for each member, we can reduce duplicative testing, minimize member radiation exposure, shorten diagnosis time, and improve the overall health care experience.

Is there anything I should be doing before the program begins?

If you haven't done so already, please take a few minutes to register on [RadMD.com](https://www.radmd.com). This portal gives you the most expedient way to process your imaging requests.

What happens if I need to have an inpatient or emergent exam or specialty procedure performed?

Alliance Health will be responsible for management inpatient and emergency procedures.

KEY PROVISIONS

- Emergency department, observation and inpatient imaging procedures do not require prior authorization.