



CareSource Quick Reference Guide for Rendering Providers

Effective July 1, 2017

CareSource has selected Magellan Healthcare¹ to implement a radiology benefit management program for outpatient advanced imaging services for CareSource 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 Magellan Healthcare'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
- CareSource will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology)

Prior Authorization Implementation

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 CareSource*

- CT/CTA
- MRI/MRA
- PET Scan

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

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 1-866-392-5173.

¹ National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

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

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 CareSource.
- 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 1-866-392-5173. 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 Number: 1-866-392-5173

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 CareSource. Please visit the CareSource website at www.CareSource.com for further information.

Providers are encouraged to use EDI claims submission.

CareSource payer ID number is GACS1

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 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 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 insured by some of the nation's largest health plans.

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 CareSource is not the member's primary insurance?

No.

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:

- Provider contracting questions: Contact your Magellan Healthcare Area Contract Manager or the Radiology Network Services line at 800-327-0641.
- For privileging application or process, contact Magellan Healthcare's Provider Assessment Department toll-free at 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 Area Provider Relations Manager. Please see the State Network Contact listing on RadMD under Useful References to locate all Provider Relations Managers. Or click on the link below <http://www1.radmd.com/media/624695/state-assignment-listing-3-2014.pdf>
- Provider credentialing appeals: Send to Magellan Healthcare – Radiology Network Services, MO61, 14100 Magellan Plaza, Maryland Heights, MO 63043; fax number: 314-292-1151.
- Preauthorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification.
- Other questions, complaints and appeals not related to authorizations or claims: Contact the Magellan Healthcare Radiology Network Services line at 800-327-0641.

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

CareSource sends orientation materials to referring providers. CareSource 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 CareSource information on the card? Or will there be two cards?

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

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