

# AmeriHealth Caritas Ohio Medical Specialty Solutions

Provider Training Presented by:  
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# NIA Program Agenda



Introduction to NIA



Our Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information



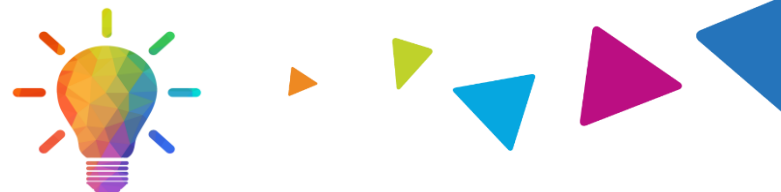
RadMD Demo



Questions and Answers

# NIA Specialty Solutions

## National Footprint / Medicaid Experience



### National Footprint

- ✓ **Since 1995** – delivering radiology benefits management solutions; one of the *go-to* care partners in industry.
- ✓ **79 Health Plans/markets** – partnering with NIA for management of advanced and/or cardiac imaging solutions.
- ✓ **32.78M national lives** – participating in an NIA RBM nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

### Medicaid/Medicare Expertise/Insights

- ✓ **59 Medicaid plans/markets** with NIA RBM solutions in place.
- ✓ **17.65 Medicaid lives** – in addition to 2.18M Medicare Advantage lives participating in an NIA RBM program nationally.

### Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified

# NIA's Prior Authorization Program



## The Program

- AmeriHealth Caritas Ohio will begin a prior authorization program through NIA for the management of outpatient imaging services.



## Important Dates

- Program start date: December 1, 2022
- Begin obtaining authorizations from NIA on December 1, 2022, via RadMD or through the Provider Network Management (PNM) portal for services rendered on or after December 1, 2022.



## Procedures & Settings Included

- Procedures:
- CT/CTA
  - MRI/MRA
  - PET Scan
  - CCTA
  - MUGA Scan
  - Myocardial Perfusion Imaging (MPI)
- Settings:
- Office
  - Outpatient Hospital



## Membership Included

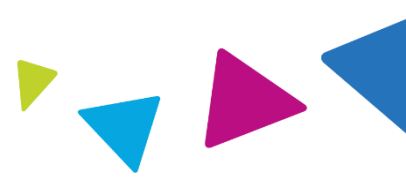
- Medicaid



## Network

NIA will use the AmeriHealth Caritas Ohio network of In-office providers, Free-Standing Imaging Facilities (FSF's), and Hospitals to deliver outpatient imaging services to AmeriHealth Caritas Ohio members.

# NIA's Prior Authorization Program

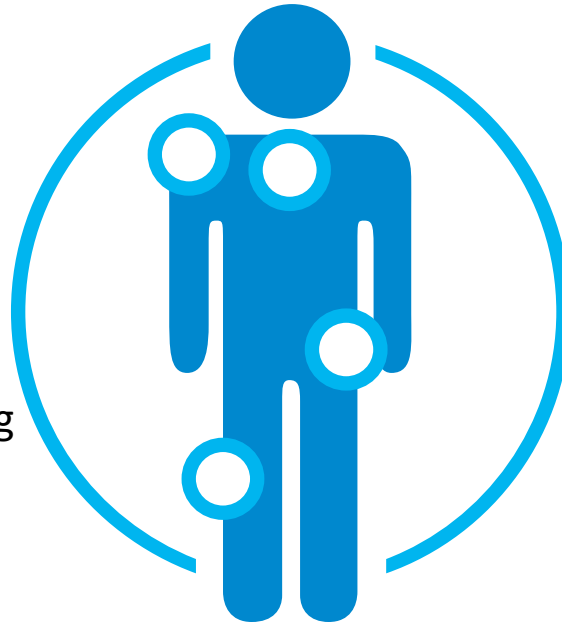


**Effective December 1, 2022:** Any services rendered on and after December 1, 2022 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



