

# Absolute Total Care Medical Specialty Solutions

Provider Training Presented by:

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Manager, Provider Relations



# 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.
- ✓ **86 health plans/markets** – partnering with NIA for management of Medical Specialty Solutions.
- ✓ **33.69M national lives** – **participating** in an NIA Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

### Medicaid/Medicare Expertise/Insights

- ✓ **54 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **18.65M Medicaid lives** – in addition to 2.15M 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

- Absolute Total Care began a prior authorization program through NIA for the management of Medical Specialty Solutions.



## Important Dates

Program start dates:

- **Medicaid**  
May 1, 2011.
- **Ambetter**  
January 1, 2019.
- **Wellcare Prime**  
October 1, 2021.
- **Cardiac, Left Heart Catheterization, Implantable Devices**  
November 1, 2022.



## Procedures & Settings Included

- Procedures:
  - CT/CTA/CCTA, MRI/MRA, PET Scan
  - Myocardial Perfusion Imaging (MPI)
  - MUGA Scan, Stress Echocardiography
  - Echocardiography
  - Left Heart Catheterization
  - Cardiac Implantable Devices(defibrillator, pacemaker)
  - Physical Medicine Services(Physical, Occupational and Speech Therapy)
- Settings:
  - Office
  - Outpatient Hospital



## Membership Included

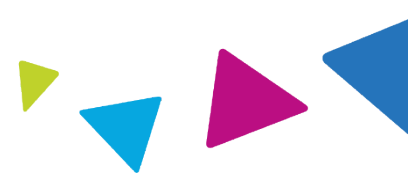
- Ambetter
- Wellcare Prime (MMP)
- Medicaid



## Network

- NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Absolute Total Care membership are managed through Absolute Total Care contractual relationships.

# NIA's Prior Authorization Program



## Procedures Requiring Authorization



Absolute Total Care Medicaid and Wellcare Prime by Absolute Total Care	Ambetter from Absolute Total Care
<p><b>Outpatient prior authorization through NIA is currently required for:</b></p> <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI/MRA</li> <li>• PET Scan</li> <li>• CCTA</li> <li>• Physical Medicine Services (Physical, Occupational and Speech Therapy)</li> </ul>	<p><b>Outpatient prior authorization through NIA is currently required for:</b></p> <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• CCTA</li> <li>• MRI/MRA</li> <li>• PET Scan</li> <li>• MUGA Scan</li> <li>• Myocardial Perfusion Imaging (MPI)</li> <li>• Stress Echocardiography</li> <li>• Transthoracic Echocardiography (TTE)</li> <li>• Transesophageal Echocardiography (TEE)</li> <li>• Physical Medicine (Physical, Occupational and Speech Therapy)</li> </ul>
<p><b>Effective November 1, 2022, these cardiac-related procedures will also require prior authorization through NIA:</b></p> <ul style="list-style-type: none"> <li>• Myocardial Perfusion Imaging (MPI)</li> <li>• MUGA Scan</li> <li>• Stress Echocardiography</li> <li>• Transthoracic Echocardiography (TTE)</li> <li>• Transesophageal Echocardiography (TEE)</li> <li>• Left Heart Catheterization</li> <li>• Cardiac Implantable Devices (defibrillator, pacemaker)</li> </ul>	<p><b>Effective November 1, 2022, these cardiac-related procedures will also require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Left Heart Catheterization</li> <li>• Cardiac Implantable Devices (defibrillator, pacemaker)</li> </ul>

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

- Hospital Inpatient
- Emergency Room
- Observation 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 Absolute Total Care Policies for Procedures not on Claims/Utilization Review Matrix.



