

# Ambetter from WellCare of New Jersey Medical Specialty Solutions



# 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.
- ✓ 33.69M national lives – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Medicaid/Medicare Expertise/Insights

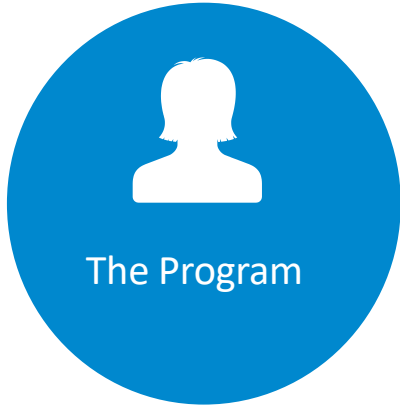
- ✓ 54 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- ✓ 18.65M Medicaid lives – in addition to 2.15M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

## 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

- Ambetter from WellCare of New Jersey began a prior authorization program through NIA for the management of outpatient imaging services.



## Important Dates

- Program start date: January 1, 2022



## Procedures and Settings

### Procedures:

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

### Settings:

- Office
- Outpatient Hospital
- Observation



## Membership Included

- Medicaid



## Network

NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Ambetter from WellCare of New Jersey Medicaid membership will be managed through Ambetter from WellCare of New Jersey contractual relationships.

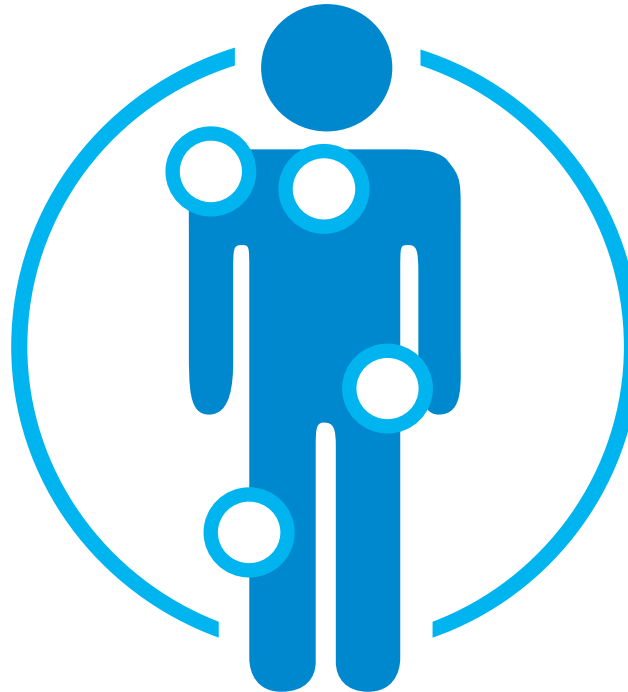
# NIA's Prior Authorization Program

Any services rendered after January 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
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography



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

- Hospital Inpatient
- 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 Ambetter from WellCare of New Jersey's Policies for Procedures not on Claims/Utilization Review Matrix.

