



## **NIA Medical Specialty Solutions**

Provider Training/ Charmaine Gaymon / Date here





# NIA Program Agenda



- Introduction to Magellan/National Imaging Associates (NIA)
- Our Program
  1. Authorization Process
  2. Other Program Components
  3. Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers



# Magellan Today and Building for the Future



## Medical Specialty Solutions NIA

- Advanced Diagnostic imaging
- Cardiac imaging and interventional procedures
- Radiation Oncology
- Pain Management

## Behavioral Health Solutions Magellan BH

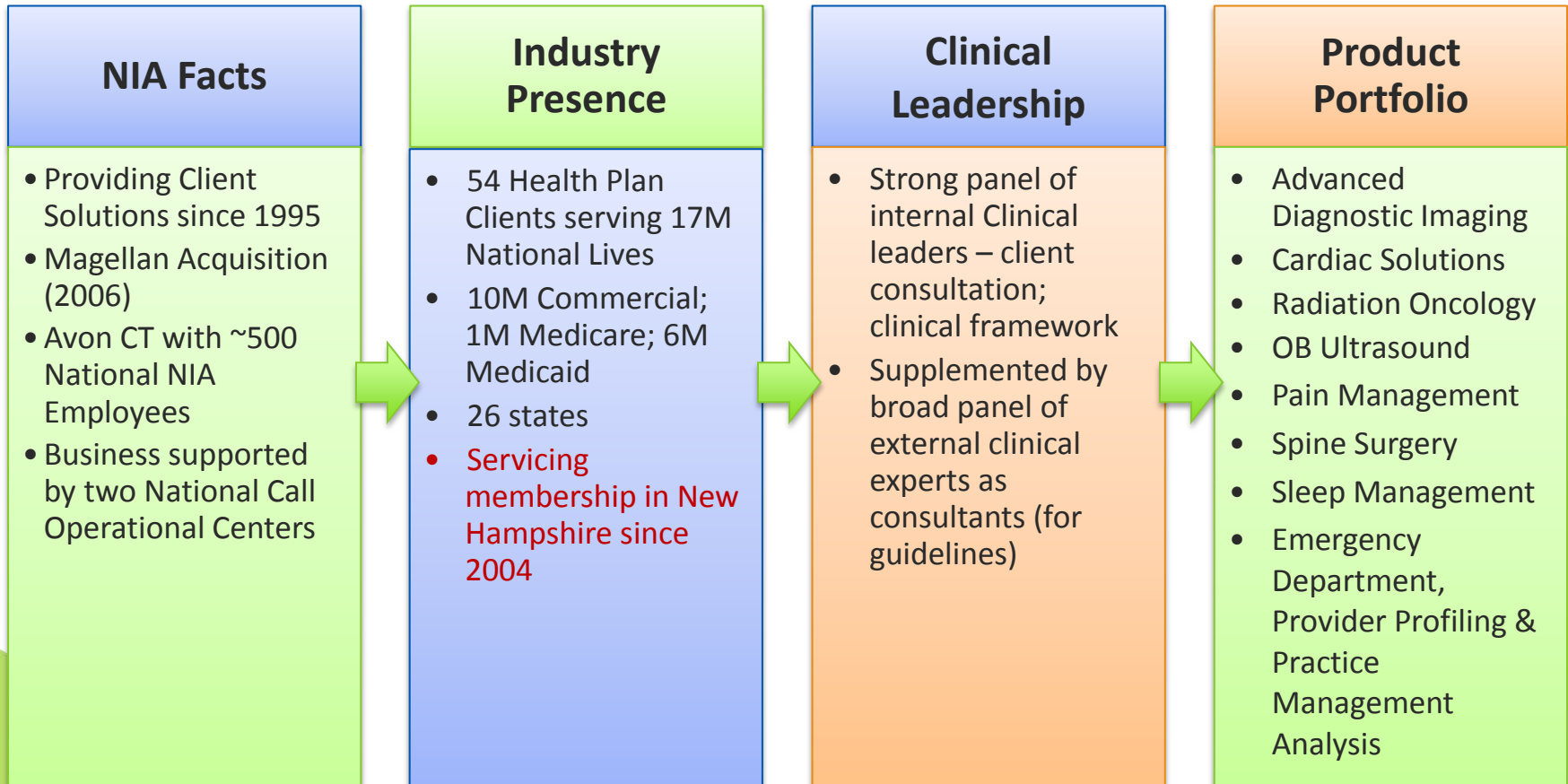
- Behavioral health
- Substance use
- Integrated medical & behavioral care
- EAP and health and wellness
- Psychotropic drug management

## Pharmacy Solutions TDS

- Total drug management
- Medical pharmacy
- Specialty pharmacy
- Pharmacy benefits

## Multiple Solutions *One Magellan*

As the nation's leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes, optimize cost of care.



