# AmeriHealth Caritas VIP Care Medical Specialty Solutions



#### 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.
- 2.18M Medicare Advantage lives participating in an NIA RBM program nationally.

### Intensive Clinical Specialization & Breadth

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



#### NIA's Prior Authorization Program





Important Dates

Procedures &

Settings Included

Membership Included



- AmeriHealth
  Caritas VIP Care
  will begin a prior
  authorization
  program through
  NIA for the
  management of
  outpatient imaging
  services.
- Program start date: March 1, 2022
- Begin obtaining authorizations from NIA on March 1, 2022, via RadMD or Call Center for services rendered on or after March 1, 2022

#### Procedures:

- CT/CTA
- MRI/MRA
- CCTA
- PET Scan
- MUGA
- MPI

#### Settings:

- Office
- Outpatient Hospital

Medicare

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



#### NIA's Prior Authorization Program

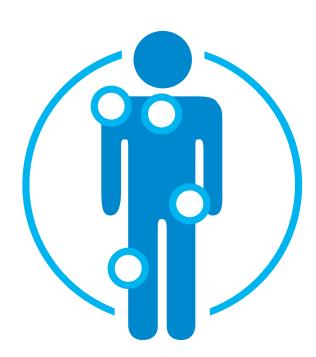


**Effective March 1, 2022:** Any services rendered on and after **March 1, 2022,** will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



### Procedures Requiring Authorization

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





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 <u>www.RadMD.com</u>.



Defer to AmeriHealth Caritas VIP Care Policies for Procedures not on Claims/Utilization Review Matrix.







#### AmeriHealth Caritas VIP Care Utilization Review Matrix 2022

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

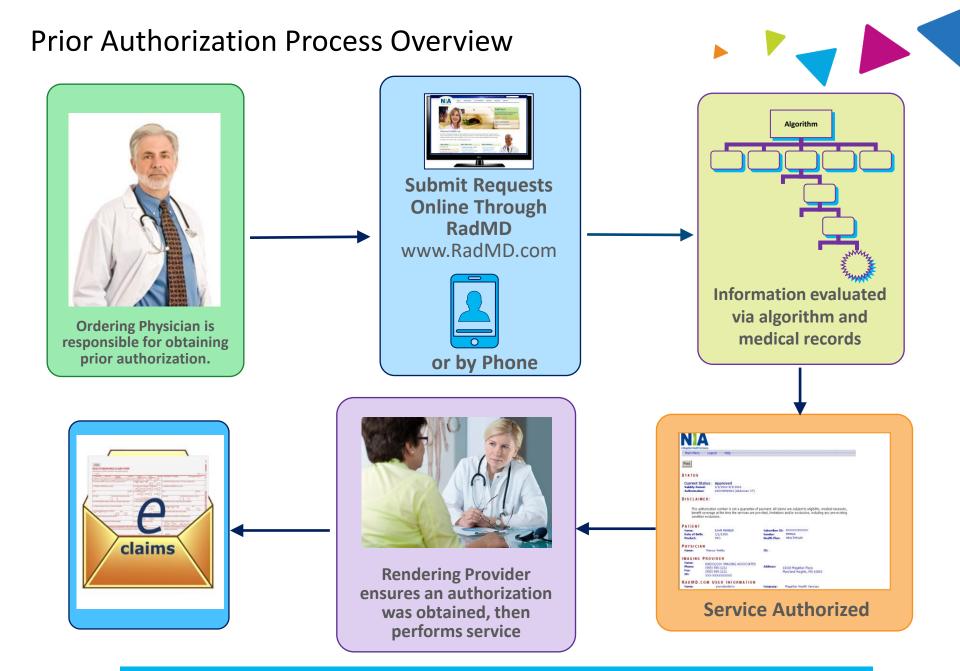
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

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

Authorized	Description	Allowable Billed Groupings
CPT Code		
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
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, 70552, 70553, 70540,
70551	MRI Internal Auditory Canal	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
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

