

Gateway Health Medicare AssuredSM Quick Reference Guide For Rendering Providers

Effective September 1, 2016

Gateway HealthSM has selected Magellan Healthcare¹ to implement a radiology benefit management program for outpatient advanced imaging services for Gateway Health Medicare Assured members. This program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services. Magellan Healthcare will manage the outpatient imaging services listed below through Gateway Health's existing contractual relationships.

The following services will **not** be impacted by this relationship:

- Inpatient advanced imaging services
- Emergency Room imaging services
- Observation imaging services
- Surgery Center
- Gateway Health will continue to perform prior authorization of coverage for interventional imaging procedures (even those that utilize MR/CT technology)

Prior Authorization Implementation Recommendations

As a provider of diagnostic imaging services that requires prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained.

It is the responsibility of the rendering facility or physician to ensure that prior authorization was obtained, when necessary. Payment will be denied for procedures performed without a prior authorization, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization Under Gateway Health Medicare Assured *

- CT/CTA
- MRI/MRA
- PET Scan
- Muga Scan
- Myocardial Perfusion Imaging
- CCTA
- Stress Echocardiography

*A separate prior authorization number is required for each procedure ordered.

¹ Magellan Healthcare refers to National Imaging Associates, Inc.

Emergency room, observation and inpatient imaging procedures do not require prior authorization from Magellan Healthcare. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-800-424-1728 for Gateway Health Medicare Assured providers in Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina.

Please refer to Magellan Healthcare's website to obtain the Gateway Health Medicare Assured/ Magellan Healthcare Billable CPT® Codes Claim Resolution Matrix for all of the CPT-4 codes that Magellan Healthcare authorizes on behalf of Gateway Health.

Prior Authorization Processes

To ensure that authorization numbers have been obtained, the following processes should be considered.

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under Gateway Health.
- If a physician office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the referring physician has not obtained prior authorization when required, inform the physician of this requirement and advise him/her to obtain an authorization by visiting Magellan Healthcare's website at www.RadMD.com, or by calling 1-800-424-1728 for Gateway Health Medicare Assured providers in Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina. You may elect to institute a time period in which to obtain the prior authorization number, e.g., one business day.
- If a patient calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the patient should be directed back to the referring physician who ordered the procedure.
- Authorizations are valid for 60 days from the date of request.

Checking Authorizations

You can check on the status of patients' authorizations quickly and easily by going to the Magellan Healthcare website, www.RadMD.com. After obtaining a secure password sign-in to select, the **My Exam Requests** tab to view all outstanding authorizations.

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Numbers:
 - 1-800-424-1728 **Pennsylvania**
 - 1-800-424-1732 **Ohio, Kentucky, and North Carolina.**

Please check both sides of the member's identification card carefully to determine whether an authorization is required.

Submitting Claims

Claims will continue to go directly to Gateway Health. Please send your claims for imaging procedures to the following state-specific addresses for Medicare Assured:

PA Gateway Health Medicare AssuredSM
Gateway Health
PO Box 830430
Birmingham, AL 35283-0430

KY, NC & OH Gateway Health Medicare AssuredSM
Gateway Health
PO Box 830500
Birmingham, AL 35283-0500

Providers are encouraged to use EDI claims submission. For submission of professional or institutional electronic claims for Gateway Health Medicare Assured, please refer to the information below for Emdeon Payer ID's and RelayHealth CPID's (Clearinghouse Process ID):

<u>CPID</u>	<u>Payer Name</u>	<u>Payer ID</u>	<u>Claim Type</u>
2298	Gateway Health Medicare Assured	60550 (PA) 91741 (KY) 91741 (NC) 91741 (OH)	Professional
2912	Gateway Health Medicare Assured	60550 (PA) 91741 (KY) 91741 (NC) 91741 (OH)	Institutional

Frequently Asked Questions

In this section Magellan Healthcare addresses commonly asked questions received from providers.

Where can I find Magellan Healthcare's Guidelines for Clinical Use of Diagnostic Imaging Procedures?

Magellan Healthcare's Guidelines for Clinical Use of Diagnostic Imaging Procedures can be found on Magellan Healthcare's website at www.RadMD.com.

Is prior authorization necessary if Gateway Health Medicare Assured is not the member's primary insurance?

Yes.

What does the Magellan Healthcare authorization number look like?

The Magellan Healthcare authorization number consists of 8 or 9 alpha/numeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use

either number to track the status of their request on the RadMD Web site or via our Interactive Voice Response telephone system.

Who can I contact at Magellan Healthcare for questions, complaints, and appeals, etc.?

Please use the following Magellan Healthcare contacts by type of issue:

- To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Magellan Healthcare Area Provider Relations Manager.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.

How will referring/ordering physicians know who Magellan Healthcare is?

Gateway Health Plan Medicare Assured sends orientation materials to referring providers. Gateway Health and Magellan Healthcare are also coordinating additional outreach and orientation activities.

How will Magellan Healthcare direct members to my facility?

Magellan Healthcare actively promotes utilization of quality, cost-effective imaging providers by providing patients and referring physicians' with critical information online and at the point of ordering. Members will soon be able to access information on a number of quality (e.g., accreditations, certifications) and convenience indicators (e.g., hours of operation, handicap access, parking) on Magellan Healthcare's website. Our goal is to assist patients and referring physicians in selecting quality, convenient and cost-effective care for each individual.

What will the member ID card look like? Will it have both Magellan Healthcare and Gateway Health Medicare Assured information on the card? Or will there be two cards?

The Gateway Health Medicare Assured member ID card will not have Magellan Healthcare identifying information on it. Gateway Health will redirect calls to Magellan Healthcare for advanced imaging services.