**NCQA Certified & URAC Accredited**

**December 1, 2013**

## **Procedures Requiring Prior Authorization**

- MRI/MRA
- CT/CTA
- PET
- CCTA
- Nuclear Cardiology/Nuclear Stress/MPI
- Stress Echo
- Echocardiography
- Only non-emergent procedures performed in an outpatient setting require authorization with NIA

## **Excluded from Program: Procedures Performed in the Following Settings:**

- Hospital Inpatient
- Observation
- Emergency Room
- Surgery Center



# List of CPT Procedure Codes Requiring Prior Authorization



- Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA
- CPT Codes and their Allowable Billable Groupings
- Located on RadMD
- Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix



## Claims/Utilization Review Matrix 2013 New Hampshire Healthy Families

The matrix below contains all of the CPT-4 codes for which National Imaging Associates (NIA) authorizes on behalf of New Hampshire Healthy Families. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. If an exam is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

**\*Please Note:** Services rendered in an Emergency Room, Observation Room, Surgery Center or Hospital Inpatient settings are not managed by NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
74950	CT Chest	74950, 74951, 74952

## Ordering Provider

- Responsible for obtaining prior authorization



## Rendering Provider

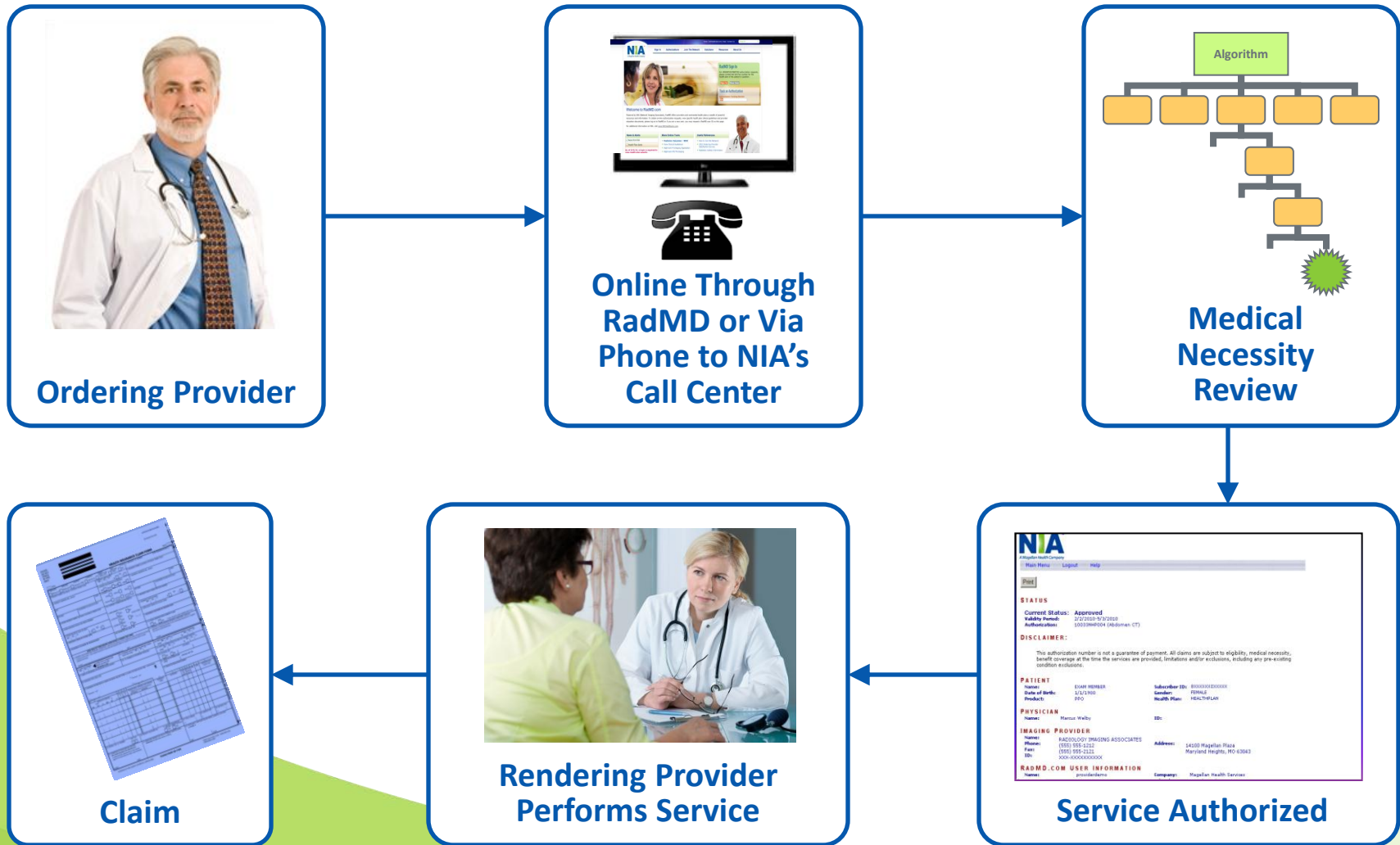
- Ensuring that prior authorization has been obtained prior to providing service