1—AmeriHealth Caritas VIP Care Utilization Review Matrix 2021

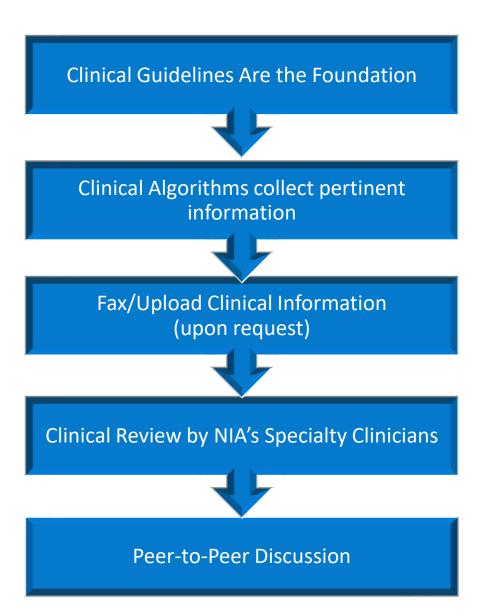






#### NIA's Clinical Foundation & Review





- 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
- 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.





# Advanced Imaging Physical Medicine Genetic Testing Radiation Oncology Cardiology Pain Management Surgery



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. 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:

- 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.

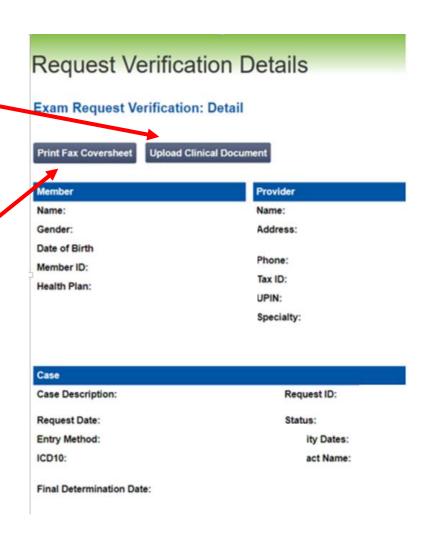


Failure to receive requested clinical information may result in non certification.



#### **Submitting Additional Clinical Information**

- Records may be submitted:
  - Upload to <u>www.RadMD.com</u>
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from <u>www.RadMD.com</u>
  - Call 1-800-424-4922
- Use the case specific fax coversheets when faxing clinical information to NIA





#### **Clinical Review Process**



#### Physicians' Office Contacts NIA for Prior Authorization



RadMD







#### 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.

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### 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

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#### **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 peerto-peer
- Physician denies case based on medical criteria

Key NIA Differentiators

Physician defiles case based on medical criteria

Generally the turnaround time for completion of these requests is within two to three 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 <u>www.RadMD.com</u> 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 1-800-424-4922.
- 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 the 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.
- A re-open is available with new or additional information.
- Timeframe for re-open is:
  - Within 1 year for any reason
  - Within 4 years for good cause
  - Anytime to correct a clinical error on which the determination was made
- 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 VIP Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the AmeriHealth Caritas VIP Care website: http://www.Navinet.Navimedex.com

#### **Claims Appeals Process**

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



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 1-800-424-4922** 



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

#### 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







### 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.



 -- 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>www.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	Request access to Tax ID			
Initiate a Subsequent Request Radiation Treatment Plan	News and Updates			
Pain Management				
or Minimally Invasive Procedure				
Spine Surgery or Orthopedic Surgery Genetic Testing				
Geneuc resung				
	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 <a href="https://www.RadMD.com">www.RadMD.com</a>, 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 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.



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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 procedure radiation encology procedures

Physicians office that prescribes radiation oncology procedures
Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)





#### When to Contact NIA



#### Providers:

Initiating or checking the status of an authorization request
Initiating a

- Website, <u>www.RadMD.com</u>
- Toll-free number 1-800-424-4922 Interactive Voice Response (IVR) System

## Initiating a Peer-to-Peer Consultation

Call 1-800-424-4922

### 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
 Ifink@evolent.com



#### **RadMD Demonstration**





#### **Confidentiality Statement**



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