

# Maryland Physicians Care Outpatient Imaging with Expanded Cardiac Program

Provider Training Presented by:  
Charmaine Everett

Date:



# 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

## National Footprint / Medicaid Experience



### National Footprint

- ✓ **Since 1995** – delivering radiology benefits management solutions; one of the *go-to* care partners in industry.
- ✓ **Uniquely independent** – only major specialty company not aligned to health plan ownership.
- ✓ **64 health plans/markets** – partnering with NIA for management of advanced and/or cardiac imaging solutions.
- ✓ **28M national lives** – participating in an NIA RBM nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

### Medicaid/Medicare/Exchange Expertise/Insights

- ✓ **42 Medicaid plans/markets** with NIA RBM solutions in place.
- ✓ **12.5M Medicaid lives** – in addition to 3.9M Exchange and 2M Medicare Advantage lives participating in an NIA RBM program nationally.
- ✓ **14M Commercial lives**

### 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 Outpatient Imaging- Expanded Cardiac Management Prior Authorization Program



## The Program

Effective July 17, 2017  
NIA provides utilization management for outpatient imaging services to include:

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



## Important Dates

- Effective **January 1, 2021**- outpatient imaging program expanded to include certain cardiac procedures
- Begin obtaining authorizations from NIA on January 1, 2021 for services rendered on or after January 1, 2021.



## Procedures & Settings Included

- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

### Settings:

- Office
- Outpatient Hospital



## Membership Included

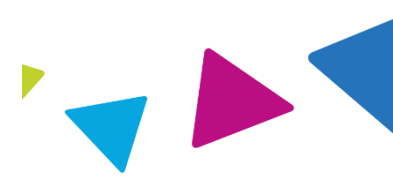
- Medicaid



## Network

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

# NIA's Prior Authorization Program – Effective July 17, 2017

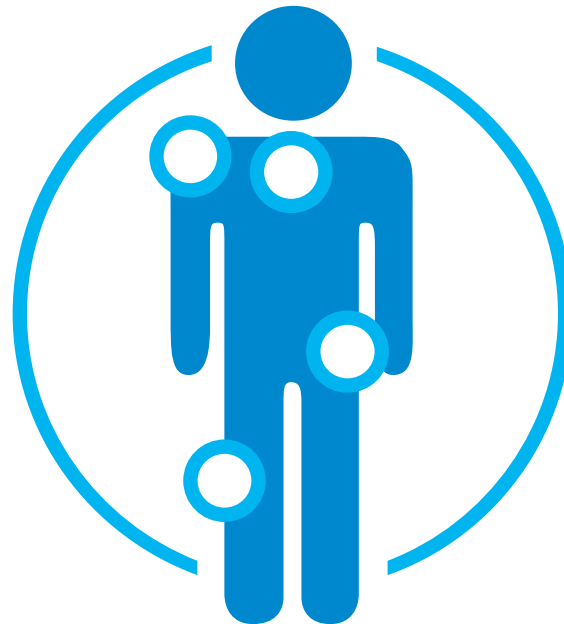


**Revised January 1, 2021**, expanded cardiac services rendered on and after **January 1, 2021** will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with NIA.



## Procedures Requiring Authorization

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging-**Effective 1/1/2021**
- MUGA Scan-**Effective 1/1/2021**
- Stress Echocardiography- **Effective 1/1/2021**
- Echocardiography –**Effective 1/1/2021**



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

- Hospital Inpatient
- Observation Room
- Emergency Room/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 [www.RadMD.com](http://www.RadMD.com).



Defer to Maryland Physicians Care's Policies for Procedures not on Claims/Utilization Review Matrix.





