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

PROVIDER TRAINING/PRESENTED BY:

NAME: LORI FINK

DATE:

NIA Training Program

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

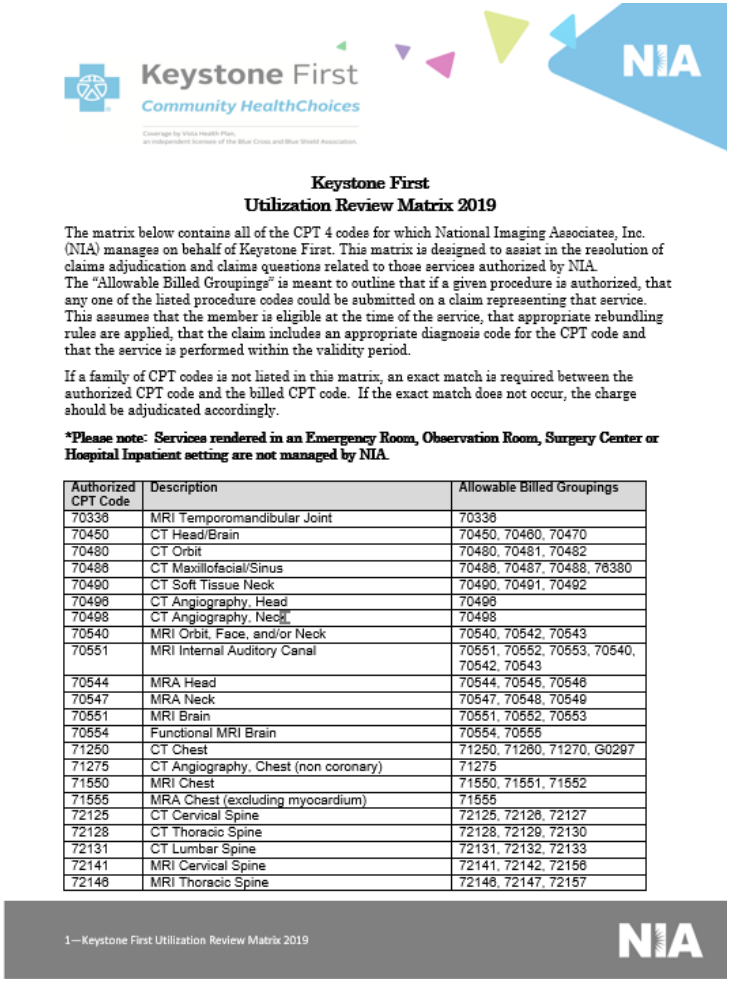
NIA's Prior Authorization Program

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 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 RadMD
- Refer to Keystone First Policies for Procedures not on Claims/Utilization Review Matrix



Keystone First
Community HealthChoices

NIA

Keystone First
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 Keystone First. 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 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
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	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 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
72146	MRI Thoracic Spine	72146, 72147, 72157

NIA

NIA

Responsibility for Authorization

Ordering Provider

Responsible for obtaining prior authorization

Rendering Provider

Ensuring that prior authorization has been obtained prior to providing service

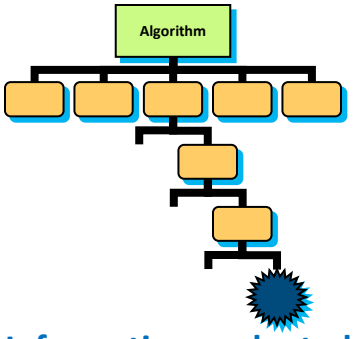
Recommendation to Rendering Providers: Do not schedule test until authorization is received