**Ambetter from WellCare of New Jersey NJ  
Utilization Review Matrix 2023**

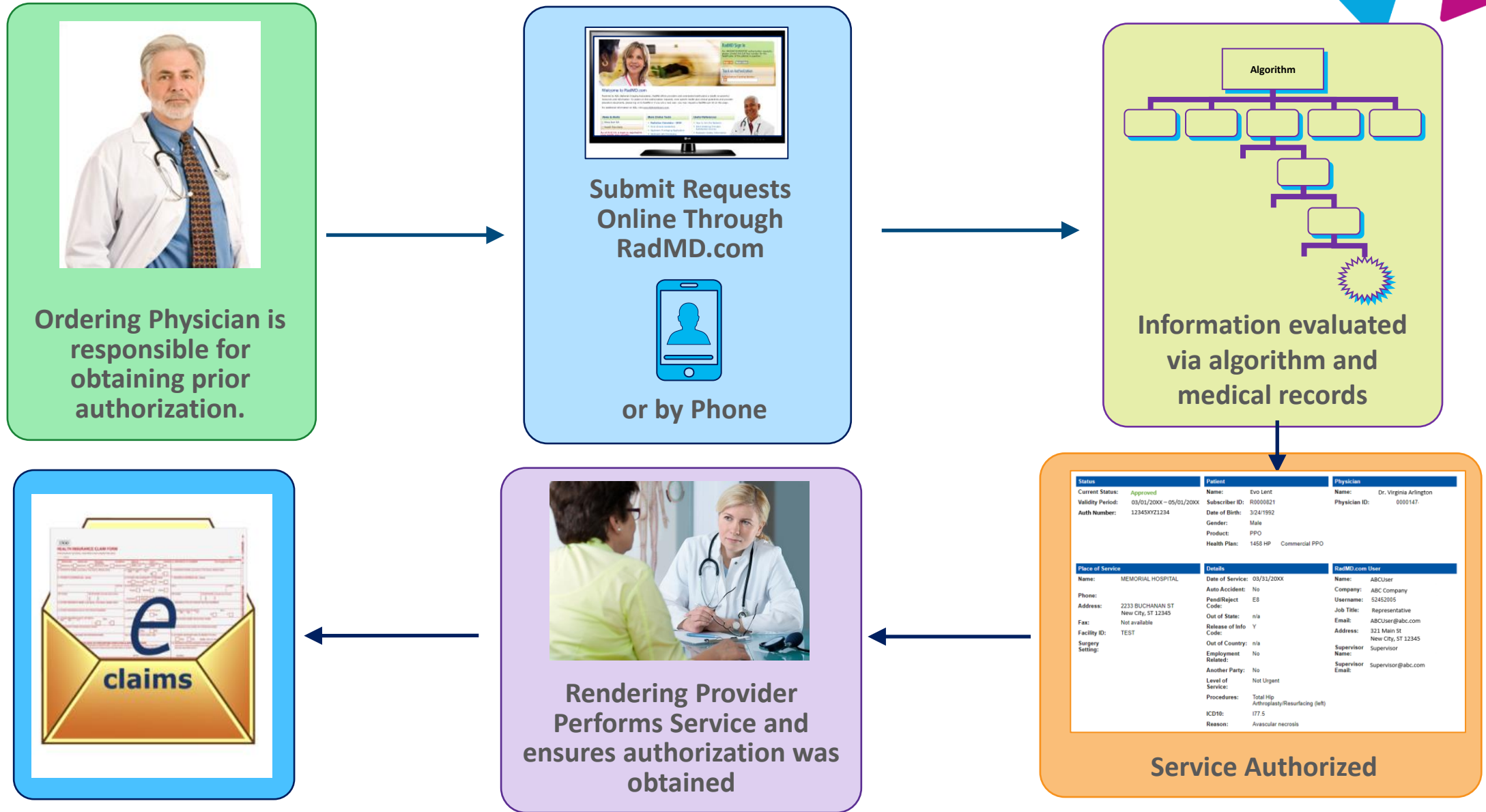
The matrix below contains of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) authorizes on behalf of Ambetter from Wellcare of New Jersey. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "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, Urgent Care, Surgery Center or Hospital Inpatient setting are not managed by NIA**

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553, +0698T
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, 71271, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127, +0722T
72128	CT Thoracic Spine	72128, 72129, 72130, +0722T
72131	CT Lumbar Spine	72131, 72132, 72133, +0722T
72141	MRI Cervical Spine	72141, 72142, 72156, +0698T
72146	MRI Thoracic Spine	72146, 72147, 72157, +0698T
72148	MRI Lumbar Spine	72148, 72149, 72158, +0698T
72159	MRA Spinal Canal	72159