**Maryland Physicians Care**  
Utilization Review Matrix 2021

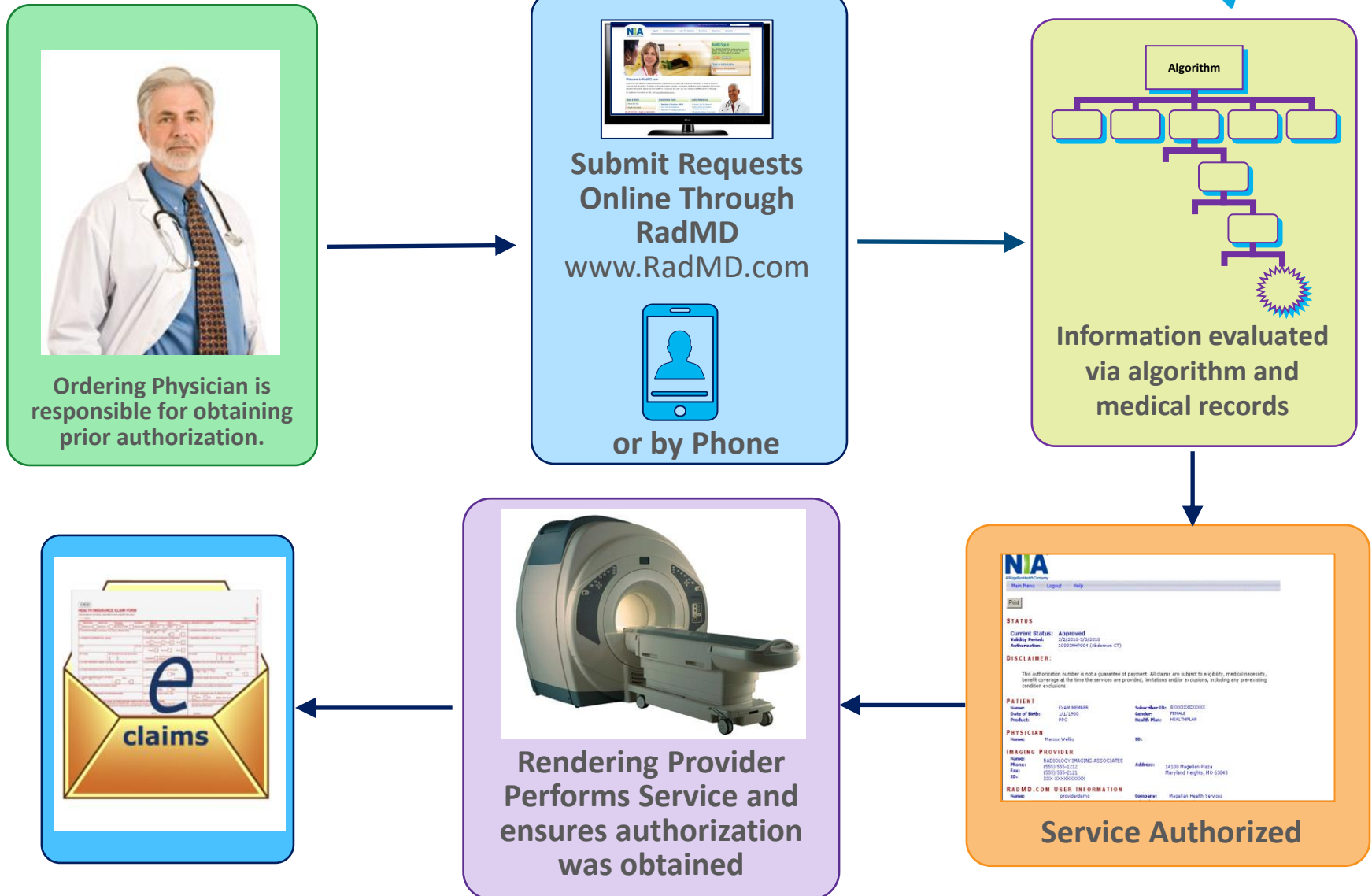
The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Maryland Physicians Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any one of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