Prior Authorization Process Overview

Ordering Physician

Submit Requests by Phone

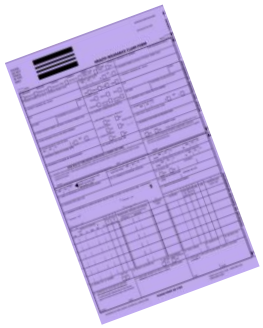
Or Online Through RadMD
www.RadMD.com



Information evaluated via algorithm and medical records

Service Authorized

Rendering Provider Performs Service



Claim

Clinical Decision Making and Algorithms

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

Patient and Clinical Information Required for Authorization

GENERAL

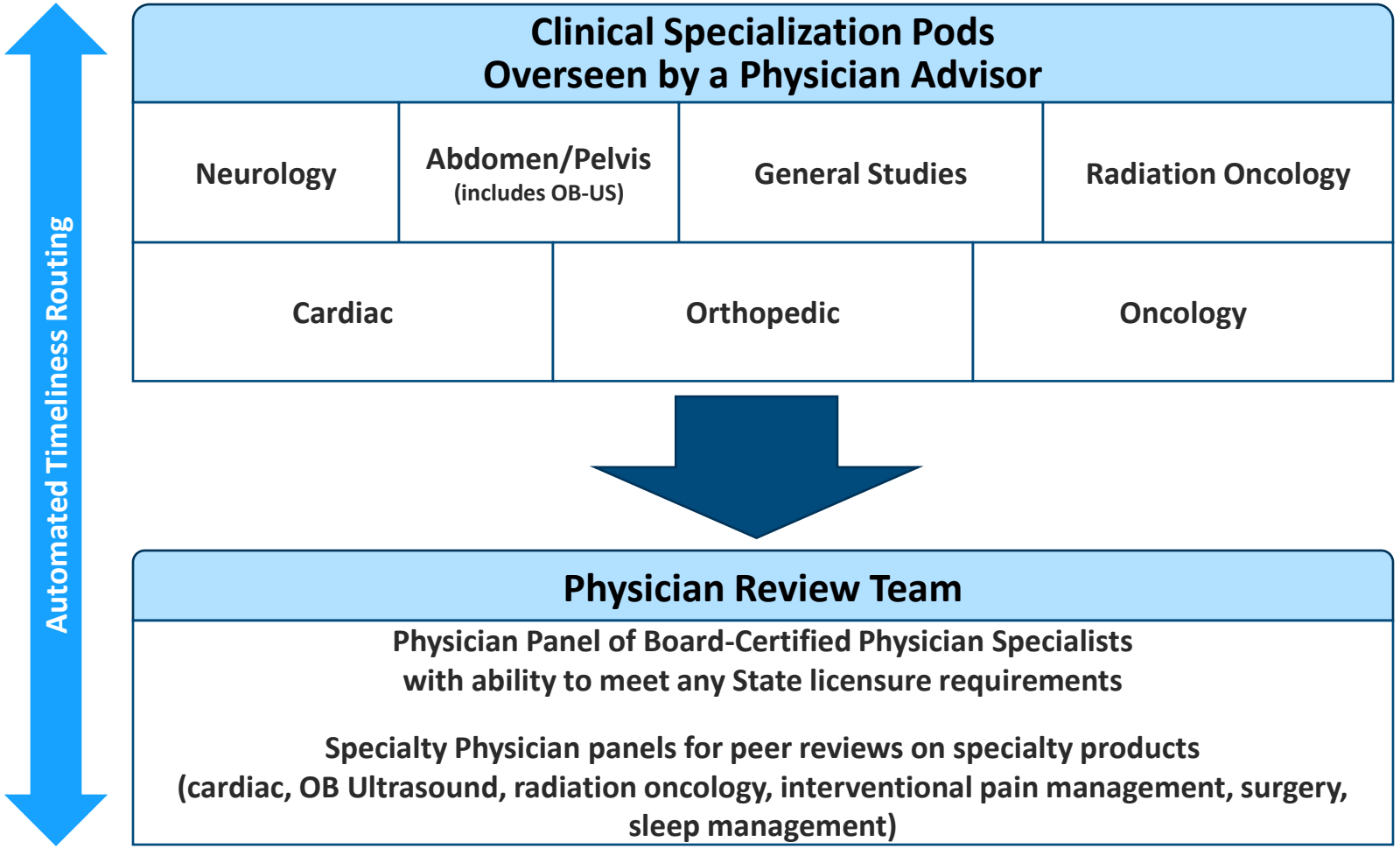
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

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.

