

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

PROVIDER TRAINING/PRESENTED BY:

NAME: LETA GENASCI

DATE:





NIA Program Agenda



Introduction to NIA

Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

RadMD Demo

Questions and Answers

A Unique Vision of Care

As the nation's leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes and optimize cost of care.

Magellan HEALTHCARE

Moving beyond traditional healthcare by offering an integrated clinical portfolio of behavioral health and specialty solutions

Magellan HEALTH

MagellanRx MANAGEMENT

A smarter approach to pharmacy benefits management, delivering easy-to-use tools and clinical excellence to drive better decision making, all within a customer-first culture

NIA Highlights



NIA Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Headquartered in Scottsdale, AZ
- Business supported by two National Call Operational Centers

Industry Presence

- 78 Health Plan Clients serving 27.06 National Lives
- 15.76M Commercial;
- 1.45M Medicare;
- 9.85M Medicaid
- 41 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
- Musculoskeletal Management (Surgery/IPM)
- Physical Medicine (Chiropractic Care, Speech Therapy, Physical and Occupational Therapies)
- Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified

NIA's Prior Authorization Program



Effective March 1, 2019

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

Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

Excluded from Program: Procedures Performed in the Following Settings:

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center

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 RadMD
- Defer to Arkansas Total Care Policies for Procedures not on Claims/Utilization Review Matrix



Arkansas Total Care Utilization Review Matrix 2019

The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Arkansas Total Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any one of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

*Please note: Services rendered in an Emergency Room, Observation Room, Urgent Care, Surgery Center or Hospital Inpatient setting are not managed by NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
70236	MRI Temporomandibular Joint	70236
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial Sinus	70486, 70487, 70488, 70389
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70548, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, G0297
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
72141	MRI Cervical Spine	72141, 72142, 72156