**Absolute Total Care  
Utilization Review Matrix 2022**

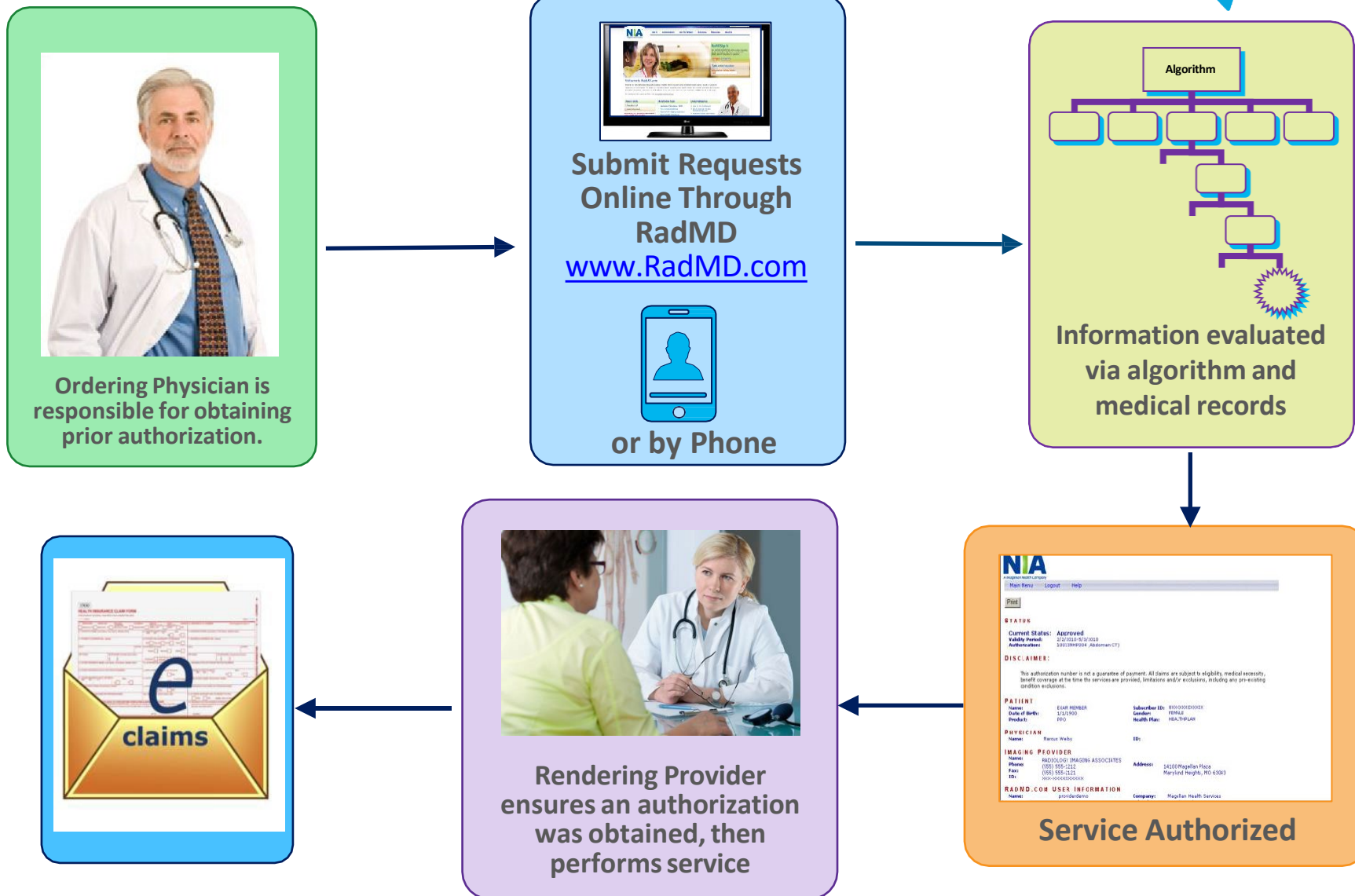
The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Absolute Total Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable Billed 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, Surgery Center or Hospital Inpatient setting are not managed by NIA.**