***Recommendation to Rendering Providers:  
Do not schedule test until authorization is  
received***



# Prior Authorization Process Overview



NIA processes more than 300,000 requests each month!

# Clinical Decision Making and Algorithms



- Algorithms and guidelines are reviewed and mutually approved by New Hampshire Healthy Families and NIA Chief Medical Officers
- Many NIA algorithms recommend substituting more costly but more effective imaging technology. Our goal – the most appropriate test early in an episode of care for New Hampshire Healthy Families members.
- Clinical Guidelines available on [www.RadMD.com](http://www.RadMD.com)



# Patient and Clinical Information Required for Authorization



## GENERAL

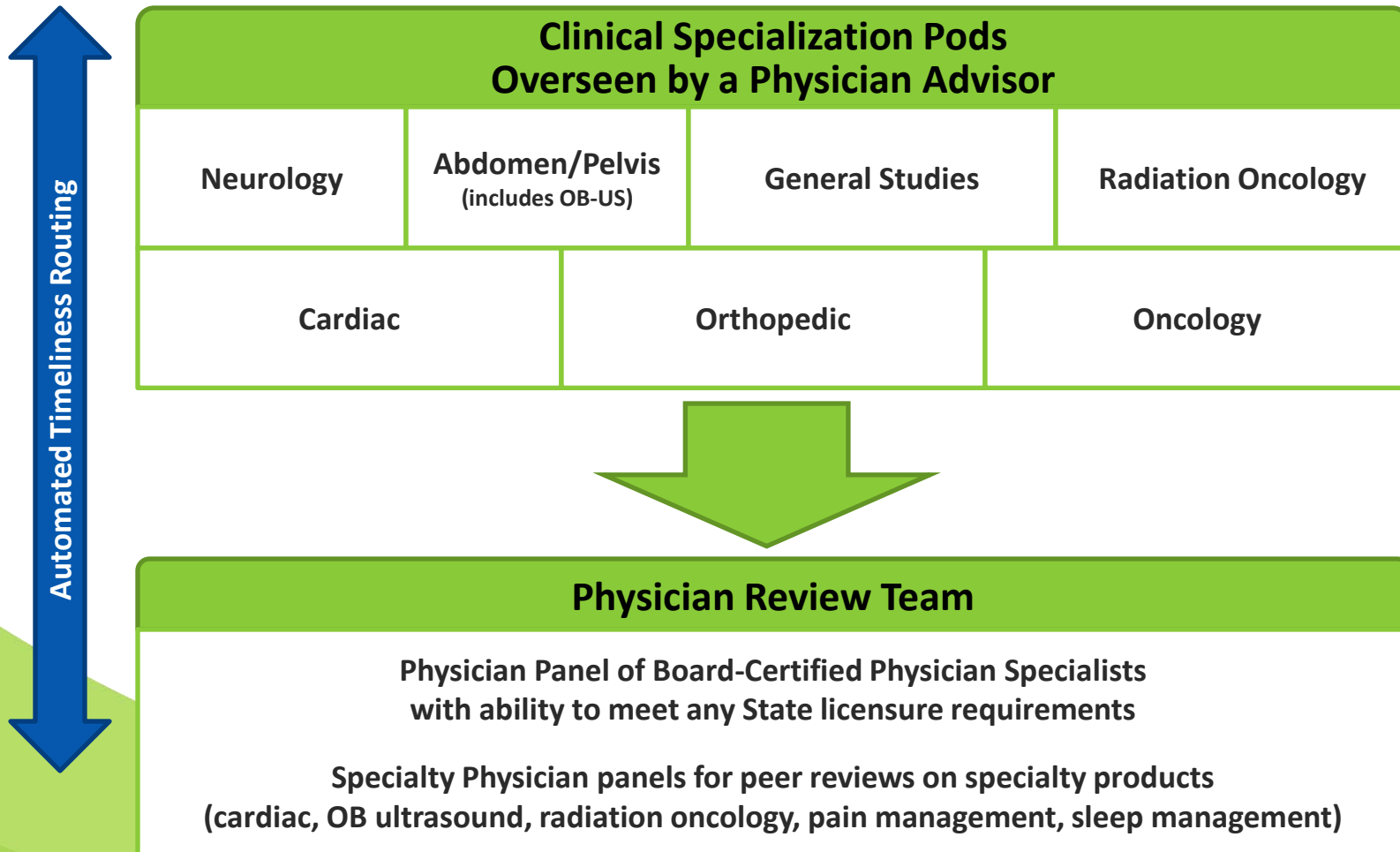
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