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

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

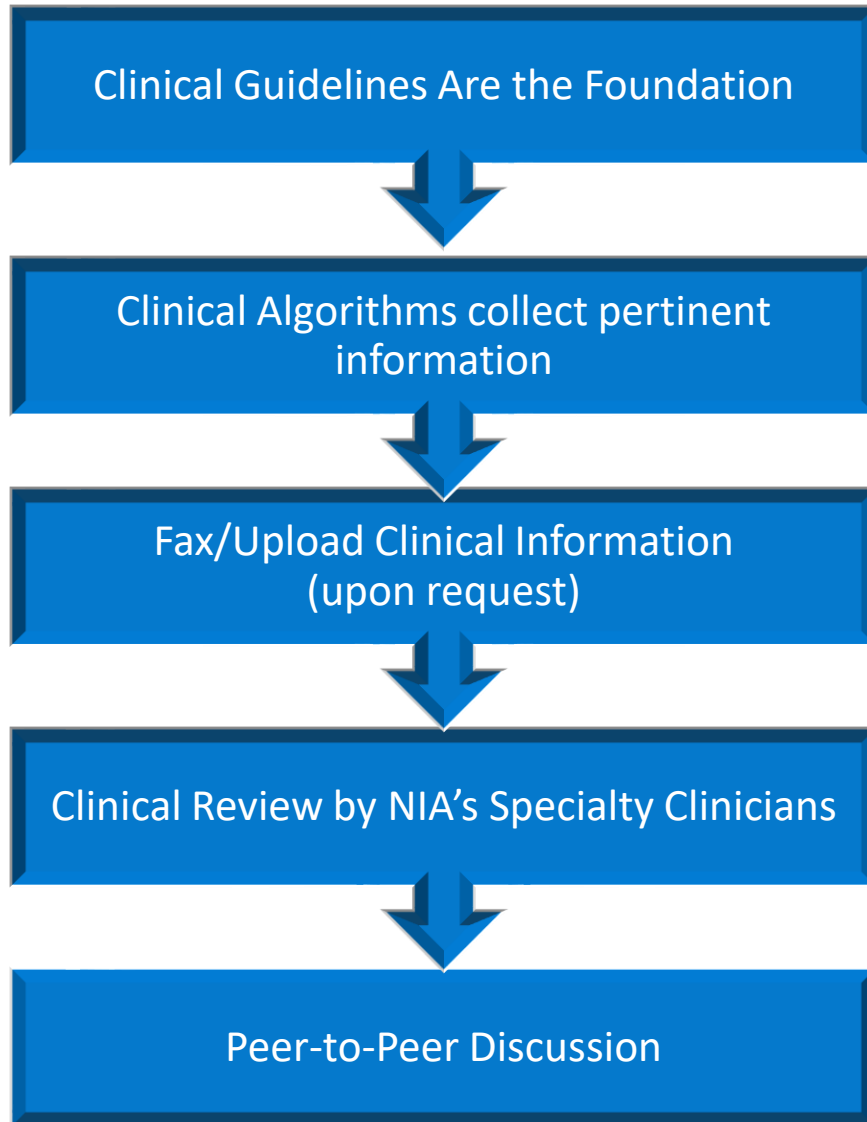
Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 75380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	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

# 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 patient'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 including cardiac management
- 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.**



# Patient 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.**

# About the Cardiac Program



Reduction of unnecessary, duplicative and/or risky cardiac imaging tests using clinical validation of records and digital imaging capabilities.



Program promotes the use of Stress Echo instead of MPI when appropriate due to no radiation and less risk to the member












Echocardiography is considered the gold standard for establishing the cause of a murmur.