Responsibility for Authorization



Ordering Provider

Responsible for obtaining prior authorization



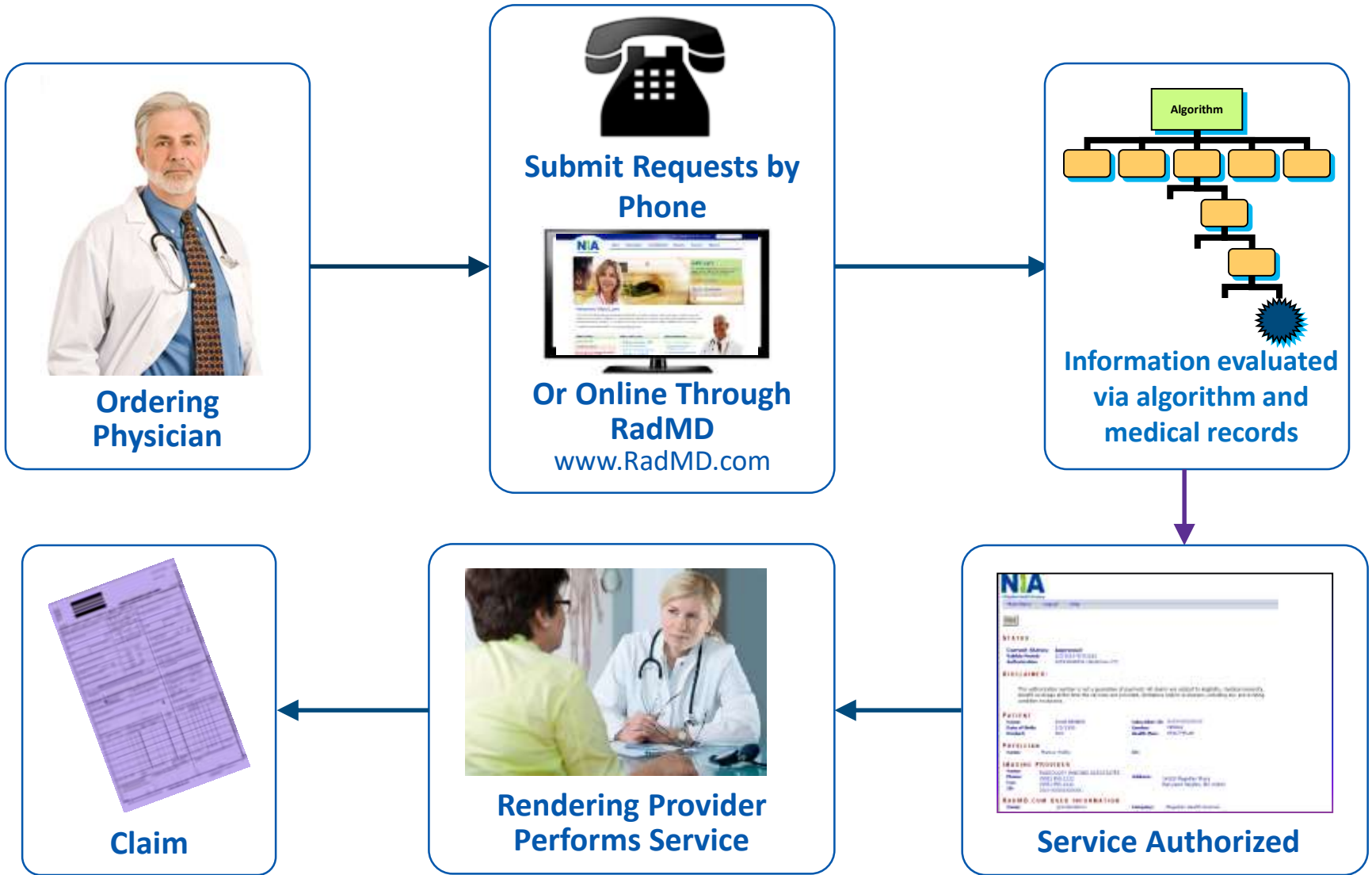
Rendering Provider

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



Clinical Decision Making and Algorithms



- Guidelines are reviewed and mutually approved by Arkansas Total Care and NIA's Chief Medical Officers
- NIA's algorithms and medical necessity reviews collect key clinical information to ensure that Arkansas Total Care members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Arkansas Total Care members are receiving the appropriate level of care.
- Clinical Guidelines available on www.RadMD.com

Patient and Clinical Information Required for Authorization



GENERAL

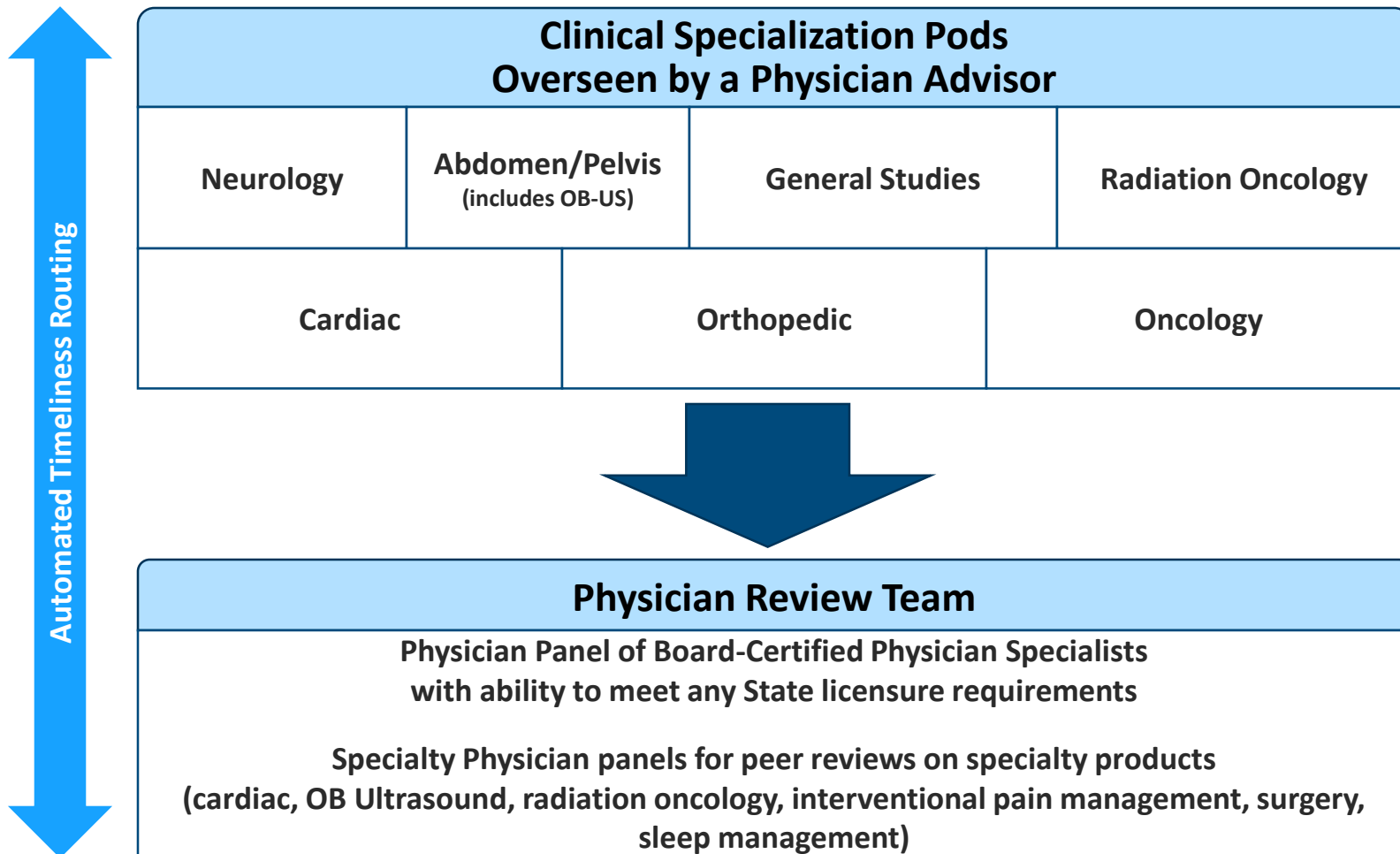
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