## CLINICAL INFORMATION

- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder)

**Refer to the Prior Authorization Checklists on RadMD for more specific information.**

# Clinical Specialty Team Review



# Document Review

- NIA may request patient's medical records/additional clinical information
- When requested, validation of clinical criteria within the patient's medical records is required before an approval can be made
- Ensures that clinical criteria that supports the requested test are clearly documented in medical records
- Helps ensure that patients receive the most appropriate, effective care



# NIA to Ordering Provider: Request for Additional Clinical Information



CC\_TRACKING\_NUMBER

FAXC



**ABDOMEN - PELVIS CT**  
**PLEASE FAX THIS FORM TO: 1-800-784-6864**

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

Study Requested was: Abdomen - Pelvis CT  
 For documentation **ALWAYS PROVIDE:**

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:

FAX\_QUESTIONS\_ADDL

aalfaddlfaqquestions

a) **Abdominal pain evaluation:**

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

b) **Abnormal finding on examination, imaging or laboratory test:**

Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging

c) **Suspicion of cancer:**

Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy

d) **History of cancer:**

Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.

e) **Pre-operative evaluation:**

Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.

f) **Post-operative evaluation:**

- A fax is sent to the provider detailing what clinical information that is needed, along with a Fax Coversheet
- We stress the need to provide the clinical information as quickly as possible so we can make a determination
- Determination timeframe begins after receipt of clinical information
- Failure to receive requested clinical information may result in non certification

CC\_TRACKING\_NUMBER

FAXC



# Submitting Additional Clinical Information/Medical Records to NIA



- Two ways to submit clinical information to NIA
  - Via Fax
  - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 888-642-7649

CC\_TRACKING\_NUMBER \_\_\_\_\_

Ordering Physician:	REQ PROVIDER
Fax number:	FAX RECIP PHONE
Member ID:	MEMBER_ID
Patient Name:	MEMBER_NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to RadOncRadiologyFaxNor

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

Name:	_____
Telephone:	_____

\*\*\*CONFIDENTIALITY NOTICE\*\*\*  
If you received this faxable in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC\_TRACKING\_NUMBER \_\_\_\_\_



***Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!***

# Prior Authorization Process

## 1 Intake level



- Requests are evaluated using our clinical algorithm
- Requests may:
  1. Approve
  2. Require additional clinical review
  3. Pend for clinical validation of medical records

## 2 Initial Clinical Review



- Nurses will review request and may:
  1. Approve
  2. Send to NIA physician for additional clinical review

## 3 Physician Clinical Review

- Physicians may:
  1. Approve
  2. Deny
  3. Ordering Provider Withdrawal



**A peer to peer discussion is always available!**

- **Approval Notification**

- 1 business day after decision is made (Member and Provider)

- **Denial Notification**

- 1 business day verbal to Ordering provider
- Written within 3 calendar days, Member, Ordering provider and PCP

- **Authorization Validity Period**

- 30 days from scheduled date of service. If no date of service is given at time of call, authorizations are valid for 30 days from the date of initial request,