# Prior Authorization Process Overview



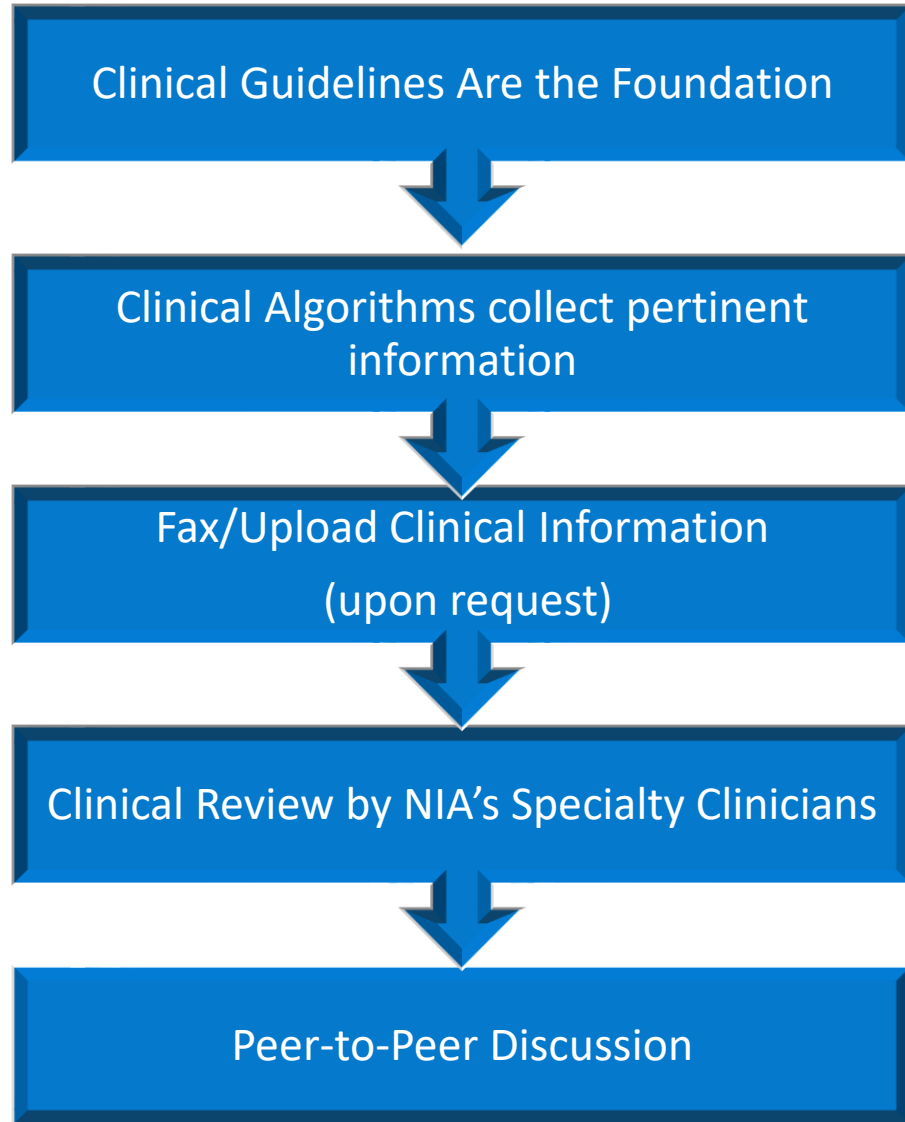
Status	Patient	Physician
Current Status: Approved	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XY21234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

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](http://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

