

Western Sky Community Care Medical Specialty Solutions

Provider Training Presented by:
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Provider Relations Representative

Updated April 2023



National Imaging Associates, Inc. (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 Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ 91 health plans/markets – partnering with NIA for management of Medical Specialty Solutions.
- ✓ 33.01M national lives – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

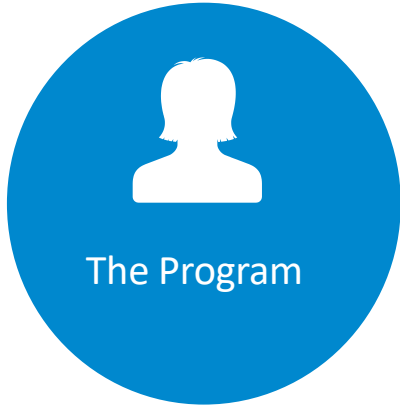
- ✓ 55 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- ✓ 20M Medicaid lives – in addition to 2.89M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Intensive Clinical Specialization & Breadth

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

URAC Accreditation & NCQA Certified

NIA's Prior Authorization Program



The Program

- Western Sky Community Care began a prior authorization program through NIA for the management of outpatient imaging services.



Important Dates

- Program for outpatient imaging services began January 1, 2019.



Settings

Settings:

- Freestanding Diagnostic Facilities
- Provider Office
- Outpatient Hospital

Setting for IPM are:

- Provider Offices
- Surgery Centers
- Outpatient Hospital



Membership Included

- Medicaid
- Medicare



Network

NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Western Sky Community Care membership will be managed through Western Sky Community Care's contractual relationships.

NIA's Prior Authorization Program

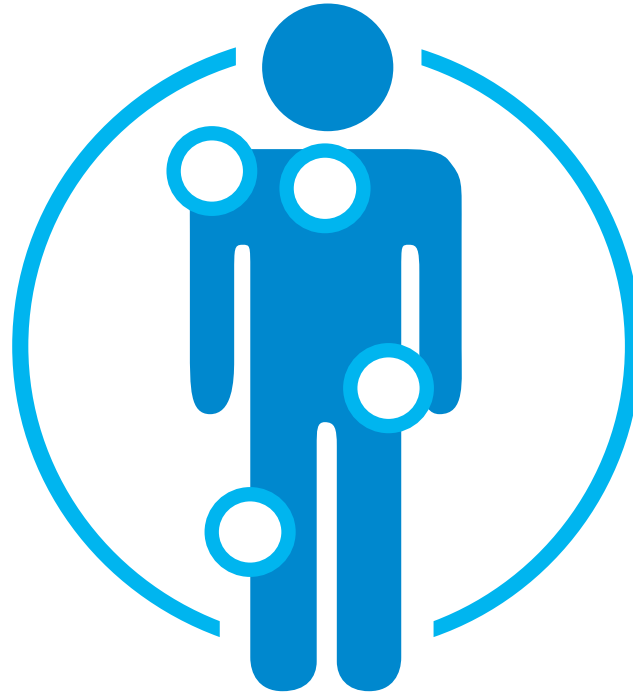


Effective January 1, 2019: Any services rendered requires authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



Procedures Requiring Authorization*

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



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](https://www.RadMD.com).



Defer to Western Sky Community Care's Policies for Procedures not on Claims/Utilization Review Matrix.