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 on RadMD for more specific information.

Clinical Specialty Team Review



Document Review



- NIA 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 Ordering Provider: Request for Additional Clinical Information



CC_TRACKING_NUMBER

FAXC



ABDOMEN - PELVIS CT
PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	HEALTH_PLAN_DESC		
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			

Study Requested was: Abdomen - Pelvis CT
For documentation **ALWAYS PROVIDE:**

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:

FAX_QUESTIONS_ADDL
aalfaddlfaqquestions

a) **Abdominal pain evaluation:**

Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

b) **Abnormal finding on examination, imaging or laboratory test:**

Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging

c) **Suspicion of cancer:**

Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy

d) **History of cancer:**

Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.

e) **Pre-operative evaluation:**

Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.

f) **Post-operative evaluation:**

CC_TRACKING_NUMBER

FAXC

- 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

- Two ways to submit clinical information to NIA
 - Via Fax
 - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-866-500-7685

CC_TRACKING_NUMBER

Ordering Physician	REQ_PROVIDER
Fax number	FAX_RECIP_PHONE
Member ID:	MEMBER_ID
Patient Name:	MEMBER_NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheet@NIA or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to [RadMD/Refinish/FacSite](#)

In order for our clinical reviewers to follow up on this information please include a contact name and phone number.

Name: _____
Telephone: _____

CONFIDENTIALITY NOTICE

If you received this fax/information error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is provided solely for the individual or entity named and cannot be copied, disseminated, or otherwise used. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC_TRACKING_NUMBER

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 algorithms
- Requests may:
 1. Approve
 2. Require additional clinical review and Pend for clinical validation of medical records
 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



<ul style="list-style-type: none">• Approval Notification<ul style="list-style-type: none">• Ordering Provider – Fax• Member - Written	<ul style="list-style-type: none">• Denial Notification<ul style="list-style-type: none">• Ordering Provider – Fax• Member - Written
<ul style="list-style-type: none">• Authorization Validity Period<p>Authorizations will be valid 30 from date of request.</p>	<ul style="list-style-type: none">• Appeal Instructions<ul style="list-style-type: none">• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.



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 at 1-866-500-7685.

Program Components



**Provider
Network**

**Claims
and
Appeals**

**Radiation
Safety**



Provider
Network

Claims
and
Appeals

Radiation
Safety

Using Arkansas Total Care Network

Advanced Imaging Provider Network:

- Arkansas Total Care will use the Arkansas Total Care network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it's preferred providers for delivering outpatient CT/CTA, MRI/MRA, PET Scan, CCTA, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography, and Echocardiography services to Arkansas Total Care members throughout the state of Arkansas.

Claims and Appeals



How Claims Should be Submitted	Claims Appeals Process
<ul style="list-style-type: none"> • Rendering providers/Imaging providers should continue to send their claims directly to Arkansas Total Care. • Providers are strongly encouraged to use EDI claims submission. • Check on claims status by logging on to the Arkansas Total Care website: https://www.arkansastotalcare.com 	<ul style="list-style-type: none"> • In the event of a prior authorization or claims payment denial, providers may appeal the decision through Arkansas Total Care. • 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.

Provider
Network

Claims
and
Appeals

Radiation
Safety

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

1 mSv=



4 months of
natural exposure



50 chest x-rays

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

Provider Network

Claims and Appeals

Radiation Safety

NIA's Radiation Safety Tools

Radiation Awareness Education

- Promote Provider and 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





- Toll free authorization and information number – 1-866-500-7685

Available 7:00 a.m. – 7:00 p.m. CST

- Interactive Voice Response (IVR) System for authorization tracking



- RadMD Website – Available 24/7 (except during maintenance)

- Request authorization 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 user name and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physicians office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

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

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.