- **Appeal Instructions**

- NIA will be delegated 1st level member appeals
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

# Program Components

Provider  
Network

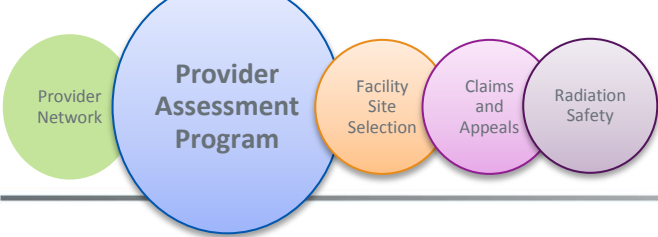
Provider  
Assessment  
Program

Facility Site  
Selection

Claims and  
Appeals

Radiation  
Safety

- Advanced Imaging Provider Network:
  - New Hampshire Healthy Families will use NIA's network of Free-Standing Imaging Facilities (FSFs) as it's preferred providers for delivering outpatient CT's, MR's, and PET Scan services to New Hampshire Healthy Families members throughout New Hampshire.
  - The NIA contracted facilities will be “in network” for New Hampshire Healthy Families members.
- New Hampshire Healthy Families Participating Hospitals and In-Office Providers:
  - New Hampshire Healthy Families Participating Hospitals, hospital-owned FSFs and Privileged In-Office Providers offering advanced imaging services will continue under their current New Hampshire Healthy Families contracts as “in-network” providers. They will need to participate in the NIA prior authorization program.



# Provider Assessment Program



A process used by NIA to assess the diagnostic imaging capabilities of the providers within the network. It includes <both credentialing as well as> an assessment of the appropriateness of the contracted services rendered at each practice location (called privileging).

- Privileging components include:
- Accreditation
- Equipment Standards
- Physician and Technologist Education, Training, and Certification
- Facility Management





## Overview

Modalities privileged by NIA include

- MRI/MRA
- CT/CTA
- PET
- CCTA
- Nuclear Cardiology/Nuclear Stress/MPI
- Stress Echo
- Echocardiography
- **Includes Freestanding facilities and In-Office providers**
- Providers who complete an application and comply with Privileging Guidelines are selectable for prior-authorization.

**NOTE:** Providers may be privileged for some modalities, but not privileged for other modalities

## Application Submission Process



- Application available on RadMD
- Each practice location must complete a separate application
- Information gathered is shared with health plan – health plan makes the final decision
- Results are communicated to the provider by NIA

## How Claims Should be Submitted

Rendering providers/Imaging providers should continue to send their claims directly to Granite State Health Plan:

Granite State Health Plan  
Attn: Claims Department  
P.O. BOX 4060

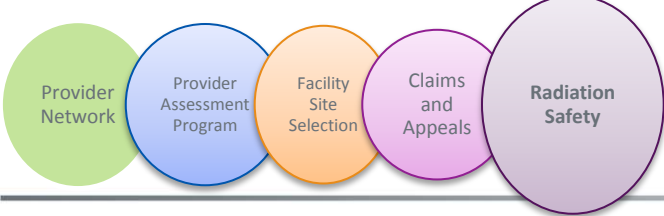
Farmington, Missouri 63640-3831

- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the New Hampshire Healthy Families website at [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through New Hampshire Healthy Families.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

**NOTE:** Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.



# Radiation Safety and Awareness



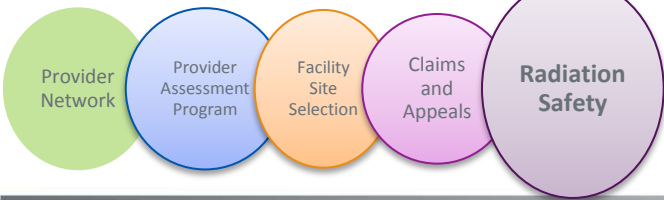
- Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv
- U.S. population exposed to nearly six times more radiation from medical devices than in 1980
- CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

