AmeriHealth Caritas Pennsylvania
Medical Specialty Solutions

Provider Training Presented by:

NIA

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
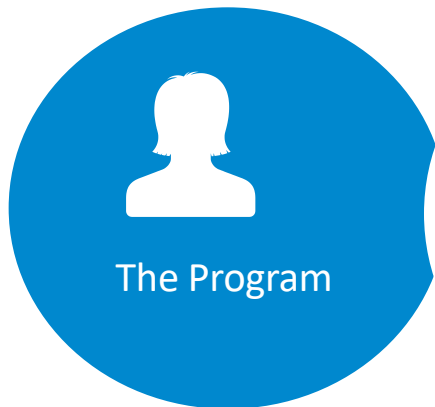
The Program

- AmeriHealth Caritas Pennsylvania began a prior authorization program through NIA for the management of outpatient imaging services.
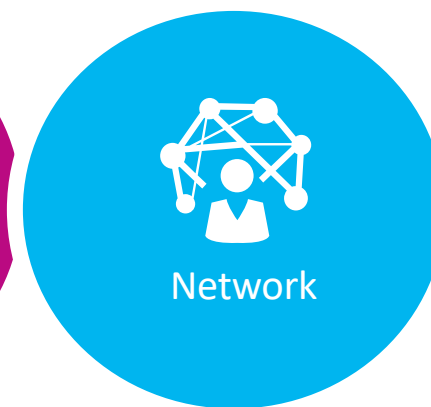
Program began on:
  July 1, 2014

Procedures & Settings Included

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

Settings:
- Office
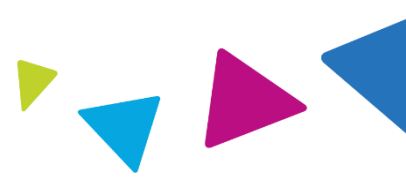- Outpatient Hospital

Membership Included

- Medicaid

Network

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

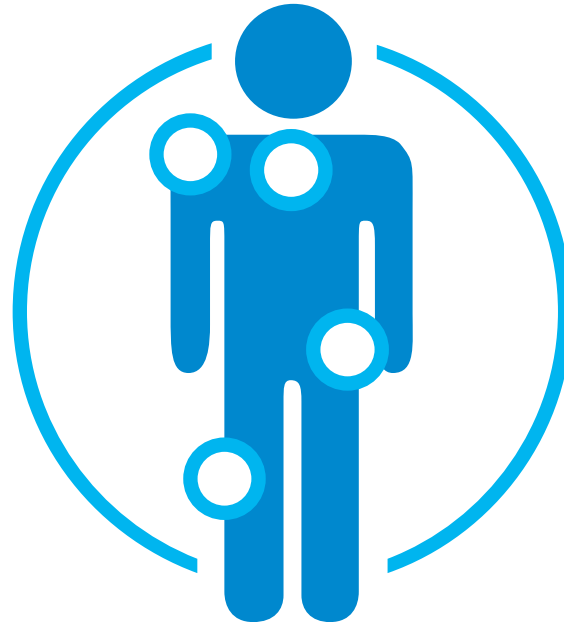# NIA's Prior Authorization Program

Effective July 1, 2014, Any services rendered on and after **July 1, 2014,** will require authorization. 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

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.