**Western Sky Community Care
Utilization Review Matrix 2023**

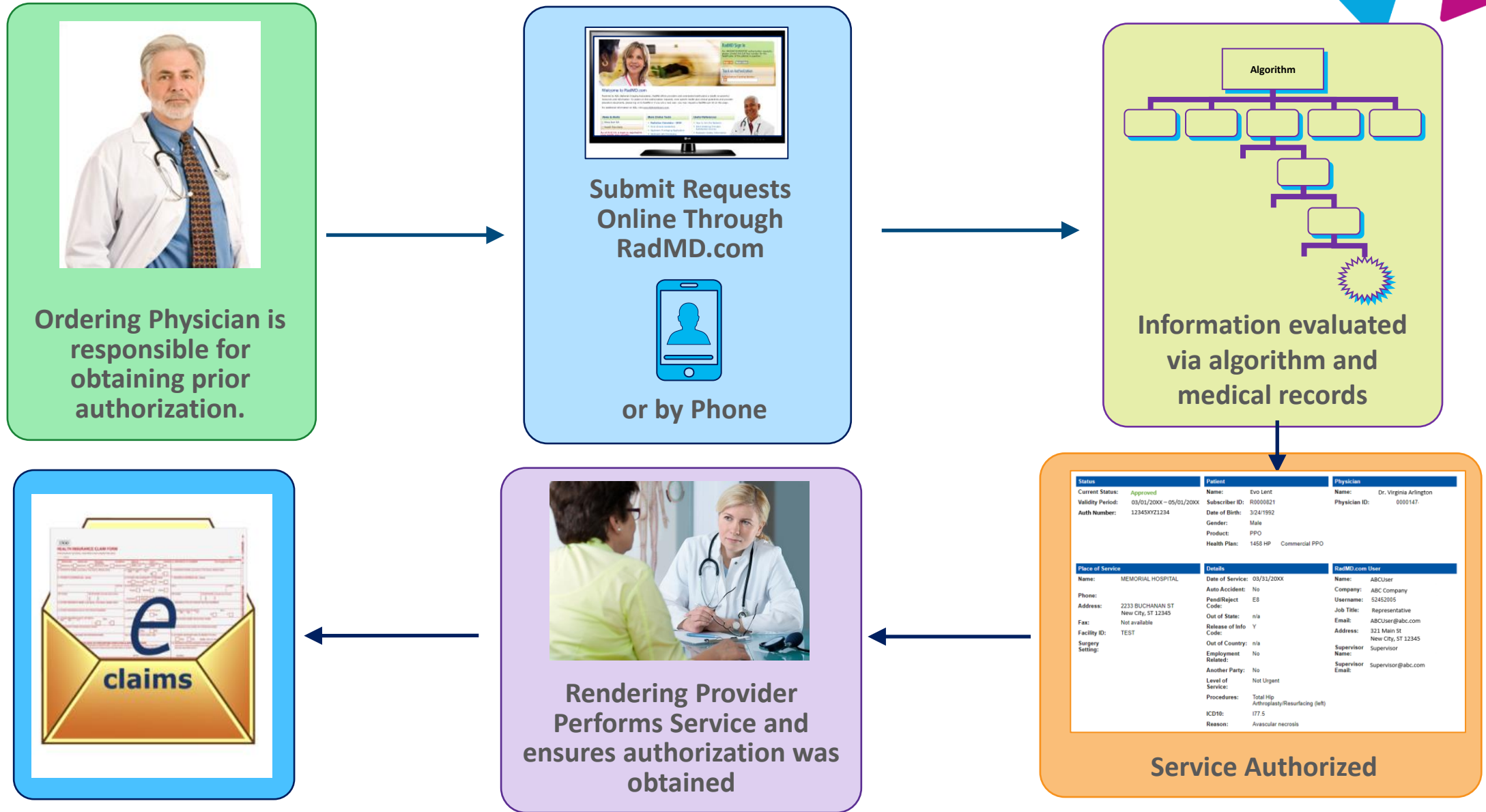
The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Western Sky Community Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable 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 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, 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 |