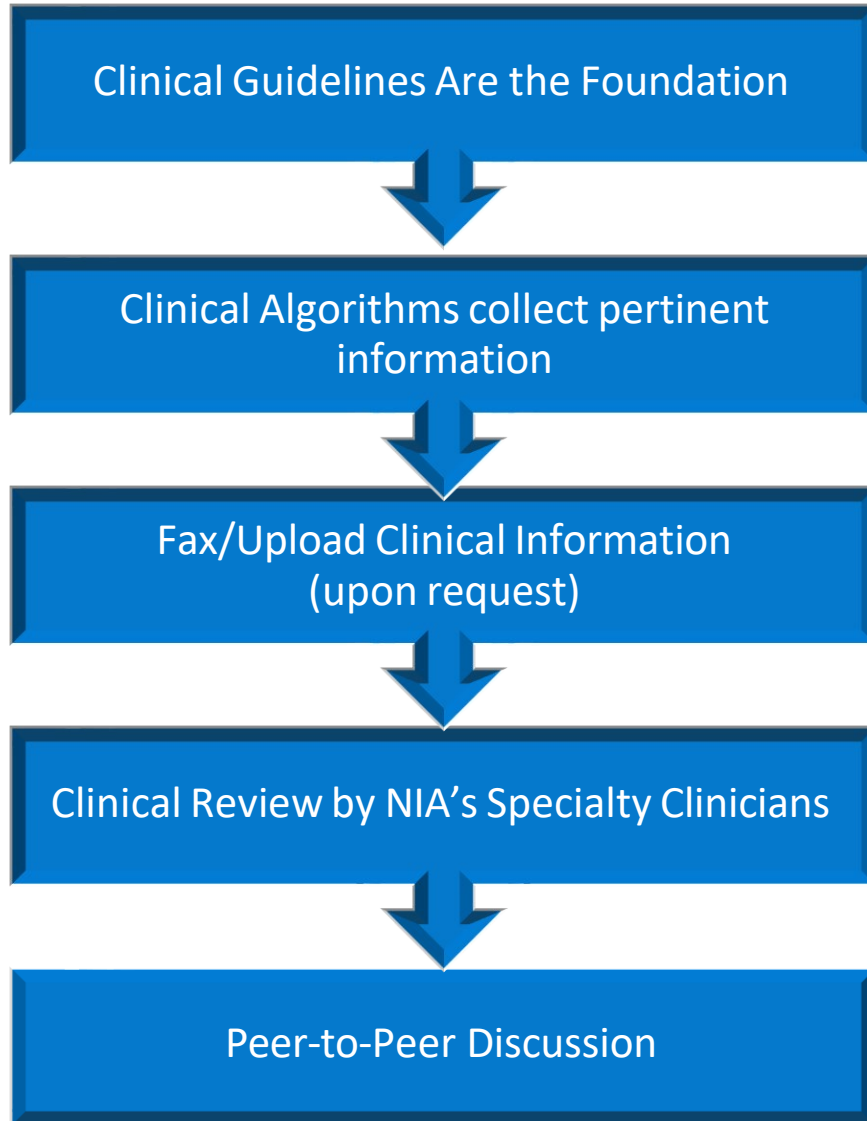
Authorized CPT Code	Description	Allowable Billed Groupings
33208	Pacemaker Insertion	33206, 33207, 33208, 33212, 33213
33225	Cardiac Resynchronization Therapy (CRT)	33221, 33224, 33225, 33231
33249	Implantable Cardioverter Defibrillator (ICD)	33230, 33240, 33249
70336	MRI Temporomandibular Joint	70336
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
72131	CT Lumbar Spine	72131, 72132, 72133, +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