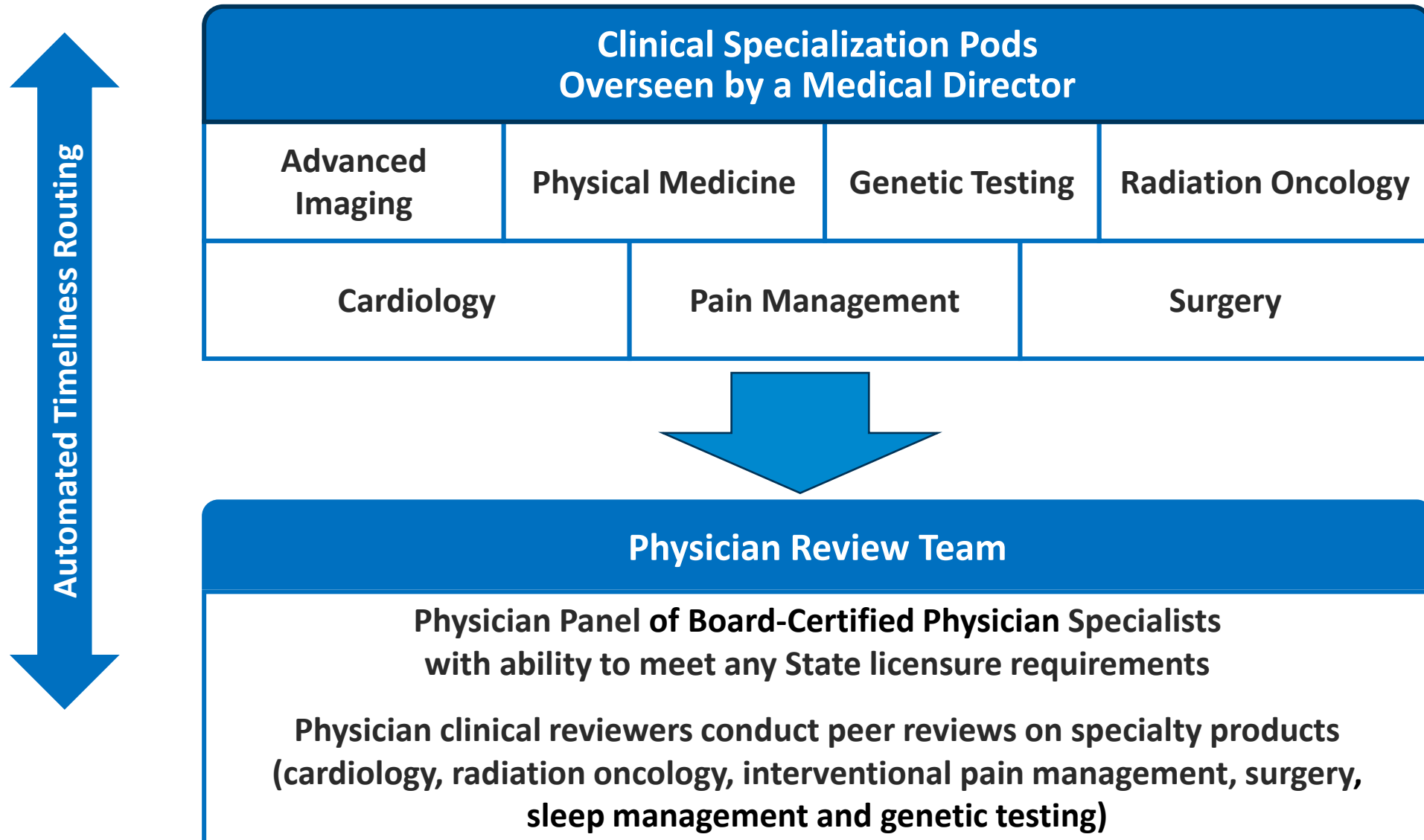
- Includes: ordering physician information, member information, rendering provider information, requested examination, etc.

## 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 1-800-642-7821
- Use the case specific fax coversheets when faxing clinical information to NIA