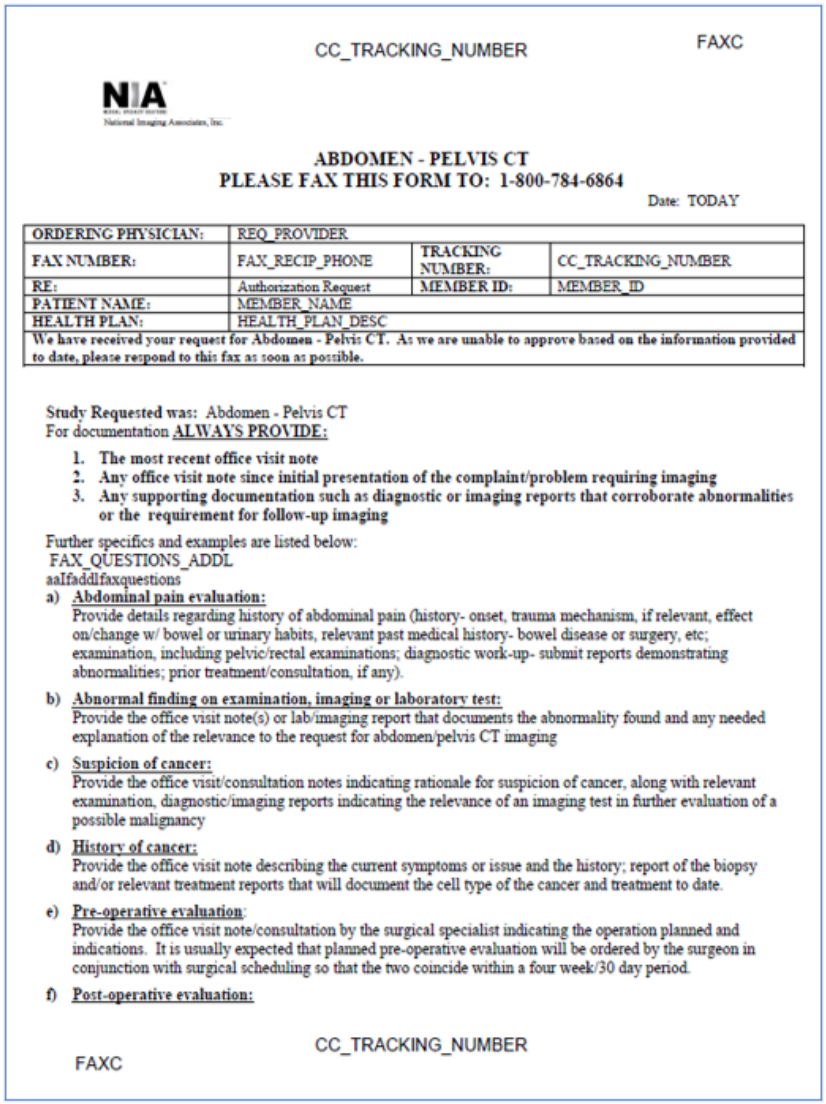
Clinical Specialty Team Review



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

NIA

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
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.

