AmeriHealth Caritas District of Columbia Medical Specialty Solutions

Provider Training Presented by: Charmaine Everett



National Imaging Associates, Inc. (NIA) Program Agenda 🗡







- Authorization Process
- Other Program Components
- Provider Tools and Contact Information
- RadMD Demo
- Questions and Answers



NIA Specialty Solutions

National Footprint / Medicaid Experience

National Footprint

- Since 1995 delivering Medical Specialty Solutions; one of the *goto* care partners in industry.
- 91 health plans/markets partnering with NIA for management of Medical Specialty Solutions.
- 33.69M national lives –
 participating in an NIA Medical
 Specialty Solutions Program
 nationally.
- Diverse populations Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.





Medicaid/Medicare Expertise/Insights

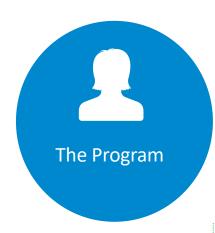
- 54 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- 18.65M Medicaid lives in addition to 2.15M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Intensive Clinical Specialization & Breadth

- Specialized Physician Teams
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties



NIA's Prior Authorization Program



AmeriHealth Caritas District of Columbia entered into a prior authorization program through NIA for the management of outpatient imaging services.



Program start date:September 24,2012



Settings:

- Office
- Outpatient Hospital



Medicaid



NIA's Medical
Specialty Solutions
for non-emergent
outpatient Medical
Specialty Solutions
services for
AmeriHealth Caritas
District of Columbia
membership will be
managed through
AmeriHealth Caritas
District of Columbia
contractual
relationships.



NIA's Prior Authorization Program



Any services rendered after September 24, 2012 performed in an outpatient setting for non emergent procedures, requires an authorization with NIA.



Procedures Requiring Authorization*

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan





Excluded from the 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.com.



Defer to AmeriHealth Caritas District of Columbia's Policies for Procedures not on Claims/Utilization Review Matrix.









AmeriHealth Caritas District of Columbia Utilization Review Matrix 2023

The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of AmeriHealth Caritas District of Columbia. 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

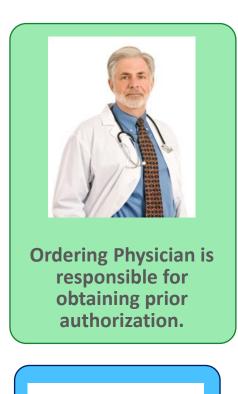
*Please note: Services rendered in an Emergency Room, Observation Room, Surgery Center or Hospital Inpatient setting are not managed by NIA.

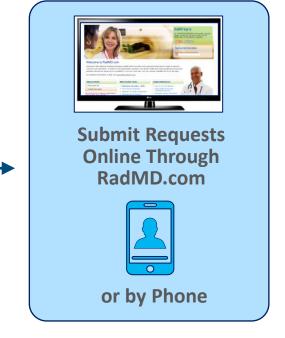
Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +07221
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +06981
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553, +06987
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, 71271, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +06981
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +07221
72128	CT Thoracic Spine	72128, 72129, 72130, +07221
72131	CT Lumbar Spine	72131, 72132, 72133, +07221
72141	MRI Cervical Spine	72141, 72142, 72156, +06981

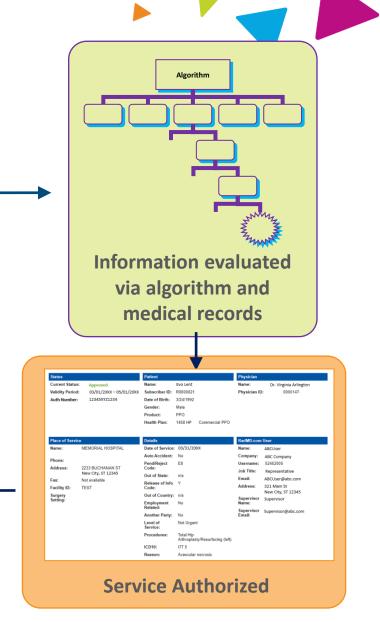
1- AmeriHealth Caritas District of Columbia Utilization Review Matrix 2023



