Medical Specialty Solutions Program

Provider training presented by: Kevin Apgar
Training Program
Program Agenda

• Program
  1. Authorization process
  2. Other program components
  3. Provider tools and contact information

• RadMD Demo

• Questions and Answers
Highlights

### Facts
- Providing Client Solutions since 1995.
- Columbia, MD with 700 National NIA Employees.
- Business supported by two National Call Operational Centers.

### Industry Presence
- 76 Health Plan Clients serving 25.7M National Lives.
- 16M Commercial; 1M Medicare; 8.5M Medicaid.
- 34 states.

### Clinical Leadership
- Strong panel of internal clinical leaders – client consultation; clinical framework.
- Supplemented by broad panel of external clinical experts as consultants (for guidelines).

### Product Portfolio
- Advanced diagnostic imaging.
- Cardiac solutions.
- Radiation oncology.
- OB ultrasound.
- Genetic testing.
- Musculoskeletal management (Spine Surgery/IPM).
- Chiropractic care, speech therapy, physical and occupation therapies.
- Sleep Management.
- Emergency Department, Provider Profiling & Practice Management Analysis.

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URAC Certified & NCQA Accredited
Prior Authorization Program

Non-emergent, outpatient procedures performed on or after October 1, 2016 require prior authorization.

**Procedures Requiring Prior Authorization**

- MRI/MRA
- CT/CTA
- PET
- CCTA
- Myocardial perfusion imaging
- Muga scan
- Stress echocardiography
- Echocardiography (TEE & TTE)
- Inpatient or outpatient lumbar and cervical spine surgery
  (Effective 1/15/15)

**Settings Excluded from Program:**

- Hospital inpatient
- Observation
- Emergency room
- Urgent care
- Surgery center
List of CPT Codes Requiring Prior Authorization

- Review 2016 Medical Specialty Solutions Program Utilization Review Matrix to view CPT codes.

- CPT codes and their “Allowable Billed Groupings.”

- Located on RadMD.

- Procedures not listed on the utilization review matrix will be adjudicated accordingly.

<table>
<thead>
<tr>
<th>Authorized CPT Code</th>
<th>Description</th>
<th>Allowable Billed Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>70336</td>
<td>MRI Temporomandibular Joint</td>
<td>70336</td>
</tr>
<tr>
<td>70450</td>
<td>CT Head/Brain</td>
<td>70450, 70460, 70470</td>
</tr>
<tr>
<td>70480</td>
<td>CT Orbit</td>
<td>70480, 70481, 70482</td>
</tr>
<tr>
<td>70486</td>
<td>CT Maxillofacial/Sinus</td>
<td>70485, 70487, 70488, 70490, 70491, 70492</td>
</tr>
<tr>
<td>70490</td>
<td>CT Soft Tissue Neck</td>
<td>70490, 70491, 70492</td>
</tr>
<tr>
<td>70496</td>
<td>CT Angiography, Head</td>
<td>70496</td>
</tr>
<tr>
<td>70498</td>
<td>CT Angiography, Neck</td>
<td>70498</td>
</tr>
<tr>
<td>70540</td>
<td>MRI Orbit, Face, and/or Neck</td>
<td>70540, 70542, 70543</td>
</tr>
<tr>
<td>70551</td>
<td>MRI Internal Auditory Canal</td>
<td>70551, 70552, 70553, 70540, 70541, 70542, 70543</td>
</tr>
<tr>
<td>70544</td>
<td>MRA Head</td>
<td>70544, 70545, 70546</td>
</tr>
<tr>
<td>70547</td>
<td>MRA Neck</td>
<td>70547, 70548, 70549</td>
</tr>
<tr>
<td>70551</td>
<td>MRI Brain</td>
<td>70551, 70552, 70553</td>
</tr>
<tr>
<td>70554</td>
<td>Functional MRI Brain</td>
<td>70554, 70555</td>
</tr>
<tr>
<td>71250</td>
<td>CT Chest</td>
<td>71250, 71250, 71270, 71250, 71255, 71270, 71270, GPS02, GC097</td>
</tr>
<tr>
<td>71275</td>
<td>CT Angiography, Chest (non coronary)</td>
<td>71275</td>
</tr>
<tr>
<td>71550</td>
<td>MRI Chest</td>
<td>71550, 71551, 71552</td>
</tr>
<tr>
<td>71555</td>
<td>MRA Chest (excluding myocardium)</td>
<td>71555</td>
</tr>
<tr>
<td>72125</td>
<td>CT Cervical Spine</td>
<td>72125, 72126, 72127</td>
</tr>
<tr>
<td>72128</td>
<td>CT Thoracic Spine</td>
<td>72128, 72129, 72130</td>
</tr>
</tbody>
</table>
Responsibility for Authorization

Ordering Provider
• Responsible for obtaining prior authorization.

Rendering Provider
• Ensuring that prior authorization has been obtained before providing service.

Recommendation to rendering provider:
Do not schedule test until authorization is received.
Prior Authorization Process - Overview

1. Ordering Physician
2. Submit Requests by Phone or Online Through RadMD (www.RadMD.com)
3. Algorithm
4. Rendering Provider Performs Service
5. Authorized
6. Claim

NIA Magellan
PRESBYTERIAN
Clinical Decision-making and Algorithms

- The clinical guidelines are reviewed and mutually approved by Presbyterian Health Plan and Magellan Healthcare’s chief medical officers.