## Procedures Requiring Authorization

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



## Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room

# 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 [www.RadMD.com](http://www.RadMD.com).



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



## AmeriHealth Caritas Ohio Utilization Review Matrix 2023

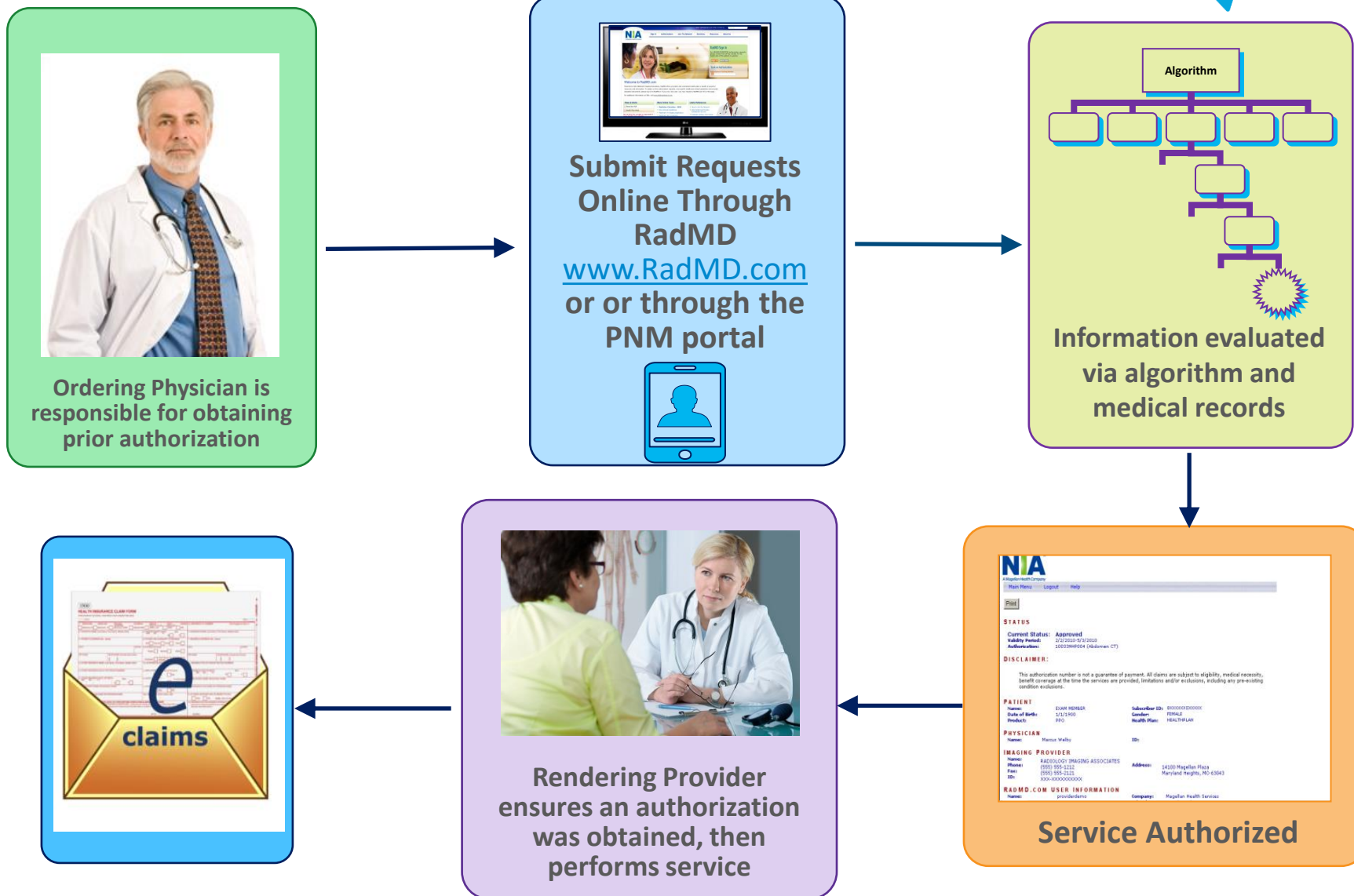
The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages utilization on behalf of AmeriHealth Caritas Ohio. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "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 will be denied accordingly.