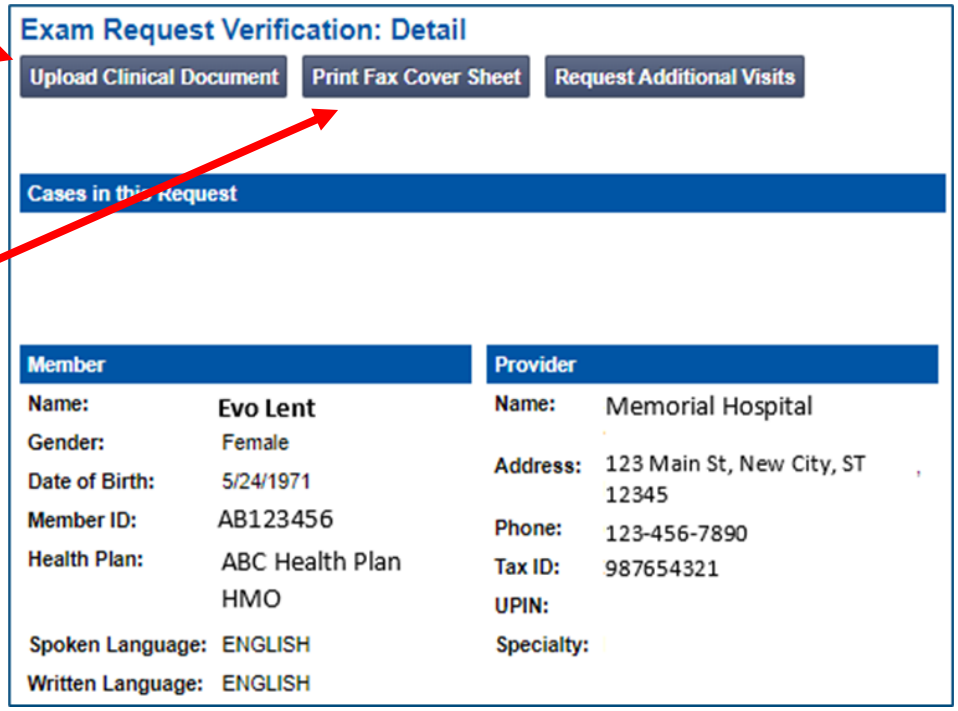
f) **Post-operative evaluation:**

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 **RadMD.com**
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from **RadMD.com** or Call:
    - 1-800-642-2602
- Use the case specific fax coversheets when faxing clinical information to NIA



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

• **Approval Notification**	• **Denial Notification**
• **Authorization Validity Period** Authorizations will be valid for 60 days from date of request.	• **Appeal Instructions** • In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

NIA's Urgent Authorization Process

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 1-800-642-2602.

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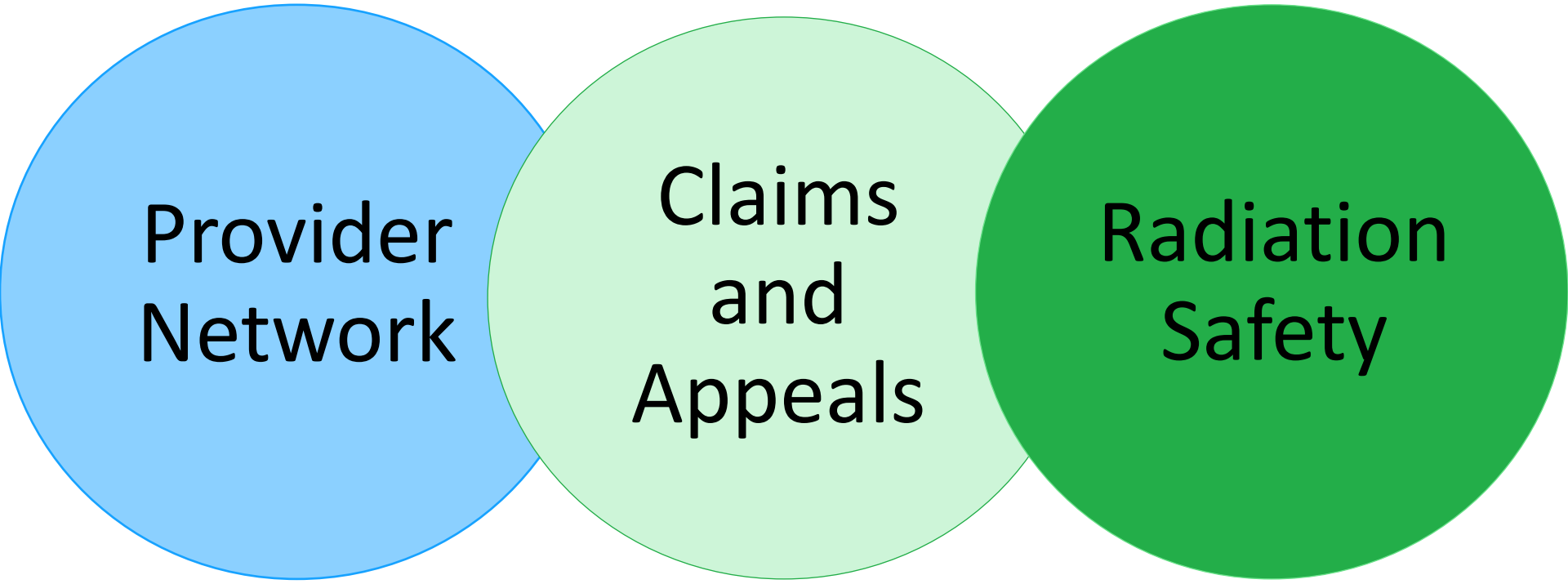
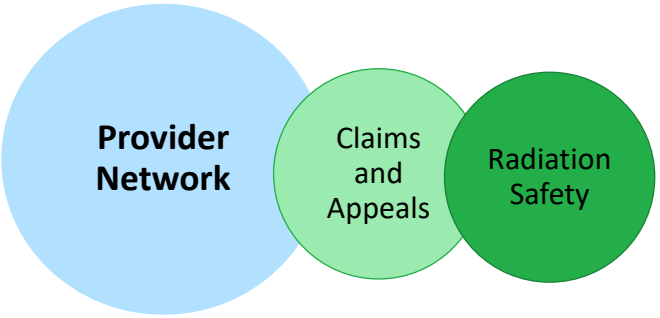
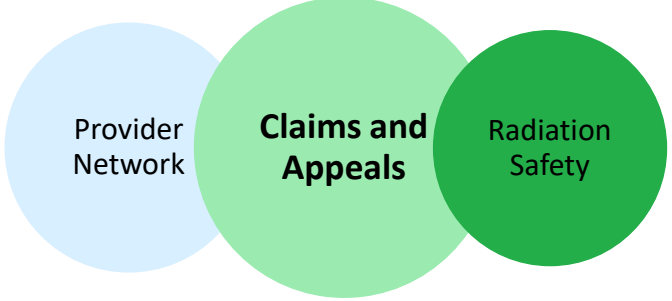
Program Components