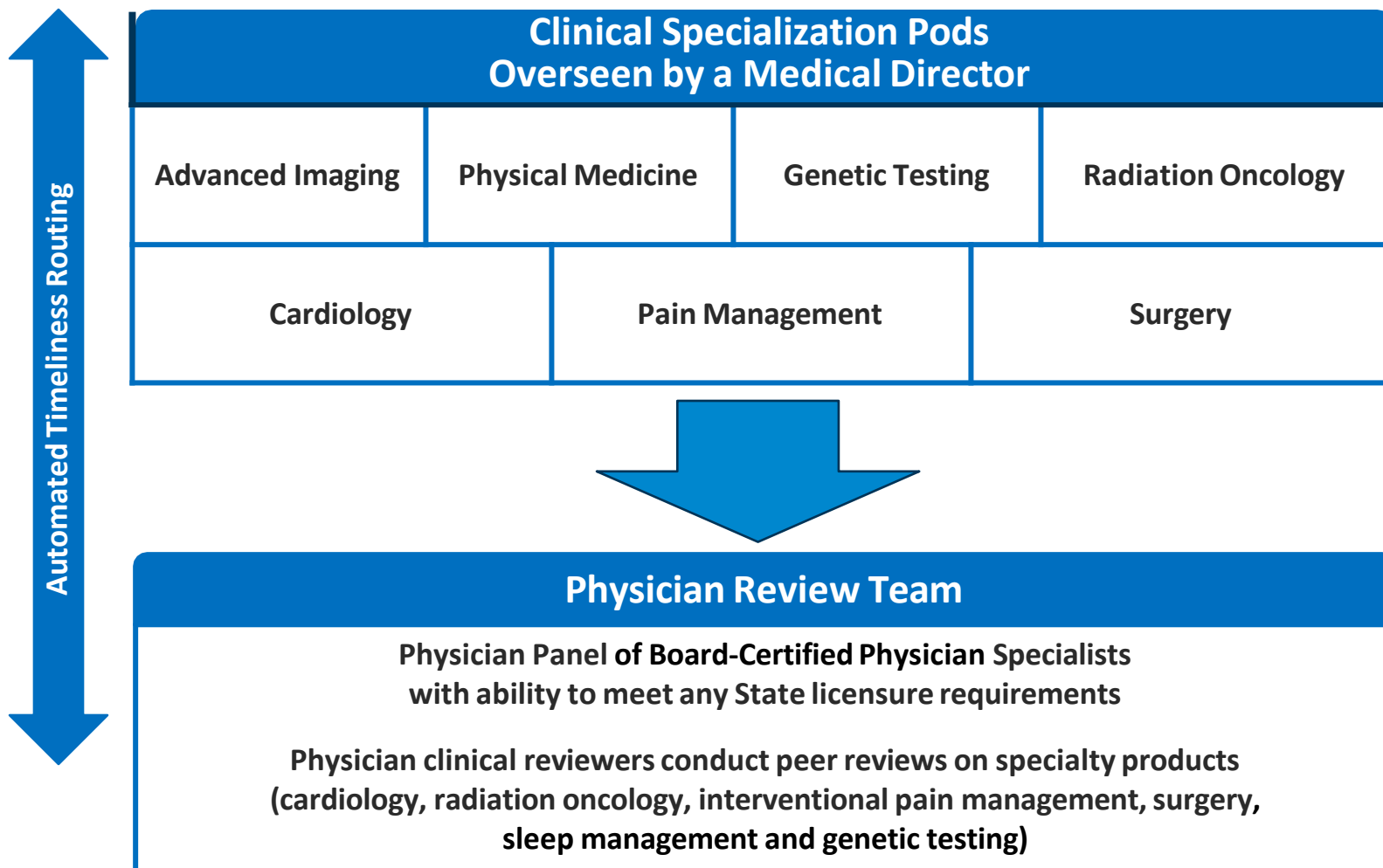
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

## 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	
<b>DO NOT WRITE ABOVE THIS LINE</b> <b>THIS COVER SHEET MUST BE THE FIRST PAGE OF YOUR FAX</b> <b>SEND ONLY ONE PATIENT PER FAX</b> <b>PLEASE FAX THIS FORM TO: 1-800-784-6864</b>			
 <small>National Imaging Associates, Inc.          #0 Box 2279          Maryland Heights, MO 63043</small>		Date: TODAY	
ORDERING PHYSICIAN:	REQ_PROVIDER	FAX NUMBER:	FAX_RECIP_PHONE
RE:	Authorization Request	TRACKING NUMBER:	CC_TRACKING_NUMBER
PATIENT NAME:	MEMBER_NAME	MEMBER ID:	MEMBER_ID
HEALTH PLAN:	CLIENT_BRAND_NAME		
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION). We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			
<input type="checkbox"/> I attest this fax contains all relevant clinical documentation which exists for this authorization request. No additional information will be submitted for National Imaging Associates, Inc. (NIA) review.			
<b>URGENT: REPLY REQUIRED FOR CASE REVIEW</b> <b>Request for Additional Clinical Information</b>			
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION) along with some clinical information. However, additional information is needed in the form of clinical records which support the medical necessity of these services to make a determination on this case.			
<b>Study Requested:</b> PROC_DESC <b>Please PROVIDE: REQ_CLINICAL_DOCS</b>			
<ol style="list-style-type: none"> <li>All office visit notes or reports, including most recent office visit and specialist notes, since initial visit for the clinical condition</li> <li>Contact information of specialist for whom the physician is ordering the study or procedure</li> <li>Diagnostic/laboratory test results or imaging reports for the clinical condition and notes about need for follow-up imaging</li> <li>Information giving reason for the requested study or procedure (e.g. copy of request form, etc.)</li> <li>Details of any current or completed treatment</li> </ol>			
REQ_CLINICAL_DOCSREQUESTED_CLINICAL_DOCS			
<i>Additional information is still needed</i>			
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION) along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.			
REQ_CLINICAL_DOC_SPECIFIED			
FAXC	CC_TRACKING_NUMBER		
<small>CONFIDENTIAL NOTICE!</small>			
<small>If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.</small>			