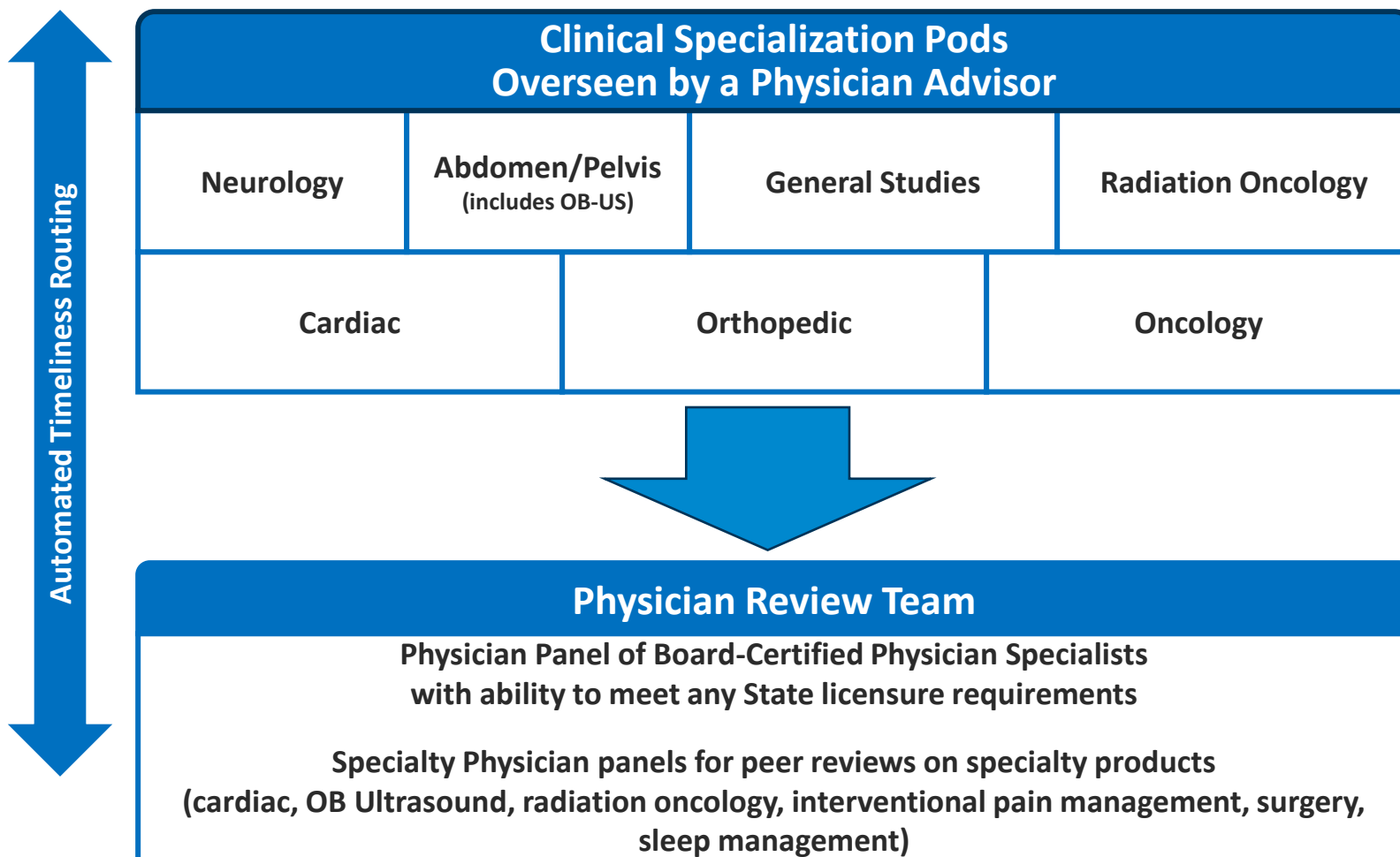
Cardiac Tip Sheets and Check Lists available on RadMD.

# Patient and Clinical Information Required for Authorization

## Clinical Information

-  **Symptoms** and rationale for visit with cardiologist
-  **Functional limitations** and **comorbidities** (COPD, renal, stroke, chemotherapy, etc.)
-  **Cardiac risk factors**, lipid levels when available
-  **Cardiac history and prior cardiac surgery/intervention**
  - **Relevant non-cardiac history**, especially respiratory history and smoking history
-  **Medication**, particularly antianginal medication, respiratory medication, and anti GERD medication, with appropriate emphasis on adequate therapy for BP, angina, respiratory illness, congestive heart failure
-  **Vital signs**, including BMI, BP, HR, respiratory rate, and pulse oximetry, and pertinent physical exam findings
-  **Any recent cardiac imaging tests** (stress testing, echocardiogram, etc.) **Actual EKG** (rest and any exercise) and pertinent EKG rhythm tracing; troponin and BNP when relevant
-  **Relevant non-cardiac evaluation** results: e.g. in dyspnea cases - chest X-ray, d-dimer, CT scan of chest, PFTs (pulmonary function tests)
-  **Provider's diagnostic impressions**, working diagnoses, clinical concerns

# 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 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  
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:**

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 [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)
  - Call 1-800-424-4836
- 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:	ity Dates:
ICD10:	act 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.*

1

2

3

4

## 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
- Approve an alternate study when appropriate and ordering physician agrees
- 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



# NIA Urgent/Expedited Authorization Process



## Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA Website [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 1-800-424-4836
- Turn around time is within 2 Business days from receipt of clinicals not to exceed 14 Calendar days from Request

# Notification of Determination



## Authorization Notification

- Validity Period - Authorizations are valid for:
- 60 days from request date

## 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 2 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.



## How Claims Should be Submitted

- Rendering providers/Imaging providers should continue to send their claims directly to Maryland Physicians Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the Maryland Physicians Care website at “My MPC Source” at: [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)

