



Advanced Imaging Quick Reference Guide (non-Cardiac)

HMSA works with Magellan to manage certain radiology services and procedures on behalf of HMSA members. This partnership protects the health and well-being of our members and helps ensure that their health care dollars are spent wisely.

Procedures that require preauthorization:

- CT/CTA.
- MRI/MRA/MRS.
- PET scan.
- CCTA.
- MPI.
- Stress echocardiography.
- Implantable cardiac devices.
- Cardiac catheterization.
- Musculoskeletal.

Visit Magellan's website at www.RadMD.com for the HMSA/Magellan Utilization Review Matrix. This document contains the procedures that Magellan preauthorizes on behalf of HMSA and the corresponding CPT-4 codes.

Obtaining preauthorization

The physician ordering the procedure is responsible for obtaining preauthorization. The provider rendering the service must ensure that preauthorization was obtained. Payment will be denied by HMSA for procedures performed without preauthorization; the member cannot be billed for these procedures.

Services performed in the following settings don't require preauthorization:

- Inpatient (excluding elective spine surgery).
- Observation room.
- Emergency room or urgent care facility.
- Ambulatory surgical facility (non-cardiac services only)*

*Exception: Preauthorization **is** required for Cardiac Catheterizations performed at an Ambulatory Service Center (ASC). See separate Cardiac Solutions Quick Reference Guide for more information.

Preauthorization process

There are two ways to request preauthorization — online at www.RadMD.com or via phone at 1 (866) 306-9729 toll-free.

To expedite the preauthorization process, please refer to the specific required documentation for each service.** Have the appropriate information ready before logging into Magellan's website or calling Magellan's Call Center. (*Information is required)

- Name and office phone number of ordering physician.*
- Member name and ID number.*
- Requested procedure.*
- Name of provider office or facility where the service will be performed.*
- Anticipated date of service.
- Details justifying procedure.*
 - Symptoms and their duration.
 - Physical exam findings.
 - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications).
 - Preliminary procedures that were completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation).
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder).
- Please be prepared to fax the following information, if requested:
 - Clinical notes.
 - X-ray reports.
 - Specialist reports/evaluation.
 - Ultrasound reports.
 - Previous CT/MRI reports.

**To help collect information for the preauthorization process, you may access the specific preauthorization checklists on RadMD.com

Secondary coverage

Preauthorization is required if HMSA is secondary to another insurance, including HMSA's Akamai Advantage.

Exceptions:

- If Medicare Part B is the primary insurer, then NO preauthorization is needed.
- If the member has more than one plan with HMSA, then only ONE preauthorization is needed (under the member's primary plan).

Urgent/emergent care

An urgent/emergent situation outside of a hospital emergency room will receive automatic approval. Call 1 (866) 842-1776 toll-free to obtain a preauthorization number. Services ordered from emergency rooms and inpatient hospital stays don't need preauthorization.

Clinically urgent requests are intended to evaluate a condition that requires prompt intervention to prevent additional consequences to the patient's health and well-being. Conditions that demonstrate a requirement for urgent intervention include any condition that:

- Cannot be postponed for 24 hours without risking progression to an emergent condition.
- Cannot be postponed for 24 hours without risking the loss of life or limb, or risk of permanent disability.
- In the opinion of a physician with knowledge of the patient's condition, any delay would subject the patient to severe pain that cannot be adequately managed without the care or treatment that's the subject of the case.

Urgent/emergent preauthorization request process through RadMD

- Select the clinically urgent indication.
- Answer a few demographic and clinical questions.
- State that the case is clinically urgent.
- Receive preauthorization number.
- Attest and provide reasons why the case is clinically urgent.

Website access

- When ordering services, the provider is responsible for accessing Magellan's website or calling for preauthorization. Information regarding patient symptoms, past clinical history, and prior treatment information will be required and should be available at the time of the contact.
- You can request preauthorization at RadMD.com. RadMD is available 24/7, except when maintenance is performed every other week after business hours. To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to RadMD.com, click on the New User button, and complete the application form.
- You can check on the status of patients' preauthorizations quickly and easily by going to the Magellan website, RadMD.com. After sign in, visit the My Exam Requests tab to view all outstanding preauthorizations.
- To get started, go to RadMD.com, click New User, and submit an Application for New Account. If you're a rendering provider or hospital that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information shouldn't be shared.
- If you're requesting preauthorizations through Magellan's website and your request is pending, you'll receive a tracking number and Magellan will contact you to complete the process.
- The Magellan website cannot be used for retrospective preauthorizations. Those requests must be processed on the phone at 1 (866) 306-9729 toll-free.

Access your precertification requests at RadMD.com

Submitting claims

Claims will continue to be submitted to HMSA. Please send your claims for services to the following address:

HMSA
Claims
P.O. Box 44500
Honolulu, HI 96804-4500

For electronic submissions, HMSA's payor ID number is 990040115.

Important notes

- The Magellan preauthorization number consists of eight or nine alpha/numeric characters. In some cases, you may receive a Magellan tracking number (not the same as a preauthorization number) if your preauthorization request isn't approved at the time of initial contact. You can use either number to track the status of the request on the RadMD website or through the Interactive Voice Response telephone system.
- For preauthorization complaints or appeals, please follow the instructions on your denial letter.
- Magellan's Clinical Guidelines can be found on Magellan's website, RadMD.com under Online Tools/Clinical Guidelines. Magellan's guidelines for Medical Specialty Solutions Services (Advanced Imaging) have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
- A preauthorization number isn't a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's health plan, including member eligibility and plan benefits at the time services are provided.
- To educate your staff on Magellan procedures and to assist you with any provider issues or concerns, contact your Magellan area provider relations manager.