1

RadMD Sign In

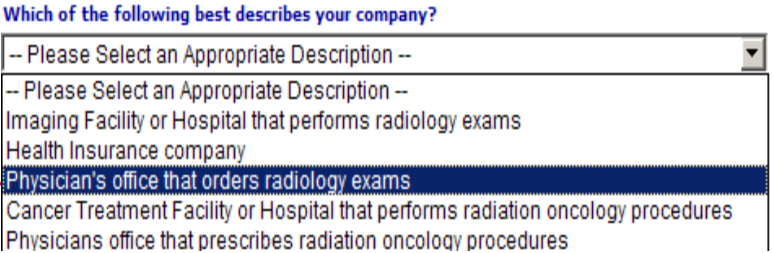
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In New User

Track an Authorization

Authorization Tracking Number Go

A pink arrow points to the 'New User' button.



2

Which of the following best describes your company?

-- Please Select an Appropriate Description --

-- Please Select an Appropriate Description --

Imaging Facility or Hospital that performs radiology exams

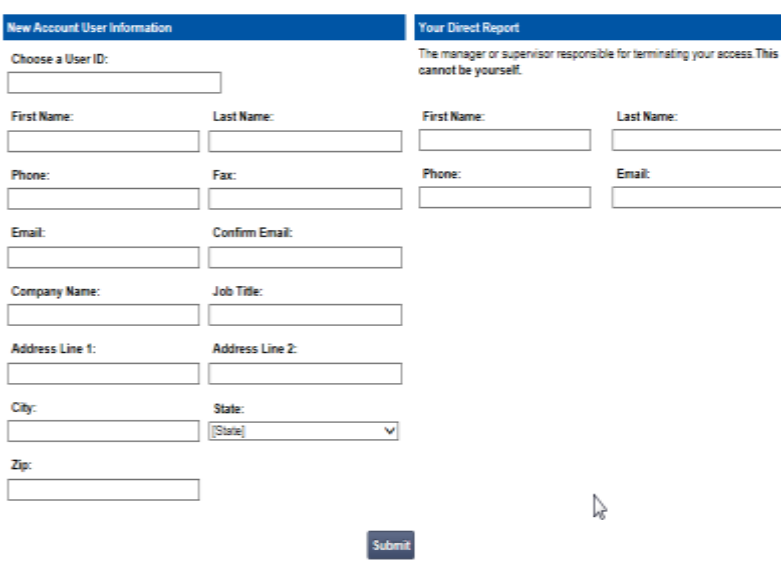
Health Insurance company

Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

A pink arrow points to the 'Physician's office that orders radiology exams' option.



3

New Account User Information

Your Direct Report

The manager or supervisor responsible for terminating your access. This cannot be yourself.

Choose a User ID:

First Name: Last Name:

Phone: Fax:

Email: Confirm Email:

Company Name: Job Title:

Address Line 1: Address Line 2:

City: State:

Zip:

Submit

Rendering Provider: Getting Started on RadMD.com

IMPORTANT

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

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

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

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.

RadMD Sign In
24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In **New User**

Track an Authorization
Authorization Tracking Number **Go**

-- Please Select an Appropriate Description --
Physician's office that orders procedures
Facility/office where procedures are performed
Health Insurance company
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures

New Account User Information **Your Direct Report**

Choose a User ID:

First Name: Last Name: First Name: Last Name:

Phone: Fax: Phone: Email:

Email: Confirm Email:

Company Name: Job Title:

Address Line 1: Address Line 2:

City: State:

Zip:

Submit

When to Contact National Imaging Associates, Inc. (NIA)



Providers:

Ordering Providers:

- To initiate a request for an authorization please contact NIA via website, www.RadMD.com or via toll-free number 1-866-500-7685.
- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System at 1-866-500-7685.

Rendering Providers:

- To check the status of an authorization please contact NIA via website, www.RadMD.com or Interactive Voice Response (IVR) System at 1-866-500-7685.

Ordering Providers and Rendering Providers:

- For assistance or technical support for RadMD, please contact RadMD Help Desk via e-mail RadMDSupport@magellanhealth.com or 877-80-RadMD (877-807-2363).
- For any provider education requests or questions specific to NIA and the Medical Specialty Solutions Program, Providers may contact Leta Genasci, Provider Relations Manager ligenasci@magellanhealth.com or 1-800-450-7281 Ext. 75518.

RadMD Demo



Confidentiality Statement for Providers



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Arkansas Total Care members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Arkansas Total Care and Magellan Health, Inc.

Thanks



NIA