Prior Authorization Process Overview

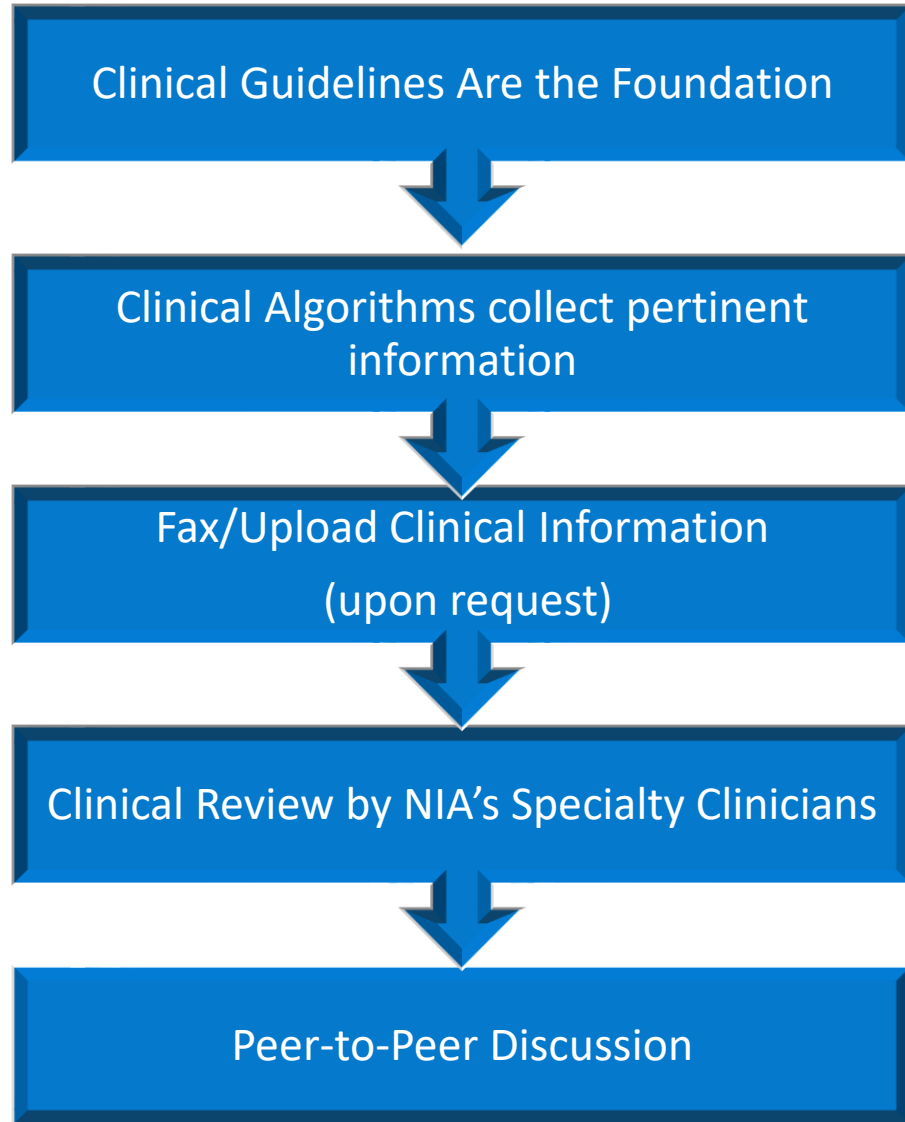


| Status | Patient | Physician |
|--|-------------------------------------|------------------------------|
| Current Status: Approved | Name: Evo Lent | Name: Dr. Virginia Arlington |
| Validity Period: 03/01/20XX - 05/01/20XX | Subscriber ID: R0000821 | Physician ID: 0000147 |
| Auth Number: 12345XY21234 | Date of Birth: 3/24/1992 | |
| | Gender: Male | |
| | Product: PPO | |
| | Health Plan: 1458 HP Commercial PPO | |

| Place of Service | Details | RadMD.com User |
|---|---|--|
| Name: MEMORIAL HOSPITAL | Date of Service: 03/31/20XX | Name: ABCUser |
| Phone: | Auto Accident: No | Company: ABC Company |
| Address: 2233 BUCHANAN ST New City, ST 12345 | Pend/Reject Code: E8 | Username: 52452005 |
| Fax: Not available | Out of State: n/a | Job Title: Representative |
| Facility ID: TEST | Release of Info Code: Y | Email: ABCUser@abc.com |
| Surgery Setting: | Out of Country: n/a | Address: 321 Main St New City, ST 12345 |
| | Employment Related: No | Supervisor Name: Supervisor |
| | Another Party: No | Supervisor Email: Supervisor@abc.com |
| | Level of Service: Not Urgent | |
| | Procedures: Total Hip Arthroplasty/Resurfacing (left) | |
| | ICD10: I77.5 | |
| | Reason: Avascular necrosis | |

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 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

