AvMed Quick Reference Guide
For Rendering Physicians

Effective 5/1/12
Revised 6/1/2013 - Please refer to the Prior Authorization Recommendations for changes affecting the validity period.
Revised 7/1/16 – to include Individual Health Plan Members

AvMed utilizes Magellan Healthcare to provide radiology network management services and utilization management services for outpatient CT, MRI, PET, CCTA, Nuclear Cardiology and Stress Echo imaging procedures. This program will also include a Magellan Healthcare network component for AvMed’s fully insured and self insured membership as shown below. Effective July 1, 2016, AvMed will expand its partnership with Magellan Healthcare to include all Individual Plan Members.

With the addition of Individual Plans, all AvMed Members will now require prior authorization for non-emergent, outpatient advanced imaging services. The list of services below remains the same. The only change is the addition of Individual Plan Members requiring prior authorization.

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1National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.
Medicare Membership | CT/CTA, MR/MRA, PET
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Please note that the following Nuclear Cardiology CPT codes will not require prior authorization from Magellan Healthcare for AvMed Medicare members ONLY when ordered by Clinical Cardiology, Interventional Cardiologist, Cardiothoracic Surgery, Cardiovascular Surgery, & Electrophysiology.

75557, 75571, 75572, 75573, 75574, 78451, 78459, 78472, 93350

Magellan Healthcare Free Standing Advanced Imaging Network

The following services will not be impacted by this relationship:
- Inpatient advanced radiology services
- Emergency Room radiology services
- AvMed will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MRI/CT technology)

Prior Authorization Implementation Recommendations
As a provider of diagnostic imaging services that require 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 necessary authorization, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization Under AvMed Health Plans*
- CT/CTA
- MRI/MRA
- PET
- CCTA
- Nuclear Cardiology
- Stress Echo

* A separate authorization number is required for each procedure ordered.
Emergency room, observation and inpatient imaging procedures do not require prior authorization from Magellan Healthcare. If an emergency 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 1-866-663-8387.

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

The following recommendations are offered for your review and consideration in developing effective procedures for your facility. These recommendations are for informational purposes only and are not policies of AvMed or Magellan Healthcare.

Prior Authorization Recommendations
To ensure that authorization numbers have been obtained, the following recommendations should be considered.

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under many plans.
- 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 Web site at www.RadMD.com, or by calling 1-866-663-8387. 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 examination.
- Effective July 18, 2013 – If an anticipated date of service is given at the time of the authorization request, the validity period will be 60 days from the given date of service. If an anticipated date of service is not given at the time of the authorization request, the validity period will be 60 days from the date of the approval determination.

Checking Authorizations
You can check on the status of patients’ authorizations quickly and easily by going to the Magellan Healthcare Web site, www.RadMD.com. After sign-in, visit the My Exam Requests tab to view all outstanding authorizations.

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

Quick Contacts
- Web Site: www.RadMD.com
- Toll Free Phone Number: 1-866-663-8387.
- Magellan Healthcare Radiology Network: 1-800-327-0641
- AvMed Provider Service Center: 1-800-452-8633
Submitting Claims
Claims will continue to go directly to AvMed. Please send your claims for imaging procedures to the following address:

AvMed
PO BOX 569000
Miami, FL 33256

For electronic submission, the AvMed’s Payor ID is:
59274 – Fee for Service
59275 – For Encounters

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

Can I see a copy of the Magellan Healthcare provider handbook policies as I prepare to sign a participating provider agreement with Magellan Healthcare?

Yes. You can obtain a copy of Magellan Healthcare’s Imaging Provider Handbook by calling Magellan Healthcare’s Radiology Network Services team at 1-800-327-0641. Also, you can visit Magellan Healthcare’s Web site at www.RadMD.com to view the handbook online.

The rates I currently have do not represent all of the services we provide or represent more services than we provide. Who can I contact to change this?

Magellan Healthcare sends contracts to providers whom we believe at the start of a relationship are most likely to fit the entity’s business and clinical model. To that end, Magellan Healthcare sends professional rates to practitioners or groups who read films, technical imaging rates to hospitals and both to freestanding facilities. If the rates we have sent to you do not include the right mix of these categories, please contact your Magellan Healthcare Area Contract Manager.

How does Magellan Healthcare establish its provider reimbursement rates?

Magellan Healthcare performs an analysis of a number of payers to establish a competitive rate while giving participating providers the opportunity for enhanced patient volume resulting from an ever-growing number of patients covered under the Magellan Healthcare program.

Where can I find Magellan Healthcare’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?

Is prior authorization necessary if AvMed Health Plans 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 alphanumeric characters. 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:

- Provider contracting questions: Contact your Magellan Healthcare Area Contract Manager or the Radiology Network Services line at 1-800-327-0641.
- For privileging application or process, contact Magellan Healthcare’s Provider Assessment Department toll-free at 1-888-972-9642 or at RADPrivilege@Magellanhealth.com
- To educate your staff on Magellan Healthcare procedures and to assist you with any provider issues or concerns, contact your Magellan Healthcare Provider Relations Manager.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).
- Other questions, complaints and appeals not related to authorizations or claims: Contact the Magellan Healthcare Radiology Network Services line at 1-800-327-0641.

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

AvMed sends orientation materials to referring providers. AvMed 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 Web site. Our goal is to assist patients and referring physicians in selecting quality, convenient and cost-effective care for each individual.
Will out-of-area AvMed Health Plans members be able to use the Magellan Healthcare network when traveling out of state?

Yes, depending on their benefit plan.

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

The AvMed member ID card will not have Magellan Healthcare identifying information on it.