## Claims Appeals Process

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



**RadMD Website**  
**[www.RadMD.com](http://www.RadMD.com)**



**Available**  
24/7 (except during  
maintenance)



**Toll Free Number**  
**1-800-424-4836**



**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

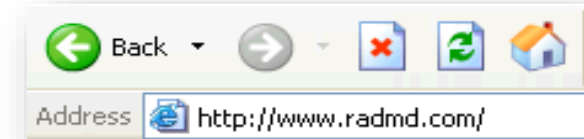


## RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved authorizations for their facility.

## 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 user name and password due to HIPAA regulations.**

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

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 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 "Please Select an Appropriate Description --". There are several text input fields for "Choose a User ID", "Name" (First and Last), "Phone", "Fax", "Company Name", "Job Title", "Email", and "Confirm Email". There is also an "Address" section with fields for "example: 123 Main St.", "City", "State", and "Zip". A section for "Your Superior" includes a warning "This manager or superior responsible for terminating your access. This cannot be yourself." and fields for "Name", "Phone", and "Email". A "Submit Application" button is at the bottom. A footer note says "If you have problems, please contact us at RadMDsupport@magellanhealth.com."

# RadMD – 2020 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.

The screenshot displays the RadMD 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, titled "Request", lists various medical services: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a link to "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column, titled "Resources and Tools", includes "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "Login As Username:" field with a "Login" button. At the bottom left, there is a "Request Status" section with links for "Search for Request" and "View All My Requests". At the bottom right, there is a "Tracking Number:" field with a "Search" button and a link for "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 [www.RadMD.com](http://www.RadMD.com), allowing them to communicate with patients and facilitate treatment.

# Allows Users the ability to view all approved authorizations for facility

## IMPORTANT

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

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Fill out the application and click the “Submit” button.
  - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved user name and password.

**NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.**

If you have multiple staff members entering authorizations and you want each person to be able to see all approved authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved authorizations under your organization.

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

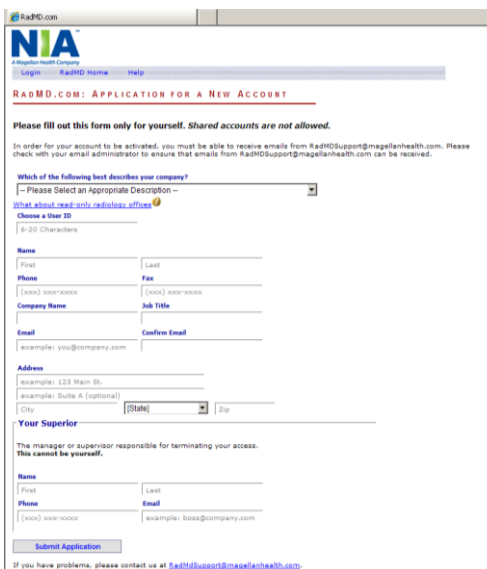
Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

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

3



RadMD.com

NIA  
National Imaging Associates

RadMD Home Help

RAO.MD.COM: 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?  
Please Select an Appropriate Description --  
What about rad.mds radiation oncology?

Choose a User ID  
6-20 Characters

Name  
First Last  
Phone Fax  
[xxx] xxx-xxxx [xxx] xxx-xxxx  
Company Name Job Title  
Email Confirm Email  
example@yourcompany.com

Address  
example 123 Main St.  
example Suite A (optional)  
City [State] Zip

Your Superior  
The manager or supervisor responsible for terminating your access. This cannot be yourself.  
Name  
First Last  
Phone Email  
[xxx] xxx-xxxx example@yourcompany.com

Submit Application

If you have problems, please contact us at RadMDsupport@magellanhealth.com



# When to Contact NIA



## Providers:

<p><b>Initiating or checking the status of an authorization</b></p>	<ul style="list-style-type: none"><li>▪ Website, <a href="http://www.RadMD.com">www.RadMD.com</a></li><li>▪ Toll-free number 1-800-424-4836 - Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer to Peer</b></p>	<ul style="list-style-type: none"><li>▪ Call 1-800-424-4836</li></ul>
<p><b>Technical Issues</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>▪ Charmaine Everett Senior Manager, Provider Relations 1-410-953-2615 <a href="mailto:ceverett@evolent.com">ceverett@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 Maryland Physicians 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 Maryland Physicians Care and Evolent Health, LLC.*

A large blue triangle occupies the left and bottom portions of the slide. Several smaller, colorful triangles are scattered around it: a large orange triangle on the left, a lime green triangle above it, a purple triangle in the upper right, a cyan triangle to its right, and a magenta triangle below the purple one.

Thanks