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](http://www.RadMD.com)
  - Fax using that NIA coversheet
- Location of Fax Coversheets:
  - Can be printed from [www.RadMD.com](http://www.RadMD.com)
  - Medicaid** – 1-866-433-6041
  - Ambetter** – 1-833-270-5443
  - Wellcare Prime** – 1-855-735-4398
- 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:	Phone:
Member ID:	Tax ID:
Health Plan:	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.*

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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

## 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 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 call NIA immediately.
  - The NIA Website [www.RadMD.com](http://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:
    - **Ambetter** – 1-800-424-4920
    - **Medicaid** – 1-866-312-9729
    - **Wellcare Prime** – 1-800-424-5388
- Turnaround time is within 1 Business day, not to exceed 72 Calendar Hours.

# Notification of Determination



## Authorization Notification

- Validity Period - Authorizations are valid for:
  - **Ambetter**  
30 days from date of request
  - **Medicaid**  
30 days from date of request
  - **Wellcare Prime (MMP)**  
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. **Ambetter & Medicaid**
- A reconsideration is allowed for 5 business days for the date of the denial - **Ambetter**.
- A re-review is available with new or additional information - **Medicaid**.
- Timeframe for re-review is 5 business days from date of denial.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.
- **Medicare** peer-to-peer discussions must be performed before a final determination has been made on the request.
- **Medicare** re-opens are not allowed with the exception of Evolent clerical errors on which the determination was made.





## How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Absolute Total Care Connections.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Absolute Total Care websites:  
<https://www.absolutetotalcare.com/>  
<https://ambetter.absolutetotalcare.com/>  
<https://mmp.absolutetotalcare.com/>

## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Absolute Total 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.

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)



## Toll Free Number

Ambetter - 1-800-424-4920  
Medicaid - 1-866-312-9729  
Wellcare Prime - 1-800-424-5388