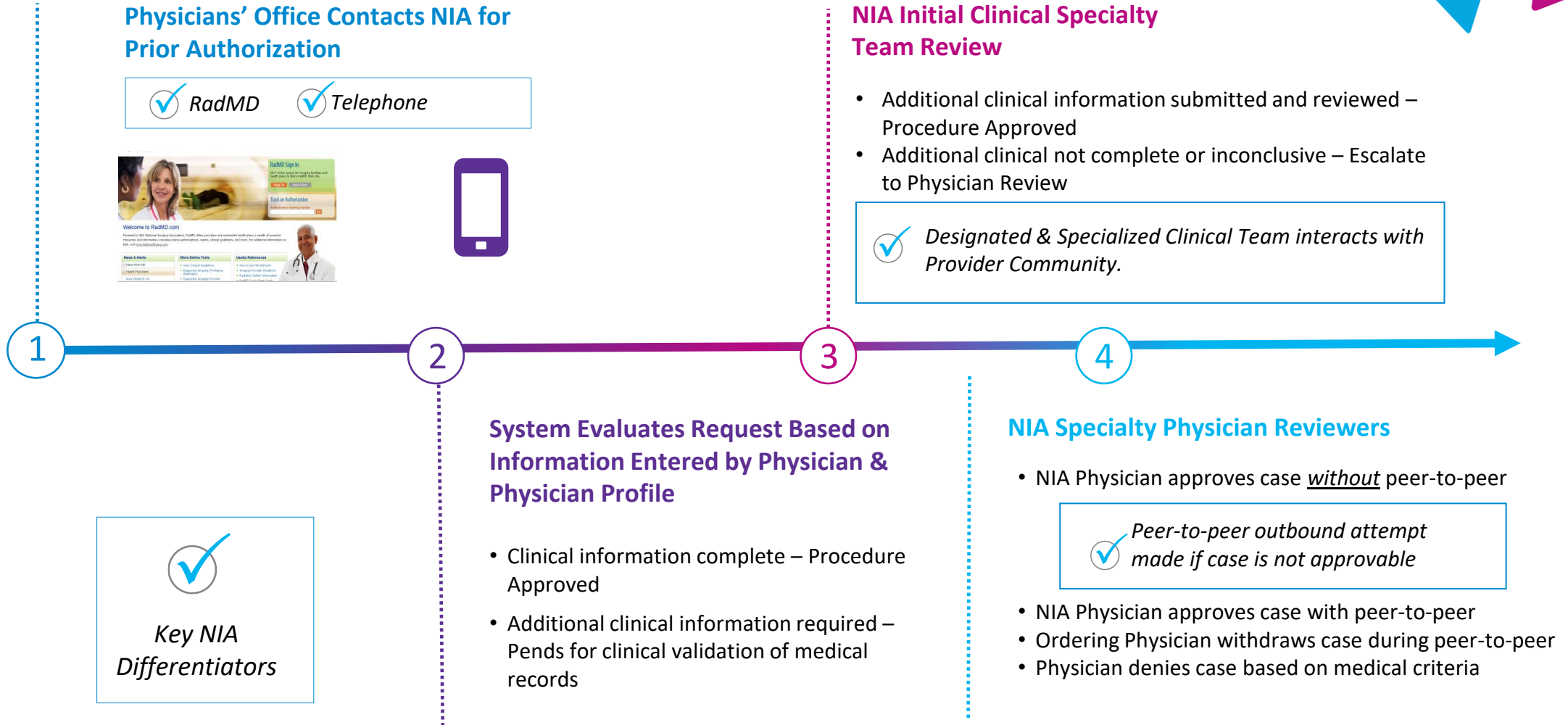
**Exam Request Verification: Detail**

[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 1-800-642-7821.
- 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:
  - 60 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 allowed within 180 calendar days of the denial date.
- 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 Ambetter from WellCare of New Jersey
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Ambetter from WellCare of New Jersey website at:  
<https://www.ambetter.wellcarenewjersey.com>




## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Ambetter from WellCare of New Jersey
- 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

# 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**

**1-800-642-7821**

**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

<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 the RadMD Sign In page. At the top, it says "RadMD Sign In" in blue text. Below that, it states "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." There are two buttons: "Sign In" in orange and "New User" in grey. Below this is a section titled "Track an Authorization" in blue text. It features a text input field labeled "Authorization Tracking Number" and a "Go" button in orange. The entire interface is set against a light green background with a white border and a reflection effect below it.

# 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 instructions: "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." The form has a dropdown menu for "Which of the following best describes your company?" with the selected option being "Please select an appropriate description --". Below this are two columns of input fields: "New Account User Information" and "Your Supervisor". The "New Account User Information" column includes fields for "Choose a Username:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". The "Your Supervisor" column 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, pending 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, pending 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, pending 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]		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			

# RadMD Enhancements



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

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<b>Request</b> Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment) Physical Medicine <a href="#">Initiate a Subsequent Request</a> Radiation Treatment Plan Pain Management or Minimally Invasive Procedure Spine Surgery or Orthopedic Surgery Genetic Testing	<b>Resources and Tools</b> Shared Access Clinical Guidelines Request access to Tax ID	<b>News and Updates</b>
--	--	-------------------------

Login As Username:

---

<b>Request Status</b> <a href="#">Search for Request</a> <a href="#">View All My Requests</a>	Tracking Number: <input type="text"/> <input type="button" value="Search"/> <a href="#">Forgot Tracking Number?</a>
---	--

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 <https://www.RadMD.com>, allowing them to communicate with members and facilitate treatment.

# When to Contact NIA



## Providers:

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>▪ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>▪ Toll-free number 1-800-642-7821 - Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>▪ Call 1-800-642-7821</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>▪ <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a></li><li>▪ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to NIA</b></p>	<ul style="list-style-type: none"><li>▪ Seth Cohen Senior Manager, Provider Relations 1-800-450-7281 Ext. 32418 <a href="mailto:seth.cohen@Evolent.com">seth.cohen@Evolent.com</a></li></ul>



# 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 Ambetter from WellCare of New Jersey 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 Ambetter from WellCare of New Jersey and National Imaging Associates, Inc. (NIA).*

Thank You!