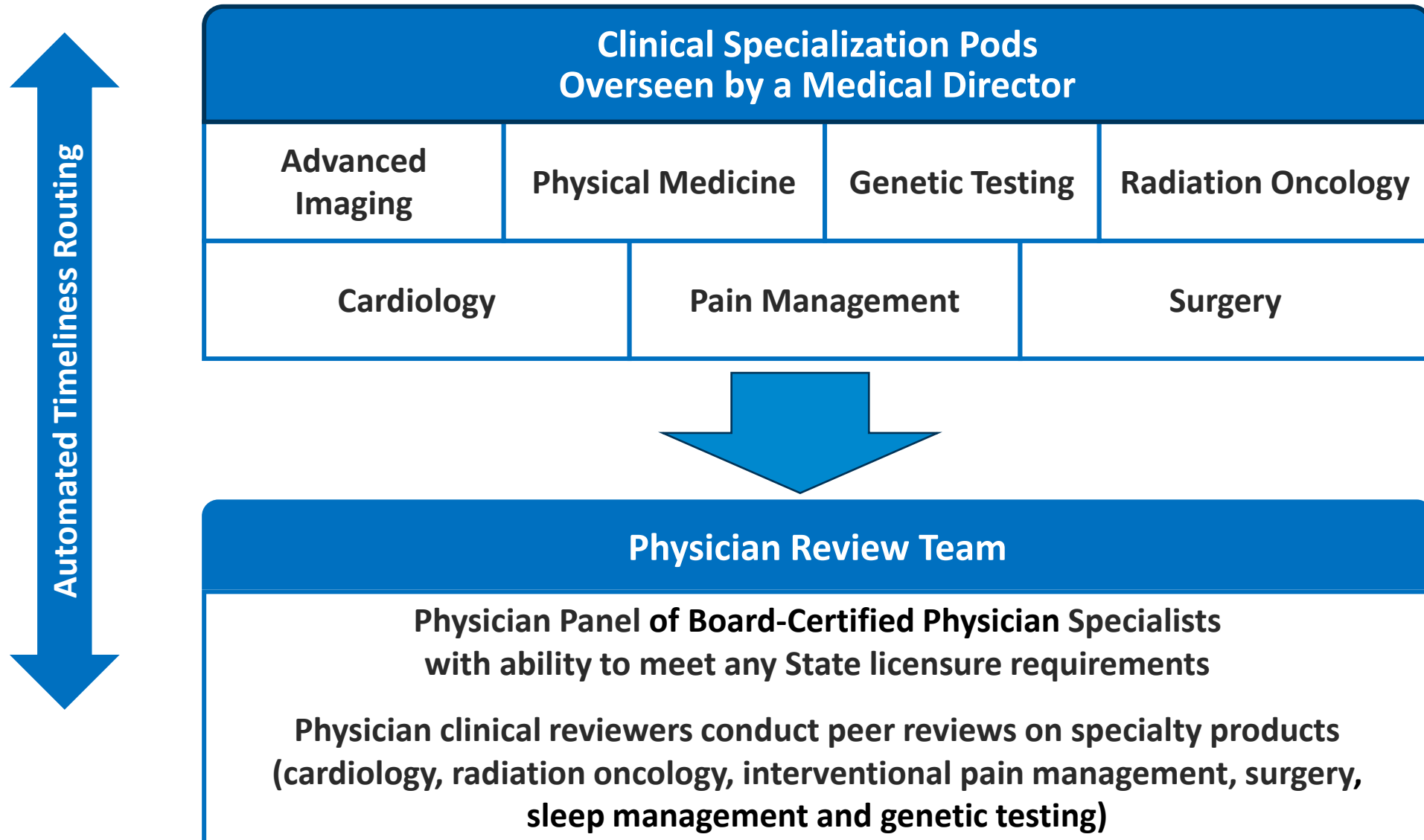
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

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
aalfaddlfaqquestions

- 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



- 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 1-800-424-1750
- Use the case specific fax coversheets when faxing clinical information to NIA