Prior Authorization Process Overview









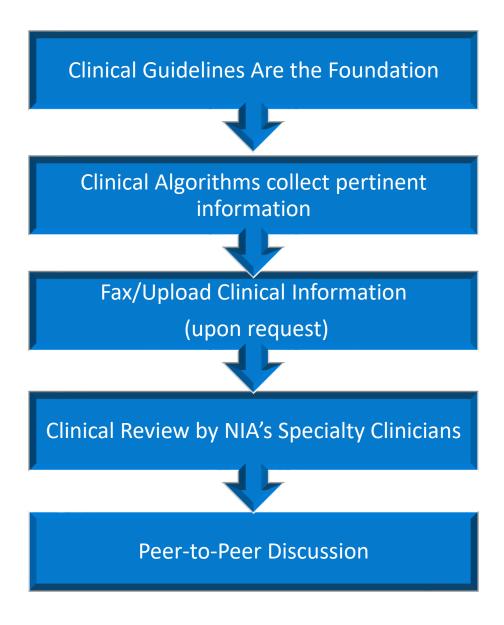


Rendering Provider
Performs Service and
ensures authorization was
obtained



NIA's Clinical Foundation & Review





- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by the Plan and NIA Medical Officers and clinical experts. Clinical Guidelines are available on RadMD.com
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- NIA has a specialized clinical team.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- Our goal ensure that members are receiving appropriate care.



Member and Clinical Information Required for Authorization



General

 Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

Clinical Information

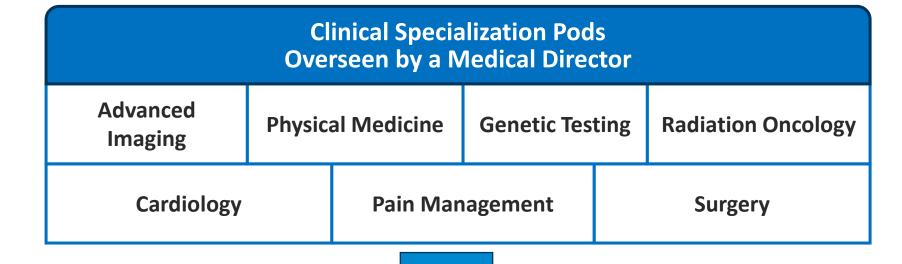
- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being 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

Automated Timeliness Routing





Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements

Physician clinical reviewers conduct peer reviews on specialty products (cardiology, radiation oncology, interventional pain management, surgery, sleep management and genetic testing)



Document Review





NIA may request member's medical records/additional clinical information.



When requested, validation of clinical criteria within the member'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 members receive the most appropriate, effective care.





NIA to Ordering Physician: 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. A	s we are unable to app	prove 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
- 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

aaIfaddlfaxquestions

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.



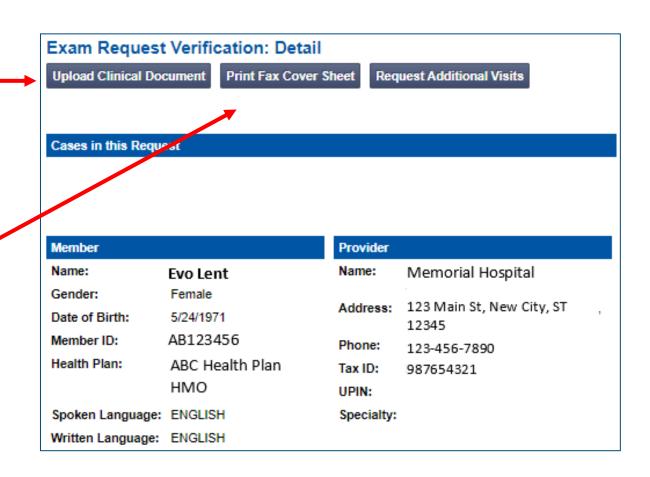
Failure to receive requested clinical information may result in non certification.



Submitting Additional Clinical Information



- Records may be submitted:
 - Upload to https://www.RadMD.com
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from https://www.RadMD.com
 - Call 1-877-517-9177
- Use the case specific fax coversheets when faxing clinical information to NIA





Clinical Review Process



Physicians' Office Contacts NIA for Prior Authorization



Key NIA

Differentiators







NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed Procedure Approved
- Additional clinical not complete or inconclusive Escalate to Physician Review



Designated & Specialized Clinical Team interacts with Provider Community.

1

2

3



System Evaluates Request Based on Information Entered by Physician & Physician Profile

- Clinical information complete Procedure Approved
- Additional clinical information required Pends for clinical validation of medical records

NIA Specialty Physician Reviewers

• NIA Physician approves case <u>without</u> peer-to-peer



Peer-to-peer outbound attempt made if case is not approvable

- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Generally the turnaround time for completion of these requests is within two business days upon receipt of sufficient clinical information



NIA Urgent/Expedited Authorization Process



Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website https://www.RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at 1-877-517-9177.
- Turnaround time is within 1 Business day not to exceed 72 Business
 Calendar Hours.