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

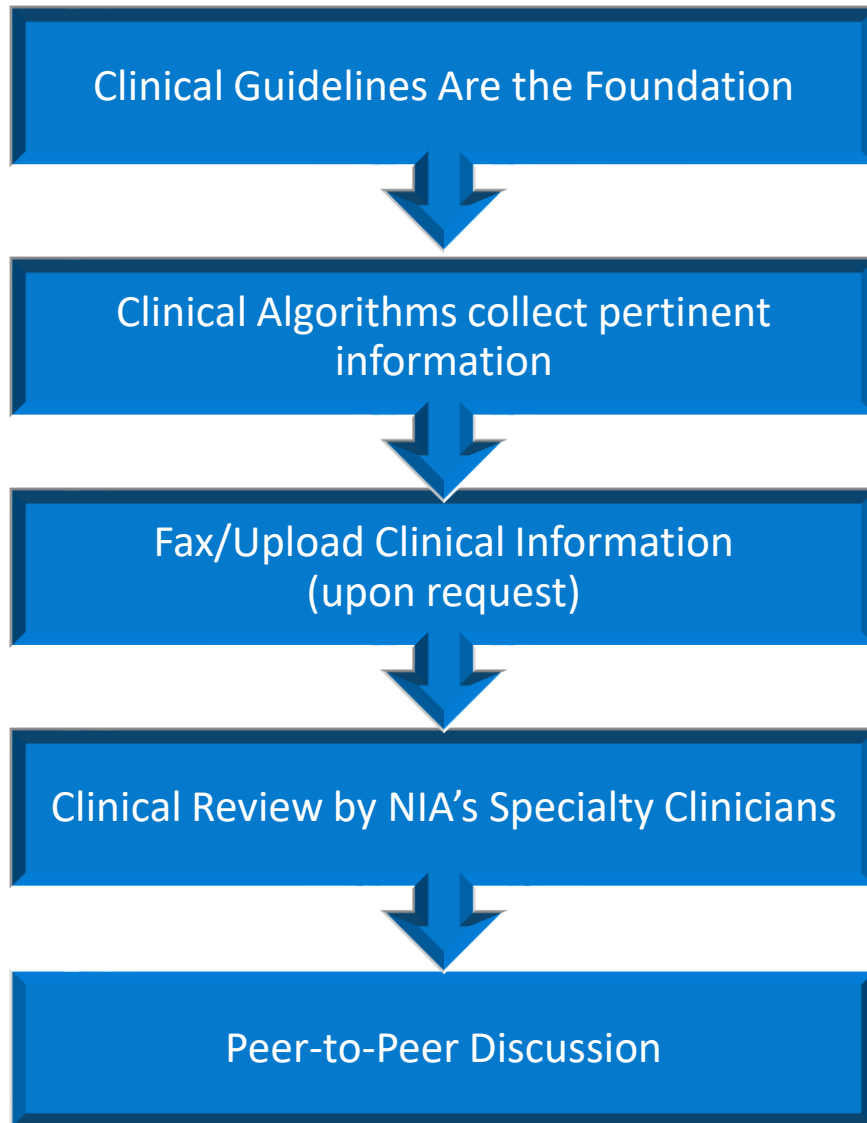
Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
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, +0698T
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, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +0722T
72128	CT Thoracic Spine	72128, 72129, 72130, +0722T

# Prior Authorization Process Overview



**Recommendation to Rendering Providers: Do not schedule test until authorization is received**

# 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 [www.RadMD.com](http://www.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