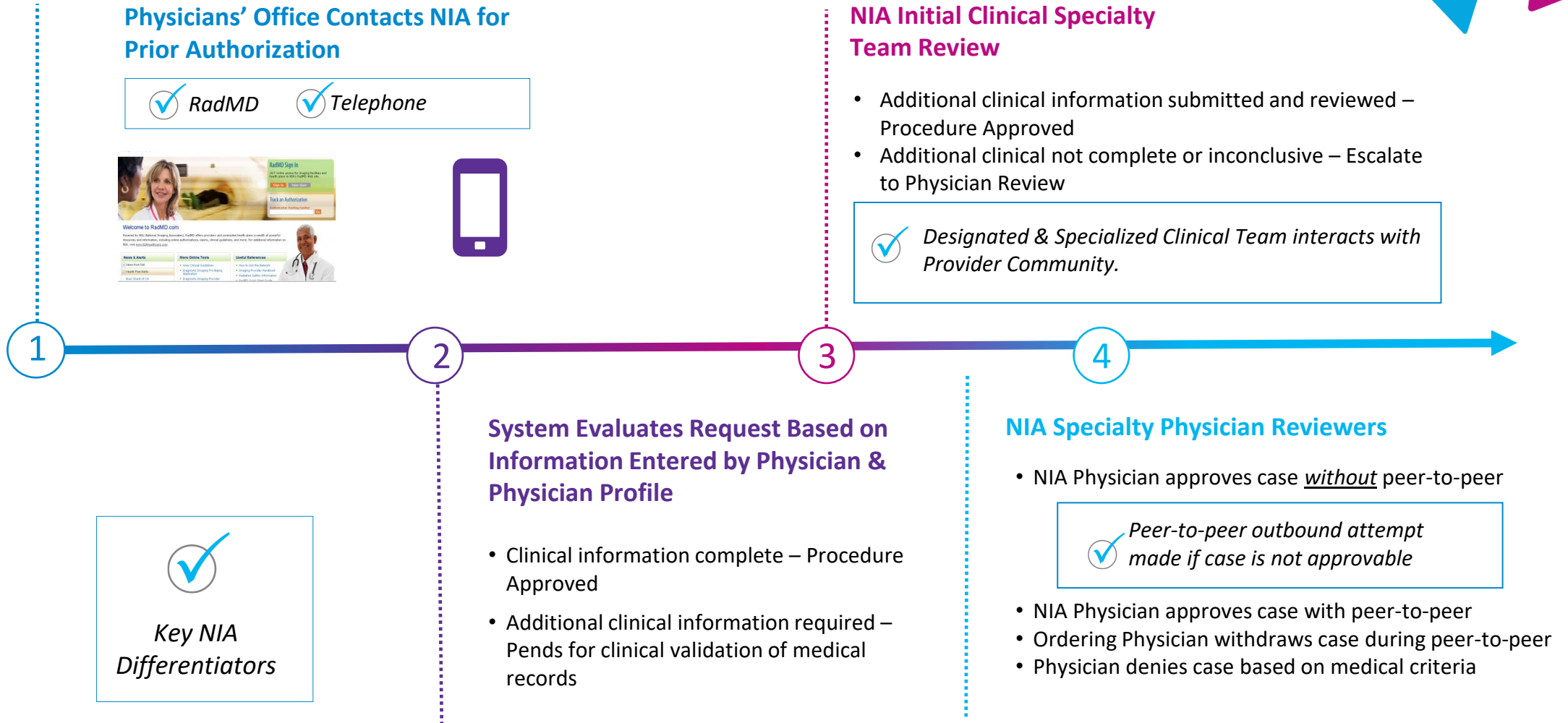
Exam Request Verification: Detail

[Upload Clinical Document](#) [Print Fax Cover Sheet](#) [Request Additional Visits](#)

Cases in this Request

| Member | | Provider | |
|-------------------|------------------------|------------|---------------------------------|
| Name: | Evo Lent | Name: | Memorial Hospital |
| Gender: | Female | Address: | 123 Main St, New City, ST 12345 |
| Date of Birth: | 5/24/1971 | Phone: | 123-456-7890 |
| Member ID: | AB123456 | Tax ID: | 987654321 |
| Health Plan: | ABC Health Plan HMO | UPIN: | |
| Spoken Language: | ENGLISH | Specialty: | |
| Written Language: | ENGLISH | | |

Clinical Review Process



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 MSK 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 1-800-424-1750.
- Turnaround time is within 24 Calendar Hours.

