CareSource
Quick Reference Guide
for Ordering Providers

Effective July 1, 2009
Revised January 1, 2018

CareSource selected Magellan Healthcare[1] to implement a radiology benefit management program for outpatient advanced imaging services. . CareSource expanded their prior authorization program to include Echocardiography and Stress Echocardiography, Myocardial Perfusion Imaging, and MUGA Scan procedures effective January 1, 2018. Magellan This program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services. Magellan Healthcare manages the provider network and the prior authorizations for non-emergent, advanced imaging services rendered to CareSource members.

The ordering physician is responsible for obtaining a prior authorization for advanced imaging services. It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. 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 CareSource

A separate authorization number is required for each procedure ordered.

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- ***Myocardial Perfusion Imaging (MPI) - Effective 1/1/18****
- ***MUGA Scan - Effective 1/1/18****
- ***Echocardiography (Transthoracic and Transesophageal Echocardiography) - Effective 1/1/18****
- ***Stress Echocardiography - Effective 1/1/18****

[1] Magellan Healthcare refers to National Imaging Associates, Inc.

**Note: The above cardiac procedures will NOT require prior authorization for Ohio CFC and ABD Kids and Indiana and Georgia Medicaid members.*

*****Effective 3/15/18 Ohio CFC and ABD Kids members will require a notification only for these services.***

The following services do not require authorization through Magellan Healthcare:

- Inpatient advanced imaging services
- Observation setting advanced imaging services
- Emergency Room imaging services

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 1-800-488-0134.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Magellan Healthcare's Web site at www.RadMD.com or by calling 1-800-488-0134.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please have the following information ready before logging into Magellan Healthcare's Web site or calling the Magellan Healthcare Call Center staff. (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 (if known)
- 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 already 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
    - ☐ Specialist reports/evaluation
    - ☐ Previous CT/MRI reports
    - ☐ X-ray reports
    - ☐ Ultrasound reports

Web Site Access

- It is the responsibility of the **physician ordering the imaging procedure** to access Magellan Healthcare's Web site or call for prior authorization. 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 prior authorization at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once 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 www.RadMD.com, click on the New User button and complete the application form.
- If requesting authorizations through Magellan Healthcare's Web site and your request is pended, you will receive a tracking number and Magellan Healthcare will contact you to complete the process.
- The Magellan Healthcare Web site cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-800-488-0134.

Access Provider Self-service at:
www.RadMD.com

Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization by calling 1-800-488-0134.

- Magellan Healthcare can accept multiple requests during one phone call.

Important Notes

- Authorizations are valid for 60 days from the date of request.
- The Magellan Healthcare authorization number consists of eight or nine alpha/numeric characters. In some cases, you may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD Web site or via our Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- Magellan Healthcare's Clinical Guidelines can be found on Magellan Healthcare's Web site, www.RadMD.com under Online Tools/Clinical Guidelines. Magellan Healthcare's guidelines for the use of imaging procedures have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.