Advanced Imaging Provider Network:

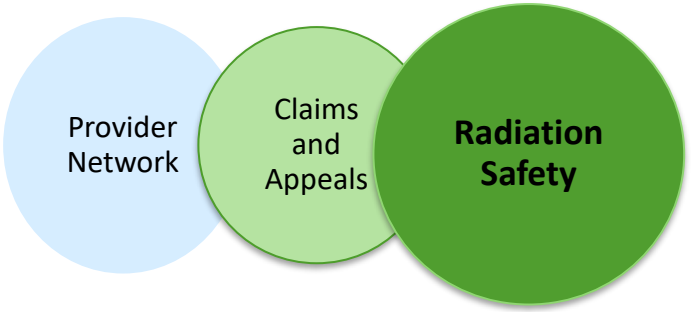
- Keystone First will use the Keystone First network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it's preferred providers for delivering outpatient CT/CTA, MRI/MRA, PET Scan, CCTA, Myocardial Perfusion Imaging and MUGA Scan services to Keystone First members throughout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



Claims and Appeals

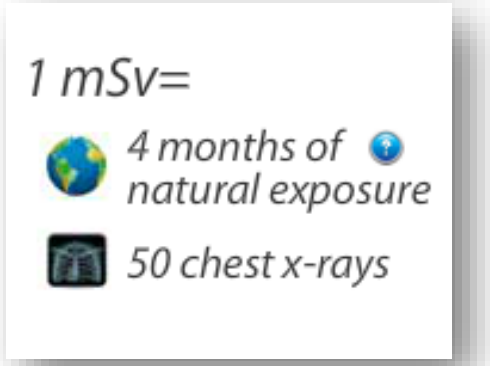
How Claims Should be Submitted	Claims Appeals Process
• Rendering providers/Imaging providers should continue to send their claims directly to Keystone First • Providers are strongly encouraged to use EDI claims submission. • Check on claims status by logging on to the Keystone First website: https://navinet.navimedix.com	• In the event of a prior authorization or claims payment denial, providers may appeal the decision through Keystone First. • 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
- 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