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

AmeriHealth Caritas
Pennsylvania

NIA

AmeriHealth Caritas Pennsylvania
Utilization Review Matrix 2022

The matrix below contains the CPT 4 codes for which National Imaging Associates, Inc. (NIA)[1] manages on behalf of AmeriHealth Caritas Pennsylvania. 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 re-bundling 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.
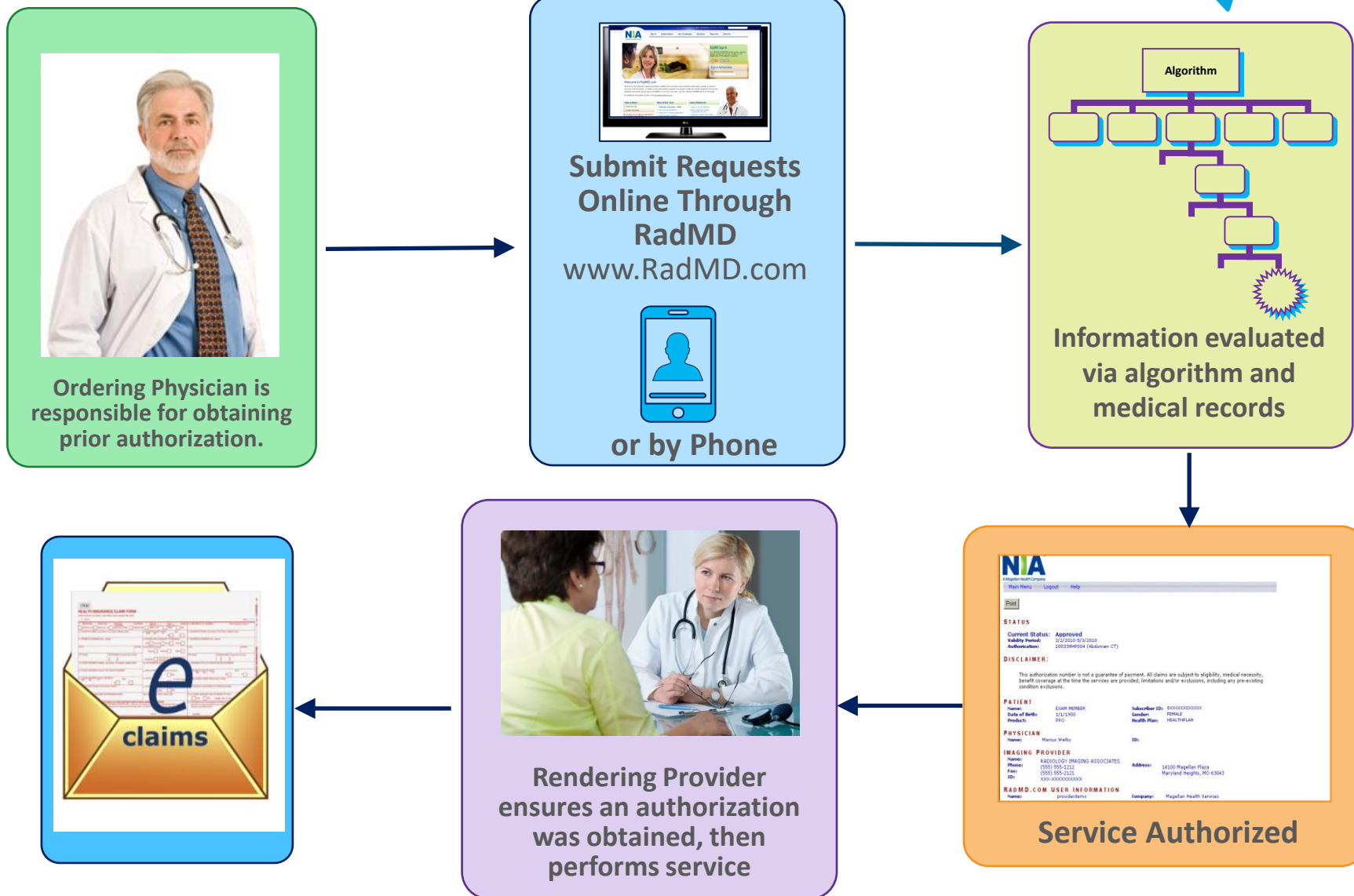
*Please note: Services rendered in an Emergency Room, Observation Room, Surgery Center or Hospital Inpatient setting are not managed by NIA.

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

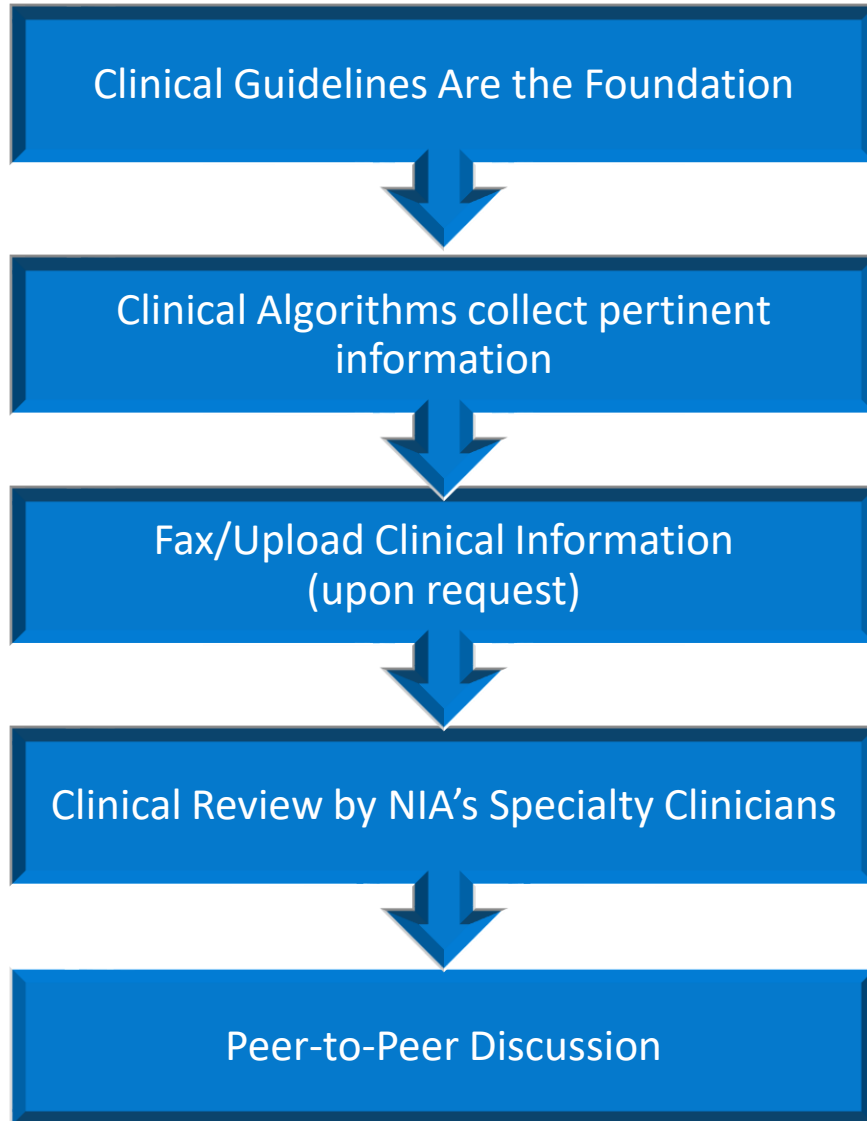[1]National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