Notification of Determination



Authorization Notification

- Validity Period - Authorizations are valid for:
 - 30 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-review is available with new or additional information.
- Timeframe for re-review is 14 Calendar Days.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
- Medicare re-opens are not available.

Claims and Appeals



How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Western Sky Community Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Western Sky Community Care website at <https://www.westernskycommunitycare.com>.

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through NIA.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Provider Tools



RadMD Website

[RadMD.com](https://www.RadMD.com)

Available



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



Toll-Free Number

1-800-424-1750

Available



Monday - Friday
7:00 AM – 8:00 PM MST

- 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

The screenshot shows two main sections of the RadMD website interface. The top section is titled "RadMD Sign In" and includes the text "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section is titled "Track an Authorization" and features a text input field labeled "Authorization Tracking Number" followed by a "Go" button (orange). The interface has a light green and orange color scheme with a subtle reflection effect below the main content area.

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 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.

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 'Application for a New Account' form. The form is titled 'Application for a New Account' and includes a warning: 'Please fill out this form only for yourself. Shared accounts are not allowed.' Below this is a dropdown menu for 'Which of the following best describes your company?' with the selected option being 'Please select an appropriate description --'. The form is divided into two main sections: 'New Account User Information' and 'Your Supervisor'. The 'New Account User Information' section includes fields for 'Choose a Username:', 'First Name:', 'Last Name:', 'Phone:', 'Fax:', 'Email:', 'Confirm Email:', 'Company Name:', 'Job Title:', 'Address Line 1:', 'Address Line 2:', 'City:', 'State:', and 'Zip:'. The 'Your Supervisor' section includes a note: 'Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.' and fields for 'First Name:', 'Last Name:', 'Phone:', and 'Email:'. A 'Submit' button is located at the bottom right of the form.

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:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- 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.
- 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

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

Physician office that prescribes radiation oncology procedures

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

3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
[Facility/office/lab where procedures are performed] What about read-only radiology offices?

| New Account User Information | | Your Supervisor | |
|--|---|--|------------------------------------|
| Choose a Username: <input type="text"/> | | Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email. | |
| First Name: <input type="text"/> | Last Name: <input type="text"/> | First Name: <input type="text"/> | Last Name: <input type="text"/> |
| Phone: <input type="text"/> | Fax: <input type="text"/> | Phone: <input type="text"/> | Email: <input type="text"/> |
| Email: <input type="text"/> | Confirm Email: <input type="text"/> | | |
| Company Name: <input type="text"/> | Job Title: <input type="text"/> | Affiliated Facilities | |
| | | Facility Tax ID #: <input type="text"/> | <input type="button" value="Add"/> |
| Address Line 1: <input type="text"/> | Address Line 2: <input type="text"/> | Your Tax IDs: [none] | |
| City: <input type="text"/> | State: [State] <input type="text"/> | | |
| Zip: <input type="text"/> | | | |
| <input type="button" value="Submit"/> | | | |

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 is titled "Request" and lists several categories: "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 is titled "Resources and Tools" and lists "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 are two search fields: "Login As Username:" with a text input box and a "Login" button, and "Tracking Number:" with a text input box, a "Search" button, and a link "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.

When to Contact NIA



Providers:

| | |
|---|--|
| <p>Initiating or checking the status of an authorization request</p> | <ul style="list-style-type: none">▪ Website, https://www.RadMD.com▪ Toll-free number 1-800-424-1750 - Interactive Voice Response (IVR) System |
| <p>Initiating a Peer-to-Peer Consultation</p> | <ul style="list-style-type: none">▪ Call 1-800-424-1750 |
| <p>Provider Service Line</p> | <ul style="list-style-type: none">▪ RadMDSupport@Evolent.com▪ Call 1-800-327-0641 |
| <p>Provider Education requests or questions specific to NIA</p> | <ul style="list-style-type: none">▪ Debbie Patterson Provider Relations Manager 1-800-450-7281 Ext. 74799 dpatterson@Evolent.com |

RadMD Demonstration



Confidentiality Statement



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