Notification of Determination



Authorization Notification

- Validity Period Authorizations are valid for:
 - 90 days from request date

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review is available with new or additional information.
- Timeframe for re-review is 5 business days from the denial date.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter



Claims and Appeals



How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to AmeriHealth Caritas District of Columbia.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the AmeriHealth Caritas
 District of Columbia website at http://www.amerihealthcaritasdc. com

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through AmeriHealth Caritas District of Columbia.
- Providers should follow the instructions on their nonauthorization 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



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure



According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 - 20% has been demonstrated due to radiation safety and technological advances.



NIA has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns



Provider Tools





RadMD Website

RadMD.com

Available

24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



Toll-Free Number 1-877-517-9177



Available Monday - Friday 8:00 AM – 8:00 PM EST

- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

Interactive Voice Response (IVR)
System for authorization tracking



NIA's Website

https://www.RadMD.com

RadMD Functionality varies by user:

- Ordering Provider's Office View and submit requests for authorization.
- Rendering Provider Views approved, pended and in review authorizations for their facility. Ability to submit outpatient imaging requests on behalf of ordering provider.

Online Tools Accessed through https://www.RadMD.com:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklist
- RadMD Quick Start Guide
 - Claims/Utilization Matrices







Registering on RadMD.com To Initiate Authorizations

Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

- 1. Click the "New User" button on the right side of the home page.
- 2. Select "Physician's 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 NIAapproved username and password.

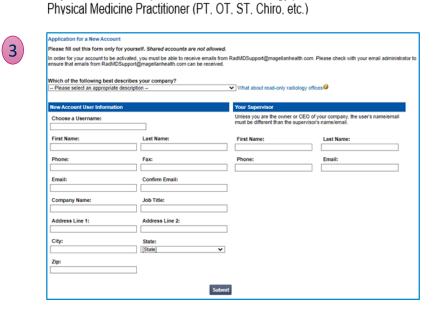
NOTE: On subsequent visits to the site, click the "Sign In" button to proceed.

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.





-- 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





Allows Users the ability to view all approved, pended and in review authorizations for facility



IMPORTANT

- Everyone in your organization is required to have their own separate username 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 username and password.
- 4. New users will be granted immediate access.

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

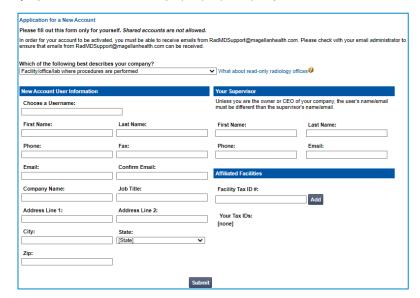
If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. Each user will need to complete an application on RadMD. This will allow users to see all approved, pended and in review authorizations under your Tax ID Number. Rendering access will also allow facility to submit outpatient imaging requests on behalf of ordering provider.



-- 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
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)





RadMD Enhancements



NIA offers a **Shared Access** feature on our <u>RadMD.com</u> website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

		Provider Resources	User	•
Request	Resources and Tools			
Exam or specialty procedure	Shared Access			
(including Cardiac, Ultrasound, Sleep Assessment)	Clinical Guidelines			
Physical Medicine Initiate a Subsequent Request	Request access to Tax ID			
Radiation Treatment Plan	News and Updates			
Pain Management or Minimally Invasive Procedure				
Spine Surgery or Orthopedic Surgery				
Genetic Testing				
	Login As Username:	Login		
Request Status				
Search for Request	Tracking Number:	Search		
View All My Requests	Forgot Tracking	Number?		

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on RadMD.com, allowing them to communicate with members and facilitate treatment.



When to Contact NIA



Providers:

Initiating or checking the status of an authorization request	 Website, https://www.RadMD.com Toll-free number 1-877-517-9177 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	■ Call 1-877-517-9177
Provider Service Line	RadMDSupport@evolent.comCall 1-800-327-0641
Provider Education requests or questions specific to NIA	 Charmaine Everett Provider Relations Manager 1-410-953-2615 <u>ceverett@eovlent.com</u>



RadMD Demonstration





Confidentiality Statement



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Thanks

