National Imaging Associates, Inc. (NIA) Medical Specialty Solutions
NIA Program Agenda

Introduction

Our Program

1. Expanded Program
2. Authorization Process
3. Clinical Validation of Records
4. Other Program Components
5. Provider Tools and Contact Information

Questions and Answers
Radiology Management Program Updates

Changes effective October 3, 2016

• 16 New CT/MRI imaging CPT codes

• Clinical Validation of Records

• Prior authorization for Stress Echocardiography
### CPT Codes included in Expanded Program

<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>70480</td>
<td>CT Orbit</td>
<td>70480, 70481, 70482</td>
</tr>
<tr>
<td>70551</td>
<td>MRI Internal Auditory Canal</td>
<td>70551, 70552, 70553, 70540, 70542, 70543</td>
</tr>
<tr>
<td>70554</td>
<td>Functional MRI Brain</td>
<td>70554, 70555</td>
</tr>
<tr>
<td>71550</td>
<td>MRI Chest</td>
<td>71550, 71551, 71552</td>
</tr>
<tr>
<td>72128</td>
<td>CT Thoracic Spine</td>
<td>72128, 72129, 72130</td>
</tr>
<tr>
<td>72196</td>
<td>MRI Pelvis</td>
<td>72195, 72196, 72197</td>
</tr>
<tr>
<td>73200</td>
<td>CT Upper Extremity</td>
<td>73200, 73201, 73202</td>
</tr>
<tr>
<td>73220</td>
<td>MRI Upper Extremity, other than Joint</td>
<td>73218, 73219, 73220</td>
</tr>
<tr>
<td>74712</td>
<td>Fetal MRI</td>
<td>74712, 74713</td>
</tr>
<tr>
<td>76380</td>
<td>Follow Up, Limited or Localized CT</td>
<td>76380, 70486, 70487, 70488</td>
</tr>
<tr>
<td>76497</td>
<td>Unlisted Computed Tomography Procedure</td>
<td>76497</td>
</tr>
<tr>
<td>76498</td>
<td>Unlisted Magnetic Resonance Procedure</td>
<td>76498</td>
</tr>
<tr>
<td>77084</td>
<td>MRI Bone Marrow</td>
<td>77084</td>
</tr>
<tr>
<td>78472</td>
<td>MUGA Scan</td>
<td>78472, 78473, 78494, +78496</td>
</tr>
<tr>
<td>0159T</td>
<td>Computer Aided Detection (CAD) Breast MRI</td>
<td>0159T</td>
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</table>
Prior Authorization for Stress Echocardiography

Stress Echocardiography will change from notification only, to prior authorization based on medical necessity criteria.

<table>
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<tr>
<th>Authorized CPT Code</th>
<th>Description</th>
<th>Allowable Billed Groupings</th>
</tr>
</thead>
<tbody>
<tr>
<td>93350</td>
<td>Stress Echocardiography</td>
<td>93350, 93351, +93320, +93321, +93325, +93352</td>
</tr>
</tbody>
</table>
**Expanded Authorization Program**

**Effective October 3, 2016**

NIA will begin accepting prior authorization requests via NaviNet® from ordering physicians on Sept. 26, 2016 for dates of service beginning October 3, 2016.

Only non-emergent procedures performed in an outpatient setting require authorization with NIA.

<table>
<thead>
<tr>
<th>Procedures Requiring Prior Authorization</th>
<th>Excluded from Program: Procedures Performed in the Following Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CT/CTA</td>
<td>• Hospital Inpatient</td>
</tr>
<tr>
<td>• MRI/MRA</td>
<td>• Emergency Room</td>
</tr>
<tr>
<td>• Pet Scan</td>
<td>• Urgent Care</td>
</tr>
<tr>
<td>• MPI/ Nuclear Cardiology</td>
<td>• Surgery Center</td>
</tr>
<tr>
<td>• CCTA</td>
<td></td>
</tr>
<tr>
<td>• Stress Echo</td>
<td></td>
</tr>
</tbody>
</table>
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 Navinet
- Defer to Highmark Policies for Procedures not on Claims/Utilization Review Matrix
Responsibility for Authorization

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

1. **Ordering Physician**
2. **Telephone NIA’s Call Center or start online through NaviNet**
3. **Information evaluated via algorithm and medical records**
4. **Algorithm**
5. **Rendering Provider Performs Service**
6. **Service Authorized**

- **Claim**
Clinical Decision Making and Algorithms

- Guidelines are reviewed and mutually approved by Highmark and NIA’s Chief Medical Officers.

