



# Tufts Health Public Plans Medical Specialty Solutions

Revised September 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 / Experience



## National Footprint

- ✓ **Since 1995** – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ **88 health plans/markets** – partnering with NIA for management of Medical Specialty Solutions.
- ✓ **32.79M national lives** – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ **Diverse populations** – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

## Commercial/Medicaid/Medicare Expertise/Insights

- ✓ **42 Commercial and 56 Medicaid plans/markets** with NIA Medical Specialty Solutions in place.
- ✓ **10.66M Commercial and 20.51M Medicaid lives nationally** – in addition to 1.63M Medicare Advantage

## 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



- Tufts Health Public Plans has a prior authorization program through NIA for the management of outpatient advanced imaging and cardiac services.



- Authorizations are required for services rendered on or after October 1, 2014



- Settings:
- Office
  - Outpatient Hospital
  - Outpatient Facility



- Commercial
- Medicare
- Medicaid
- Exchange



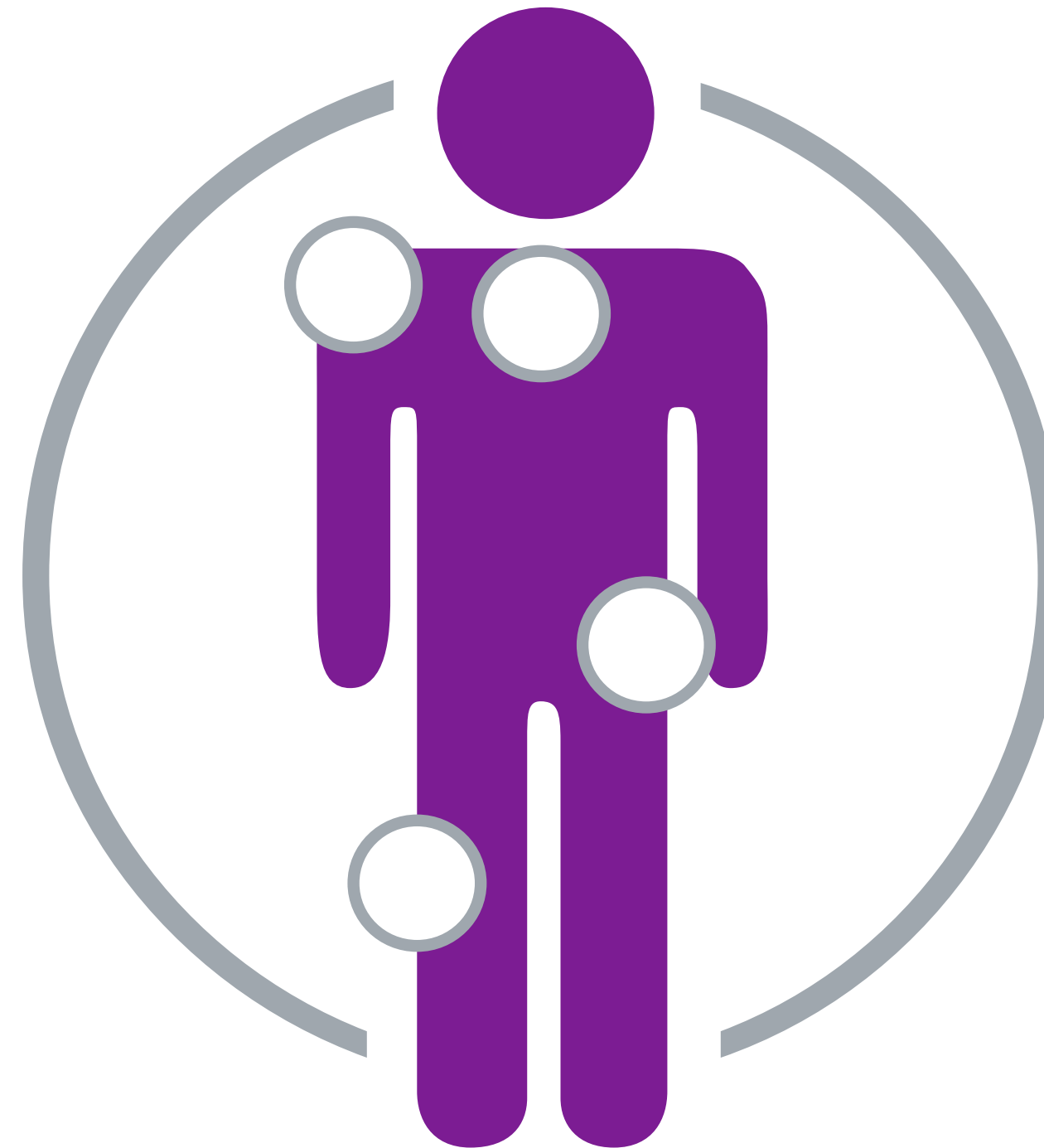
- NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Tufts Health Public Plans membership is managed through Tufts Health Public Plans contractual relationships.