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

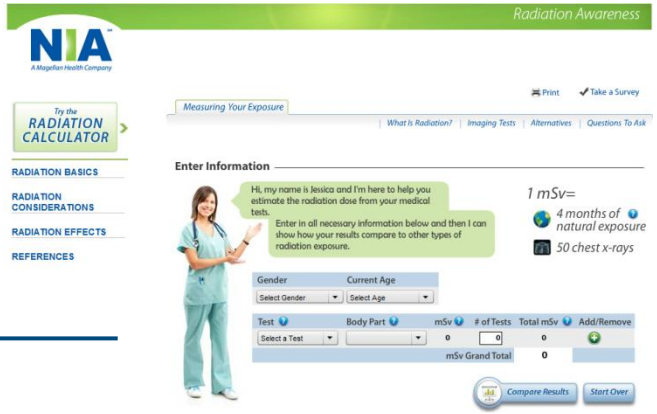
Radiation Calculator

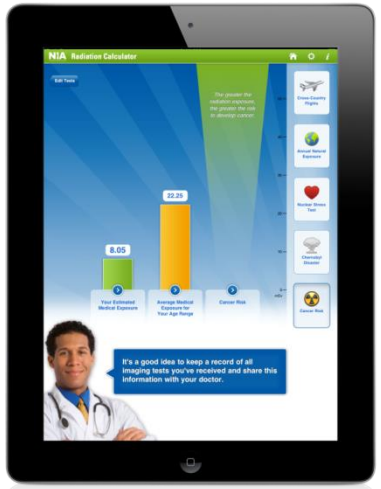
www.radiationcalculator.com

Over 8,000 visits to the website from 89 countries

Apple, Android and Facebook App available

- Average rating: 4 out of 5 stars





Provider Tools

- Toll free authorization and information number 1-800-642-2602

  Available 8:00 a.m. – 8:00 p.m. EST
  - 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.

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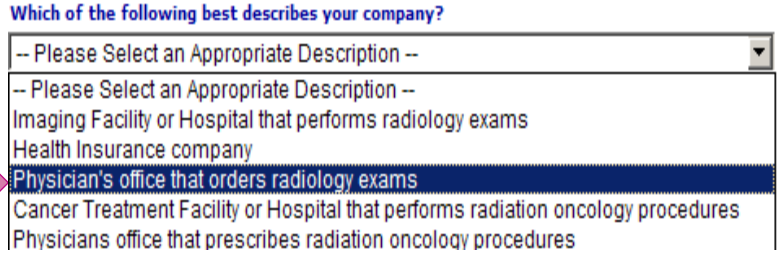

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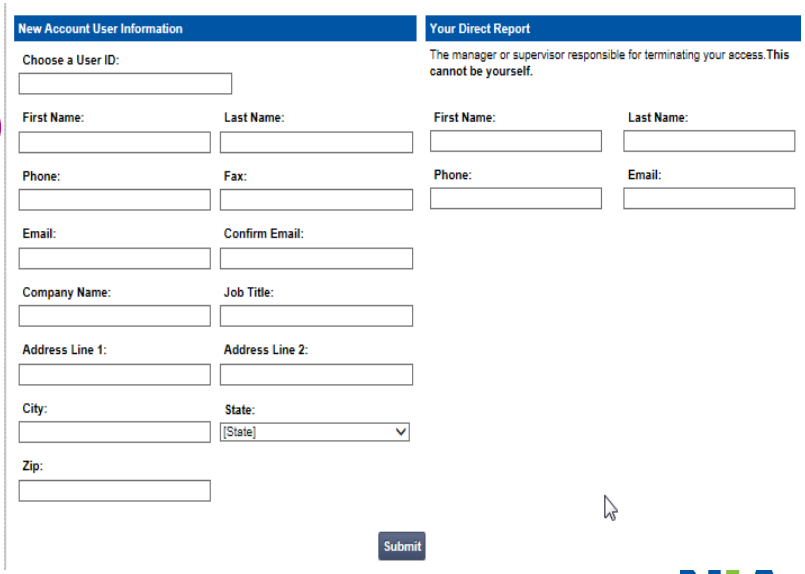