1— AmeriHealth Caritas Pennsylvania - Utilization Review Matrix 2022 rev 070122

NIA

Prior Authorization Process Overview

Ordering Physician is responsible for obtaining prior authorization.

Submit Requests Online Through RadMD
www.RadMD.com

or by Phone

Information evaluated via algorithm and medical records

Service Authorized

Rendering Provider ensures an authorization was obtained, then performs service

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

NIA's Clinical Foundation & Review

Clinical Guidelines Are the Foundation

↓

Clinical Algorithms collect pertinent information

↓

Fax/Upload Clinical Information (upon request)

↓

Clinical Review by NIA's Specialty Clinicians

↓

Peer-to-Peer Discussion

- **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**

- 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

Clinical Specialization Pods Overseen by a Medical Director			
Advanced Imaging	Physical Medicine	Genetic Testing	Radiation Oncology
Cardiology	Pain Management		Surgery

Physician Review Team

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)

NIA

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

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 www.RadMD.com
  - Fax using that NIA coversheet

- Location of Fax Coversheets:
  - Can be printed from www.RadMD.com
  - Call 1-800-424-5657

- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details

Exam Request Verification: Detail

| Print Fax Coversheet | Upload Clinical Document |

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

Case	
Case Description:	Request ID:
Request Date:	Status:
Entry Method:	Validity Dates:
ICD10:	Contact Name:
Final Determination Date:	

Clinical Review Process

Physicians' Office Contacts NIA for Prior Authorization

✓ RadMD   ✓ Telephone

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** —— **④** ——▶

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

NIA

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 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 1-800-424-5657.

- Turnaround time is within 1 business day not to exceed 72 Calendar Hours.

Notification of Determination

Authorization Notification	Denial Notification
■ Validity Period - Authorizations are valid for: 60 days from the date of request	■ Notifications will include an explanation of what services have been denied and the clinical rationale for the denial ■ A re-review is available with new or additional information. ■ Timeframe for re-review is 5 business days from the date of denial ■ 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 Pennsylvania.

- Providers are strongly encouraged to use EDI claims submission.

- Check on claims status by logging on to the AmeriHealth Caritas Pennsylvania website at http://www.navinet.navimedix.com

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through AmeriHealth Caritas Pennsylvania

- 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.

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

Provider Tools

RadMD Website www.RadMD.com

Available
24/7 (except during maintenance)

Toll Free Number 800-424-5657

Available
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
www.RadMD.com

RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved authorizations for their facility.

Online Tools Accessed through www.RadMD.com:

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

Address: http://www.radmd.com/

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
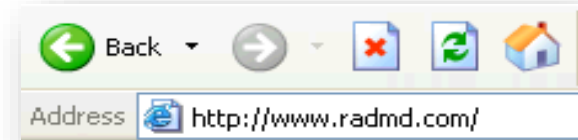
Registering on RadMD.com
To Initiate Authorizations

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 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.

RadMD Enhancements

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

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 www.RadMD.com, allowing them to communicate with members and facilitate treatment.

Allows Users the ability to view all approved 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 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.

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

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

When to Contact NIA

Providers:

Initiating or checking the status of an authorization request	▪ Website, www.RadMD.com ▪ Toll-free number 1-800-424-5657 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	▪ Call 1-800-424-5657
Technical Issues Provider Service Line	▪ RadMDSupport@evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Lori A. Fink Provider Relations Manager 1-410-953-2621 lfink@evolent.com

RadMD Demonstration

Confidentiality Statement

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Thank you!