- NIA’s algorithms and medical necessity reviews collect key clinical information to ensure that Highmark members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Highmark members are receiving the appropriate level of care.

- Clinical Guidelines available on Navinet.
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 for more specific information
Clinical Specialty Team Review

Clinical Specialization Pods
Overseen by a Physician Advisor

<table>
<thead>
<tr>
<th>Neurology</th>
<th>Abdomen/Pelvis (includes OB-US)</th>
<th>General Studies</th>
<th>Radiation Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>Orthopedic</td>
<td>Oncology</td>
<td></td>
</tr>
</tbody>
</table>

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)
**Clinical Validation of Records**

NIA will also be implementing a Clinical Validation of Records process.

The CVR process will include the request and review of clinical information by NIA:

- Providers will now be required to fax into NIA certain pieces of patients’ medical records and/or additional clinical information as part of the clinical review for determination.

- At the end of an authorization request, if the request is pended for additional clinical information, a fax to the ordering provider will immediately go to the office specifying what clinical documentation from the patient’s medical record for the study ordered is needed.

- The provider will fax back to NIA the requested information. This is required before final determination can be made.

- NIA will be validating the clinical criteria within the patients’ medical records ensuring that the clinical criteria supports the requested procedures and are clearly documented in medical records.

- All reviews will continue to be processed under the NCQA and regulatory guidelines set forth in NIA’s contract with Highmark as they are today.

- Urgent reviews will continue to be called into NIA and clinical validation will not be required under those circumstances.

- This process will help to ensure Highmark patients receive the most appropriate, effective care.
NIA to Ordering 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.

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.
Submitting Additional Clinical Information/Medical Records to NIA

- Submitting clinical information to NIA
  - Via Fax
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can be requested via the Call Center:

  Highmark: 888-642-4814  
  Highmark Delaware: 800-424-5655  
  Highmark West Virginia: 800-642-7579

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!
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 to NIA physician for additional clinical review

**Physician Clinical Review**
- Physicians may:
  1. Approve
  2. Deny

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

<table>
<thead>
<tr>
<th>Approval Notification</th>
<th>Denial Notification</th>
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</table>
| **Authorization Validity Period**
60 days from the date of the decision | **Appeal Instructions**
• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter. |
NIA’s Urgent Authorization Process

Urgent Authorization Process

If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review:

Highmark: 888-642-4814
Highmark Delaware: 800-424-5655
Highmark West Virginia: 800-642-7579
Program Components

Provider Network

Claims and Appeals

Radiation Safety
Advanced Imaging Provider Network:

Highmark will use their Privileged network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it’s preferred providers for delivering outpatient CT/CTA, CCTA, MRI/MRA, PET Scan, MPI/ Nuclear Cardiology and Stress Echo services to Highmark members.
## Claims

### How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Highmark.
- Providers are strongly encouraged to use EDI claims submission.

### Claims Appeals Process

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

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

Radiation Awareness Program

- Identification of High Exposure Members
- Point of Service Provider Notification and Opportunities for Provider Education
- Promote Member Awareness and Education

Radiation Calculator

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

• **Use NaviNet to request prior authorizations**
  – Available 24/7 to request and validate impacted services
  – Saves the time and effort of faxing/phonning
  – Verify member eligibility
  – Receive immediate approval or notification for further review
  – If you don’t have NaviNet yet, visit [connect.navinet.net](http://connect.navinet.net) to sign up

• Rendering providers may check authorization determinations via NaviNet

For providers that don’t yet have NaviNet, prior authorization requests can be submitted via phone

  – Monday – Friday 8 a.m. to 8 p.m.
    Highmark: 888-642-4814
    Highmark Delaware: 800-424-5655
    Highmark West Virginia: 800-642-7579
Dedicated Provider Relations Contact Information

Highmark Delaware:
NIA Dedicated Provider Relations Manager:
  Name: Charmaine Everett
  Phone: 1-800-450-7281, ext. 32615
  Email: cseverett@magellanhealth.com

Highmark West Virginia:
NIA Dedicated Provider Relations Manager:
  Name: April Sabino
  Phone: 1-800-450-7281, ext. 31078
  Email: ajsabino@magellanhealth.com

Highmark
NIA Dedicated Provider Relations Manager:
  Name: Lori Fink
  Phone: 1-800-450-7281, ext. 32621
  Email: lafink@magellanhealth.com
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Thanks