Rendering Provider: Getting Started on RadMD.com

IMPORTANT

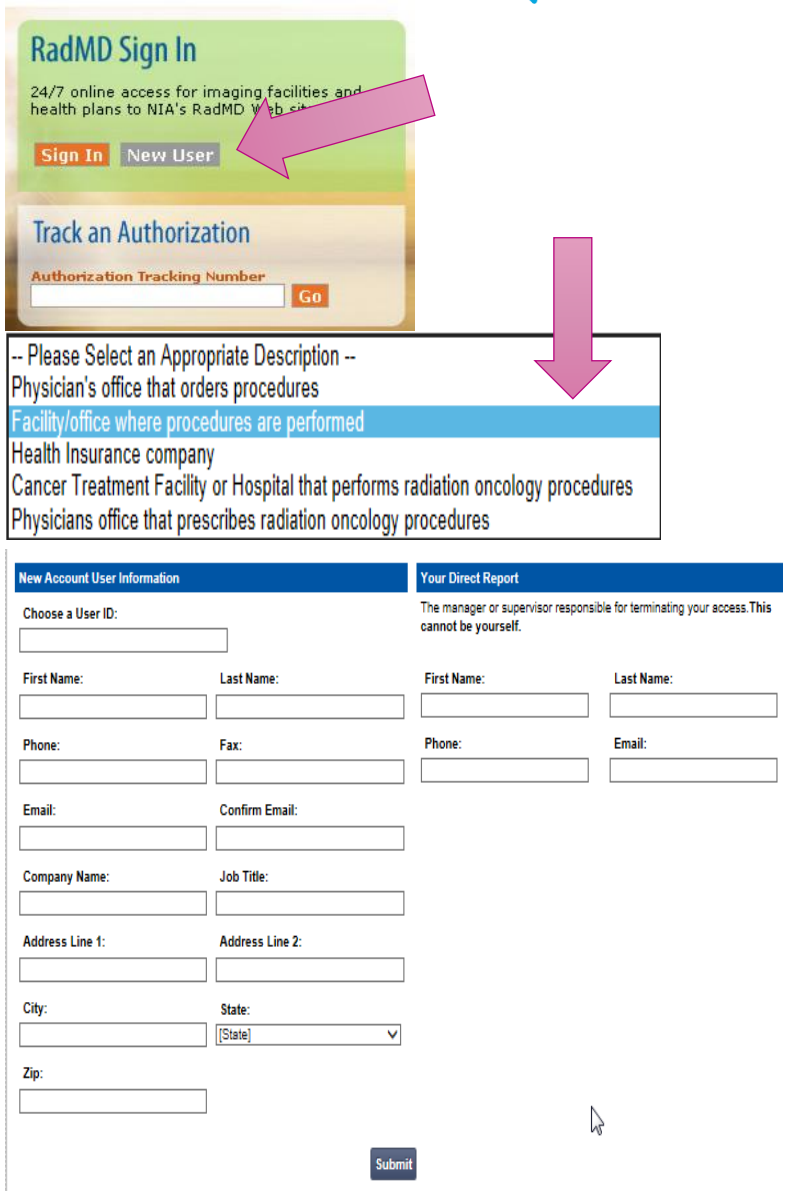
- **Everyone in your organization is required to have their own separate user name and password due to HIPAA regulations.**
- **Designate an "Administrator" for the facility who manages the access for the entire facility.**

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.