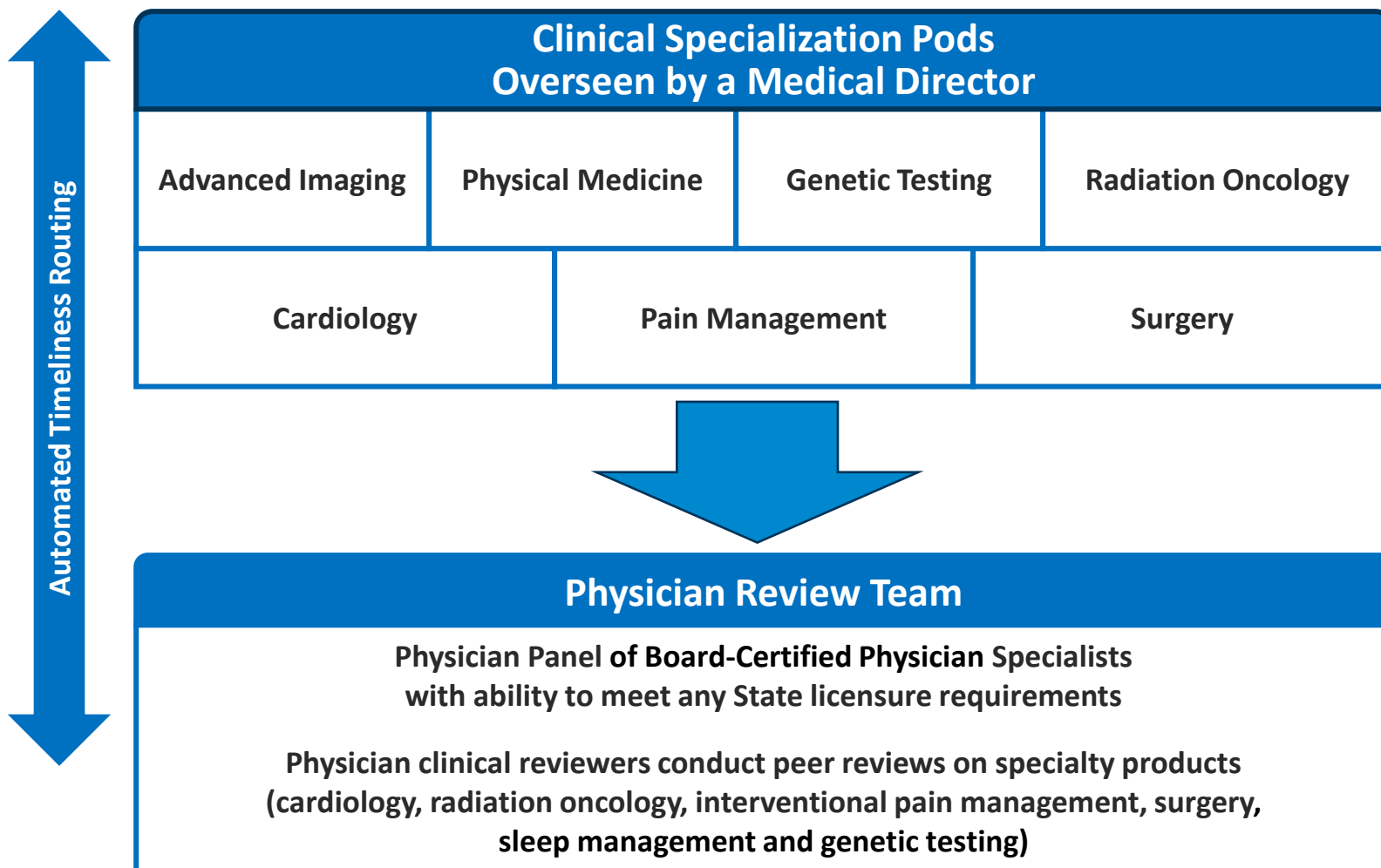
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

## 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



# 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

**NIA**  
National Imaging Associates, Inc.

**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  
aa1fadd1faxquestions

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:**

FAXC CC\_TRACKING\_NUMBER



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.