**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

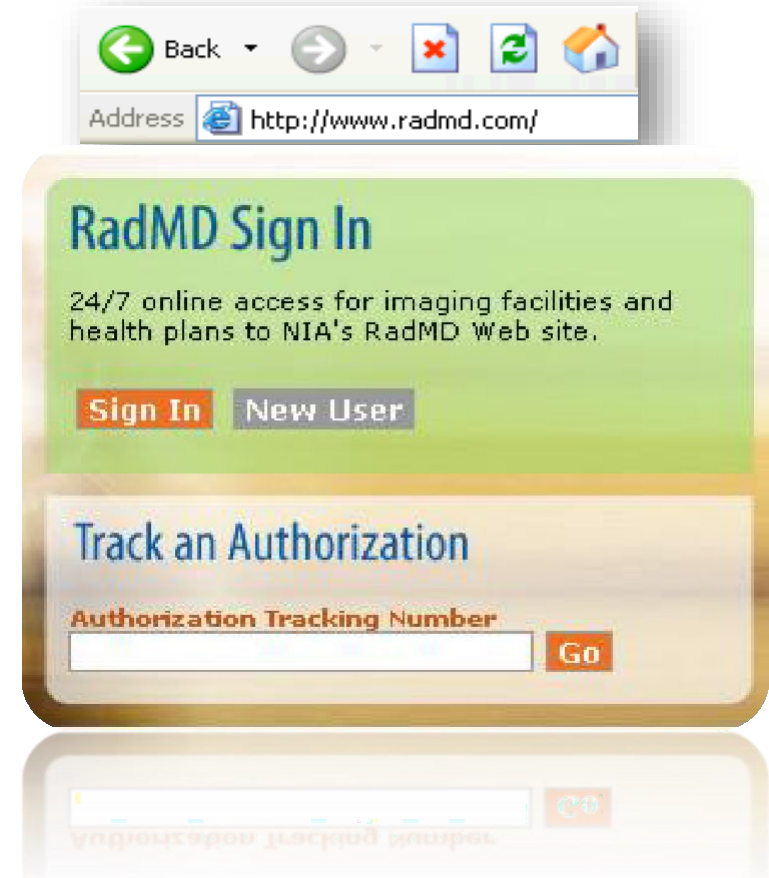


## RadMD Functionality varies by user:

- **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 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.

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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 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 'Which of the following best describes your company?' with the selected option being 'Physician's office that orders procedures'. The form contains several input fields: 'Choose a User ID' (6-20 Characters), 'Name' (First and Last), 'Phone' and 'Fax' (with area code and number fields), 'Company Name' and 'Job Title', 'Email' and 'Confirm Email' (with an example: you@company.com), 'Address' (with an example: 123 Main St, Suite A (optional)), 'City', 'State' (dropdown), and 'Zip'. There is also a section for 'Your Superior' with fields for Name, First, Last, Phone, and Email (with an example: boss@company.com). 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 [www.RadMD.com](http://www.RadMD.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Want to see requests from other users in your practice? Try the new Shared Access feature under "Admin".

Dismiss

## Request

Request an exam or specialty procedure

(including Cardiac, Ultrasound, Sleep Assessment)

Request Physical Medicine

[Initiate a Subsequent Request](#)

Request a Radiation Treatment Plan

[Request Pain Management or Minimally Invasive](#)

[Procedure](#)

[Request Spine Surgery or Orthopedic Surgery](#)

## Search

[View Request Status](#)

[Search by Tracking Number](#)

[View All Online Requests](#)

[View Customer Service Calls](#)

## Admin

[Shared Access](#)

[Clinical Guidelines](#)

[Edit your Personal Information](#)

[Change your Password](#)

*143 days until your password expires.*

[View the Online User Agreement](#)

[Health Plan Specific Educational Docs](#)

## Account Information

**Tip Of The Day:**

Keep your email address up to date. If your email address becomes invalid at any time, your account will be deactivated.

**Quick Links:**

[Hours of Operation](#)

[Authorization Call Center Phone Numbers](#)

Please take the 2020 Ordering Provider Satisfaction Survey here:

[Ordering Provider Satisfaction Survey](#)

**Hot Topic:**

National Imaging Associates, Inc. (NIA) will require providers to identify an "Ordering/Treating provider" and "Rendering Facility/Clinic" when submitting a prior authorization request, for all members with Aetna through [www.RadMD.com](http://www.RadMD.com) or through our Call Center (866) 842-1542. Please review additional details on this process by visiting the Aetna webpage on RadMD.

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](http://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 username 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 for our Webmaster to respond to you with your NIA-approved username 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

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# When to Contact NIA



## Providers:

**Initiating or checking the status of an authorization request**

- Website: [www.RadMD.com](http://www.RadMD.com)
- Toll-free number for Interactive Voice Response (IVR) System
  - Ambetter – 1-800-424-4920
  - Medicaid – 1-866-312-9729
  - Wellcare Prime - 1-800-424-5388

**Initiating a Peer-to-Peer Consultation**

- Ambetter – 1-800-424-4920
- Medicaid – 1-866-312-9729
- Wellcare Prime - 1-800-424-5388

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

**Provider Education requests or questions specific to NIA**

- Priscilla W. Singleton  
Manager, Provider Relations  
1-800-450-7281 Ext. 75023  
[psingleton@Evolent.com](mailto:psingleton@Evolent.com)



# 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 Absolute Total Care 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 Absolute Total Care and Evolent Health, LLC.*

A large blue triangle on the left side of the slide contains the word "Thanks" in white. Several smaller, colorful triangles (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle.

Thanks