# NIA's Prior Authorization Program



## Procedures Requiring Authorization\*

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



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

- Hospital Inpatient
- Observation
- Emergency Room

\*Please see specific educational documents on RadMD for each Medical Specialty Solutions Program Services

# 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 Tufts Health Public Plans' Policies for Procedures not on Claims/Utilization Review Matrix.

**Tufts Health Public Plans  
Utilization Review Matrix 2023  
Medical Specialty Solutions**

The matrix below contains the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of Tufts Health Public Plans. 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.

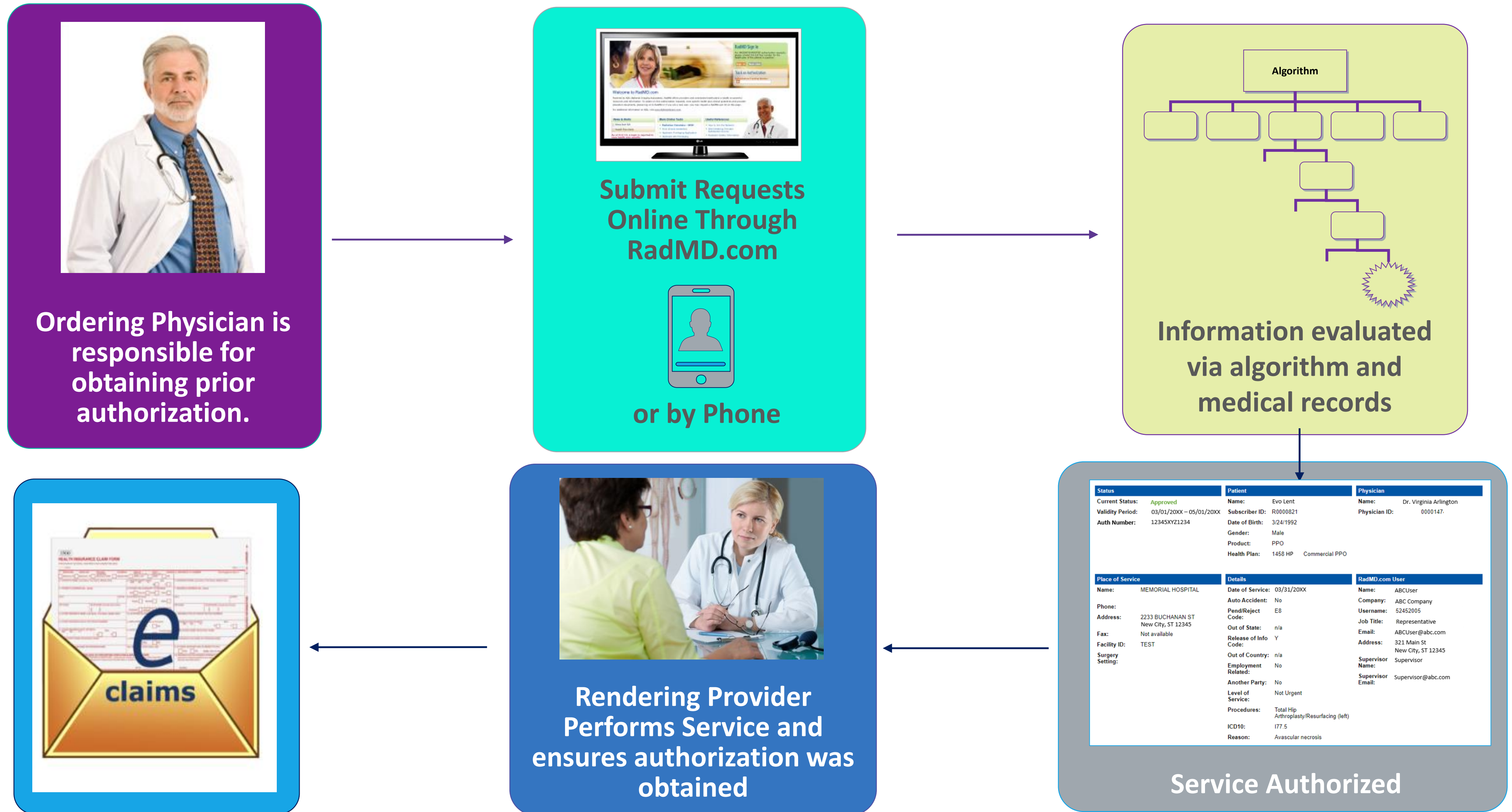
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

**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, +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 <sup>2</sup>	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551 <sup>2</sup>	MRI Brain	70551, 70552, 70553, +0698T
70551 <sup>2</sup>	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543, +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 <sup>2</sup>	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 <sup>2</sup>	MRI Cervical Spine	72141, 72142, 72156, +0698T