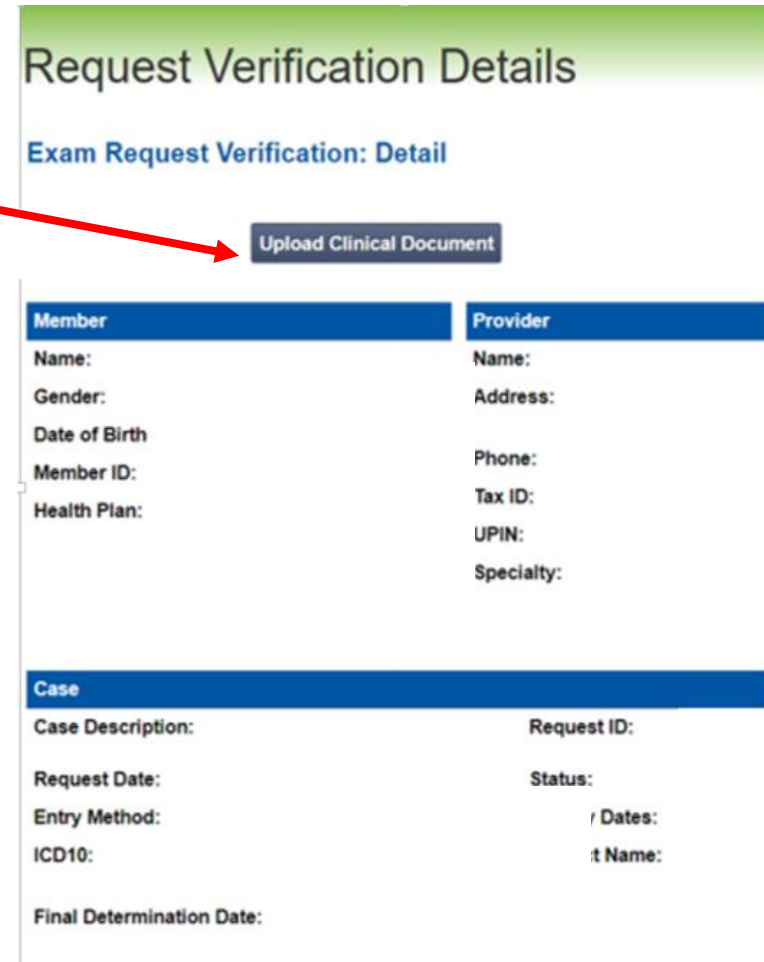
Determination timeframe begins after receipt of clinical information.



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

# Submitting Additional Clinical Information

- Providers are encouraged to submit clinical information using the portal that the authorization was submitted.
- Records may be submitted:
  - Upload to [www.RadMD.com](http://www.RadMD.com) or through the PNM portal.
  - All clinical documentation supporting the requested procedure should be submitted at the time of the request via RadMD or the PNM portal.



**Request Verification Details**

Exam Request Verification: Detail

[Upload Clinical Document](#)

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth:	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

**Case**

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	Start Date:
ICD10:	End Date:
Final Determination Date:	Request Name:

# Clinical Review Process



## Physicians' Office Contacts NIA for Prior Authorization



## 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.*



## System Evaluates Request Based on Information Entered by Physician

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

## NIA Specialty Physician Reviewers

- NIA Physician approves case without 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



*Key NIA Differentiators*

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



## Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please contact NIA immediately.
- The NIA Website [www.RadMD.com](http://www.RadMD.com) can be used for medically urgent or expedited prior authorization requests with an attestation on RadMD. When submitting authorization online through the website you will be instructed to identify an urgent or expedited request by identifying conditions that best demonstrate the requirement for an urgent medical intervention tied to your authorization request.
- Turnaround time is within 1 Business day not to exceed 48 Business Calendar Hours.

# Notification of Determination



## Authorization Notification

- Validity Period - Authorizations are valid for:  
60 Days from Date of Request.