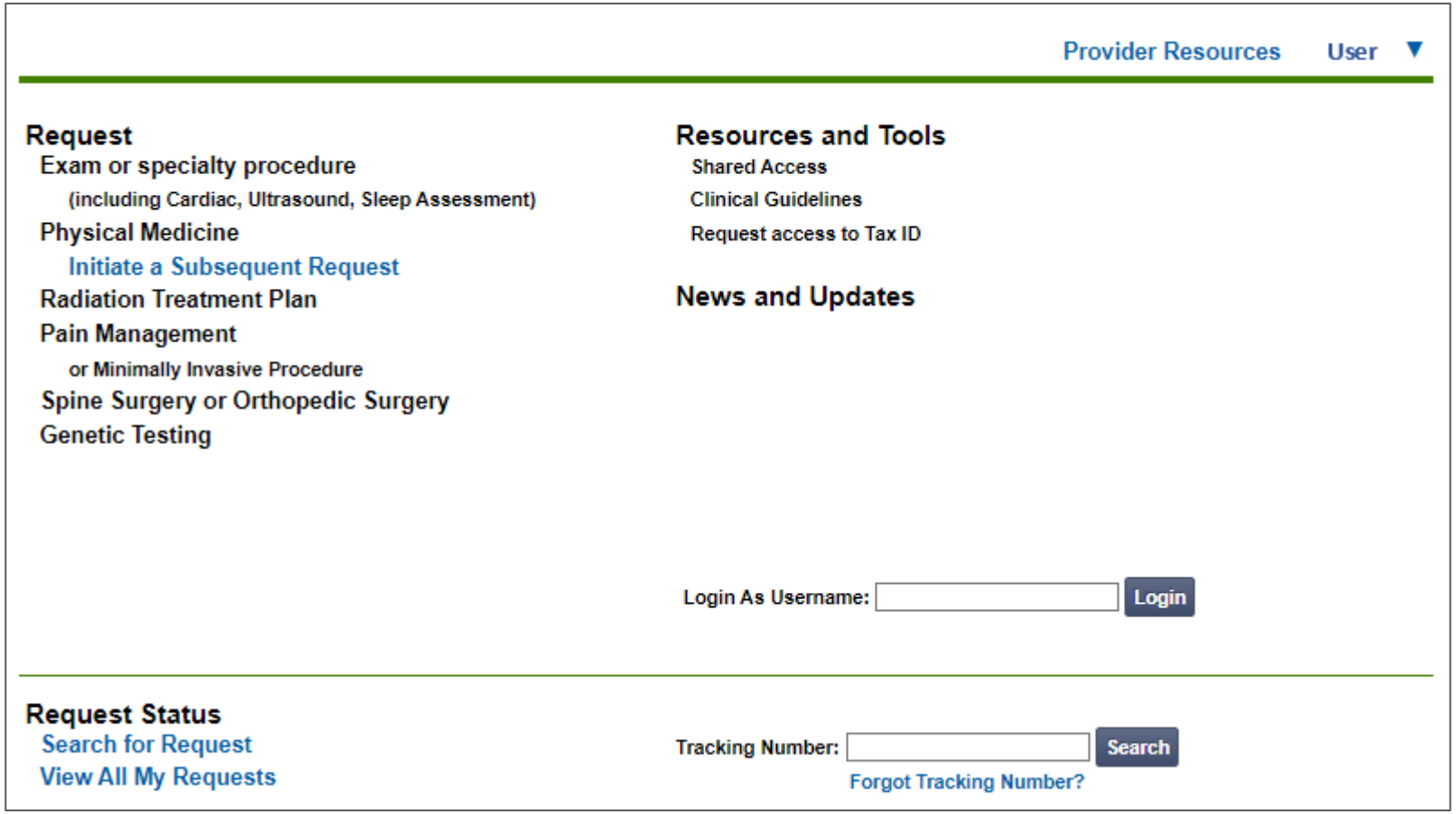
NOTE: On subsequent visits to the site, click the "Sign In" button to proceed.

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 Enhancements

NIA offers a **Shared Access** feature on our 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 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, www.RadMD.com ▪ Toll-free number 1-800-642-2602 - Interactive Voice Response (IVR) System
Initiating a Peer-to-Peer Consultation	▪ Call 1-800-642-2602
Provider Service Line	▪ RadMDSupport@evolent.com ▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	▪ Lori Fink Provider Relations Manager 410-953-2621 lfink@evolent.com

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 Keystone First 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 Keystone First and Evolent Health, LLC.

Thanks