1 mSv =

 4 months of  natural exposure

 50 chest x-rays

NIA has developed Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns



# NIA's Radiation Safety Tools

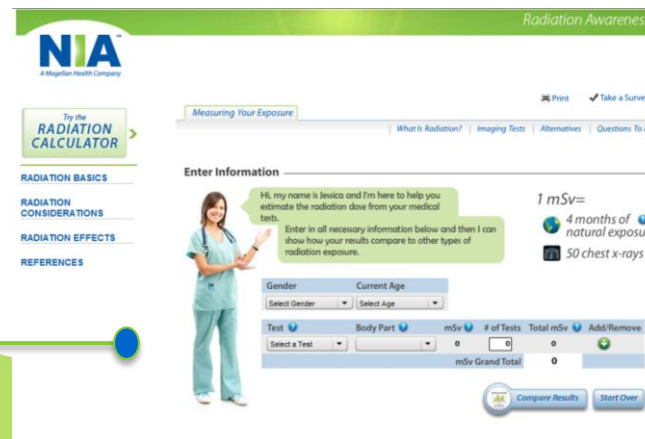


## Radiation Awareness Education

- Promote Provider and Member Awareness and Education

## Radiation Calculator

- [www.radiationcalculator.com](http://www.radiationcalculator.com)
  - Over 8,000 visits to the website from 89 countries
- Apple, Android and Facebook App available
  - Average rating: 4 out of 5 stars



# Provider Tools



- Toll free authorization and information number – 1-866-769-3085  
Available 8am – 8pm EST
  - Interactive Voice Response (IVR) System for authorization tracking
- RadMD Website – Available 24/7 (except during maintenance)
  - Request authorization (ordering providers only) and view authorization status
  - Upload additional clinical information
  - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents



# Ordering Provider: Getting Started on RadMD.com



Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders radiology exams”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE:** On subsequent visits to the site, click the “Sign In” button to proceed.

1

RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

**Sign In** **New User**

Track an Authorization

Authorization Tracking Number  **Go**

2

Which of the following best describes your company?

-- Please Select an Appropriate Description --

-- Please Select an Appropriate Description --

Imaging Facility or Hospital that performs radiology exams

Health Insurance company

**Physician's office that orders radiology exams**

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

3

RadMD.com

**NIA**  
MEDICAL SPECIALTY SOLUTIONS

Log In RadMD Home Help

**RADMD.COM: APPLICATION FOR A NEW ACCOUNT**

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDsupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDsupport@magellanhealth.com can be received.

Which of the following best describes your company?  
-- Please Select an Appropriate Description --  
[What about me? Help, register, office?](#)

Choose a User ID  
6-20 Characters

Name  
First Last

Phone Fax  
[xxx] xxx-xxxx [xxx] xxx-xxxx

Company Name Job Title

Email Confirm Email  
example: you@company.com

Address  
example: 123 Main St.  
example: Suite A (optional)

City [State] Zip

Your Superior  
The manager or supervisor responsible for terminating your access. This cannot be yourself.

Name  
First Last  
Phone Email  
[xxx] xxx-xxxx example: boss@company.com

**Submit Application**

If you have problems, please contact us at RadMDsupport@magellanhealth.com



# Rendering Provider: Getting Started on RadMD.com



## IMPORTANT

- Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Imaging Facility or Hospital that performs radiology exams”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

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-- Please Select an Appropriate Description --

Imaging Facility or Hospital that performs radiology exams

Health Insurance company

Physician's office that orders radiology exams

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Physicians office that prescribes radiation oncology procedures

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RadMD.com

NIA  
A Magellan Health Company

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Which of the following best describes your company?  
-- Please Select an Appropriate Description --  
[What about radiology offices?](#)

Choose a User ID  
6-20 Characters

Name  
First Last  
Phone Fax  
[xxx] xxx-xxxx [xxx] xxx-xxxx  
Company Name Job Title  
Email Confirm Email  
example: you@company.com

Address  
example: 123 Main St.  
example: Suite A (optional)  
City [State] Zip

Your Superior  
The manager or supervisor responsible for terminating your access. This cannot be yourself.

Name  
First Last  
Phone Email  
[xxx] xxx-xxxx example: boss@company.com

Submit Application

If you have problems, please contact us at RadMDsupport@magellanhealth.com

# Dedicated Provider Relations Contact Information



## **NIA Dedicated Provider Relations Manager :**

Name : Charmaine S. Gaymon

Phone: 410-953-2615

Email: [csgaymon@magellanhealth.com](mailto:csgaymon@magellanhealth.com)

- Provides educational tools to ordering Physicians and rendering providers on imaging processes and procedures.
- Liaison between New Hampshire Healthy Families Provider Relations and NIA.

# RadMD Demo