## 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.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.





## How Claims Should be Submitted

- Rendering providers/Imaging providers should send their claims through the Provider Network Portal or through designated EDI submission.
- Check on claims status by logging into the Provider Network Portal.

## Claims Appeals Process

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

1 mSv=

 4 months of   
natural exposure

 50 chest x-rays

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



**RadMD Website**  
**[www.RadMD.com](http://www.RadMD.com)**

## **Available**



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

- 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
-

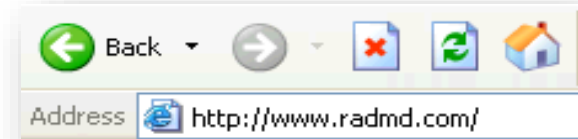


## RadMD Functionality varies by user:

- **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 [www.RadMD.com](http://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 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 “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 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



2

-- 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.)

3

A screenshot of the RadMD.com application form for a new account. The page title is "RADMD.COM: APPLICATION FOR A NEW ACCOUNT". It includes a warning: "Please fill out this form only for yourself. Shared accounts are not allowed." Below this is a dropdown menu for "Please Select an Appropriate Description --" with "Physician's office that orders procedures" selected. There are input fields for "Choose a User ID" (6-20 Characters), "Name" (First and Last), "Phone" and "Fax" (with area codes), "Company Name" and "Job Title", "Email" and "Confirm Email", "Address" (with optional Suite A), "City", "State", and "Zip". There is also a section for "Your Superior" with similar input fields. A "Submit Application" button is at the bottom. A footer note says "If you have problems, please contact us at RadMDsupport@magellanhealth.com."

# RadMD Enhancements

NIA offers a **Shared Access** feature on our [RadMD.com](https://www.RadMD.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column, titled "Request", lists various medical procedures: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "News and Updates" section. At the bottom of the page, there is a "Request Status" section with links for "Search for Request" and "View All My Requests". To the right of this section is a login area with a "Login As Username:" label, a text input field, and a "Login" button. Below the login area is a "Tracking Number:" label, a text input field, a "Search" button, and a link for "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](https://www.RadMD.com), allowing them to communicate with members and facilitate treatment.

# 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 user name and password due to HIPAA regulations.
- Designate an “Administrator” who will be able to grant privileges to desired Tax ID number(s).

## 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.
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.

1



2

-- 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.)

3

The image shows the RadMD registration form. At the top, it says 'RadMD.com' and 'NIA' logo. Below the logo are links for 'Home', 'RadMD Home', and 'Help'. The main heading is 'RADMD.COM: APPLICATION FOR A NEW ACCOUNT'. Below this is a note: 'Please fill out this form only for yourself. Shared accounts are not allowed.' There is a small disclaimer about email activation. The form asks 'Which of the following best describes your company?' with a dropdown menu. Below this is a section for 'Choose a User ID' with a text input field. The form has several sections for personal information: 'Name' (First, Last), 'Phone' (Area code, Number, Fax), 'Company Name' (Company Name, Job Title), 'Email' (Email, Confirm Email), 'Address' (Address, City, State, Zip), and 'Your Superior' (Name, First, Last, Phone, Email). At the bottom is a 'Submit Application' button and a note: 'If you have problems, please contact us at RadMDsupport@massellhealth.com'.

# When to Contact NIA



## Providers:

<p><b>Checking the status of an authorization request and General Questions</b></p>	<ul style="list-style-type: none"><li>▪ Website, <a href="http://www.RadMD.com">www.RadMD.com</a></li><li>▪ Toll-free number 1-800-642-7835- Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>▪ Call 1-800-642-7835</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>▪ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>▪ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to NIA</b></p>	<ul style="list-style-type: none"><li>▪ Meghan Murphy Provider Relations Manager 1-410-953-1042 <a href="mailto:mmurphy@evolent.com">mmurphy@evolent.com</a></li></ul>



# RadMD Demonstration



# Confidentiality Statement



*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to AmeriHealth Caritas Ohio 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 AmeriHealth Caritas Ohio and Evolent Health, LLC.*



Thanks