- Magellan Healthcare’s algorithms and medical necessity reviews collect key clinical information to ensure that Presbyterian Health Plan members are receiving appropriate care prior to more invasive procedures are performed.

- The goal is to ensure that Presbyterian Health Plan members are receiving the appropriate level of care.

Patient and Clinical Information Required
Information for Authorization

<table>
<thead>
<tr>
<th>General</th>
<th>Clinical Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes things like ordering physician information, member information, rendering provider information, requested examination, etc.</td>
<td>- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings</td>
</tr>
<tr>
<td></td>
<td>• Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)</td>
</tr>
<tr>
<td></td>
<td>• Reason the study is being requested (e.g., further evaluation, rule out a disorder)</td>
</tr>
</tbody>
</table>

Refer to the Prior Authorization Checklists on RadMD for more specific information.
Clinical Specialty Team Review

Clinical Specialization Pods Overseen by a Physician Advisor

- Neurology
- Abdomen/Pelvis (includes OB-US)
- General Studies
- Radiation Oncology
- Cardiac
- Orthopedic
- Oncology

Physician Review Team

- Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements.
- Specialty Physician panels for peer reviews on specialty products (cardiac, OB Ultrasound, radiation oncology, interventional pain management, surgery, sleep management).
Document Review

- Magellan Healthcare 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 Provider: Request for Additional Clinical Information

- A fax is sent to the provider detailing what clinical information that is needed, along with a fax coversheet.

- It is important to provide the additional clinical information as quickly as possible to make a determination.

- Determination time frame begins after receipt of clinical information.

- Failure to receive requested clinical information may result in non-certification.
Submitting Clinical Information/Medical Records

- Two ways to submit clinical information:
  - Fax
  - Online at [www.RadMD.com](http://www.RadMD.com)

- When submitting clinical information, use the fax cover sheet found on the RadMD website or request one by calling 866-236-8717.
Prior Authorization Process

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.

Initial Clinical Review

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

Physician Clinical Review

- Physicians may:
  1. Approve.
  2. Deny.

A peer to peer discussion is always available!
Notification of Determination

Authorization Notification

Authorization Validity Period
The validity period is 60 days from date of request.

Denial Notification

Appeal Instructions
In the event of a denial, providers should follow the appeal instructions provided in their denial letter.
NIA’s Urgent/Expedited Authorization Process

If an urgent clinical situation exists outside of a hospital emergency room, please call 866-236-8717 immediately with the appropriate clinical information for an expedited review.
Program Components

- Provider Network
- Claims & Appeals
- Radiation Safety
Advanced Imaging Provider Network:

Presbyterian will use its network of free-standing imaging facilities (FSFs), hospitals, and in-office providers as its preferred providers for delivering the following non-emergent, outpatient services to Presbyterian members throughout New Mexico:

- CT/CTA.
- MRI/MRA.
- PET Scan.
- CCTA.
- Myocardial Perfusion Imaging (MPI).
- Muga Scan.
- Stress Echocardiography.
- Echocardiography services.
**Claims & Appeals**

### How Claims Should be Submitted

- Rendering providers/imaging providers should continue to send their claims directly to Presbyterian.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Presbyterian website at [http://www.phs.org](http://www.phs.org)

### Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Presbyterian.
- 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.
• Today’s U.S. population is 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.

NIA has Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns.
NIA’s Radiation Awareness Program

Promotes provider and member awareness and education.

Radiation Calculator

Estimates radiation dose from medical tests with the Radiation Calculator.

- [www.radiationcalculator.com](http://www.radiationcalculator.com).
- Over 8,000 visits from 89 countries.
- Smartphone app available.
- Received a four-star rating out of five stars.
Provider Tools

• Toll free authorization and information number:
  • 866-236-8717 Available 6 a.m. – 6 p.m. MDT.
  • Interactive Voice Response (IVR) System for authorization tracking.

• RadMD website – Available 24 hours a day, seven days a week (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 username and password due to HIPAA regulations.

**STEPS:**

1. Click the “New User” button on the right side of the home page.

   ![RadMD Sign In](image)

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

2. Select “Physician’s office that orders radiology exams.”

   ![Application Form](image)

   Which of the following best describes your company?

   - 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. Fill out the application and click the “Submit” button.
   - Must include your email address to receive your approved username and password.
Rendering Provider: Getting Started on RadMD.com

IMPORTANT:

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

STEPS:

1. Click the “New User” button on the right side of the home page.

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

2. Select “Physician’s office that orders radiology exams.”

3. Fill out the application and click the “Submit” button.
   - Must include your email address to receive your approved username and password.
Dedicated Provider Relations Contacts

**NIA Provider Relations Manager**
Name: Kevin Apgar
Phone: 800-450-7281 ext. 65080 or 916-859-5080
Email: Kwapgar@magellanhealth.com

**Presbyterian Provider Relations Manager**
Name: Rebecca Eisenberg
Phone: 505-923-5498
Email: reisenbe@phs.org
RadMD Demo
Questions?
Confidentiality Statement for Providers

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