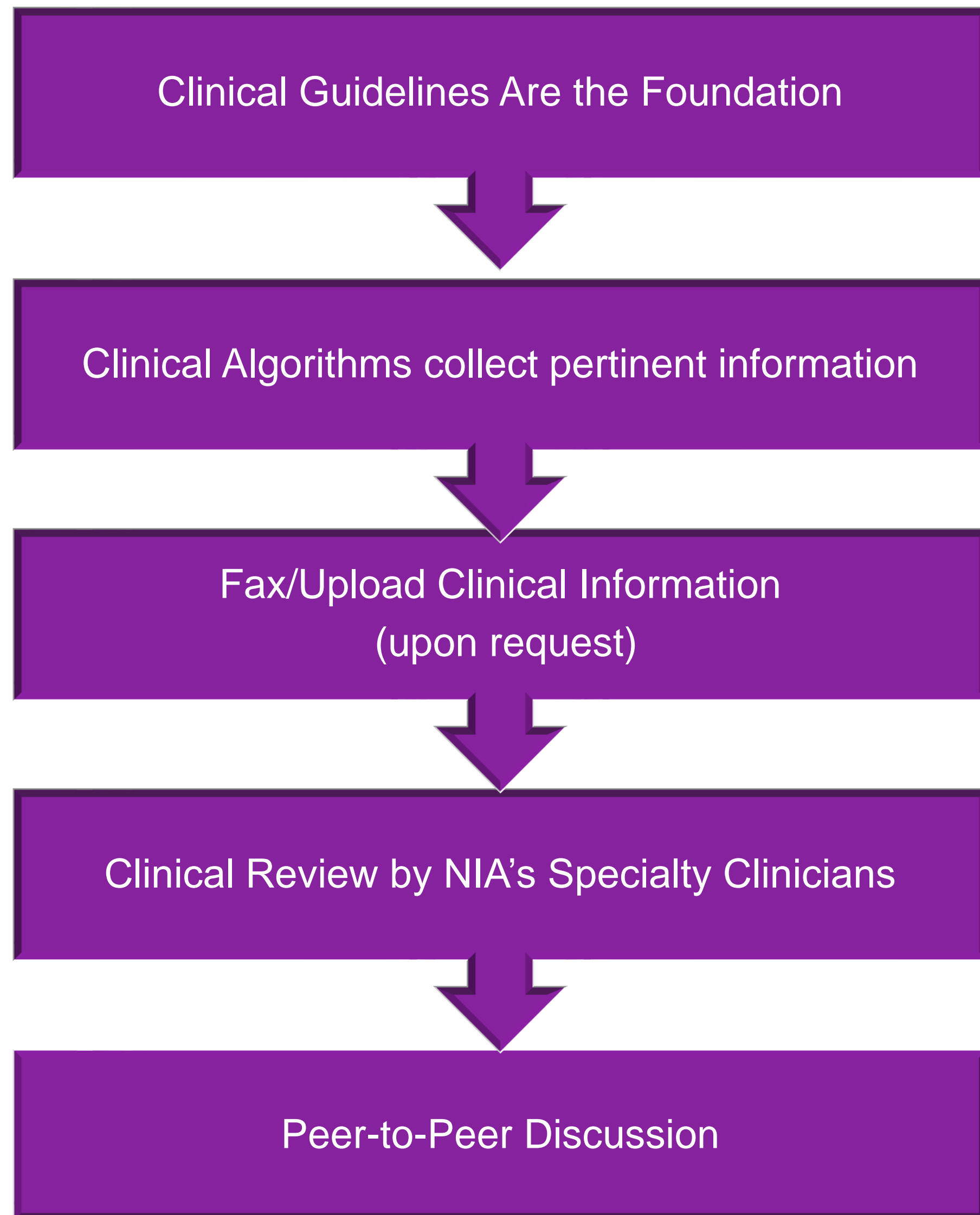
# Prior Authorization Process Overview



Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XYZ1234	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

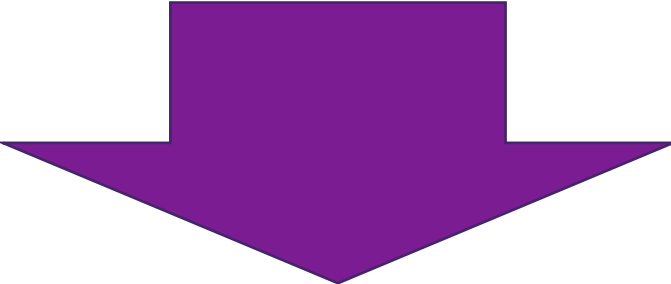
- Includes clinical information that will justify examination, symptoms and their duration, physical exam findings
- Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being 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

Automated Timeliness Routing

Clinical Specialization Pods Overseen by a Medical Director			
Advanced Imaging	Physical Medicine	Genetic Testing	Radiation Oncology
Cardiology	Pain Management	Surgery	



**Physician Review Team**

Physician Panel of Board-Certified Physician Specialists with ability to meet any State licensure requirements

Physician clinical reviewers conduct peer reviews on specialty products (cardiology, radiation oncology, interventional pain management, surgery, sleep management and genetic testing)

# Document Review

- ✔ NIA may request members' medical records/additional clinical information.
- ✔ When requested, validation of clinical criteria within the member's medical records is required before 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  
 aa1fadd1faxquestions

- 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 1-800-207-4209
- 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		



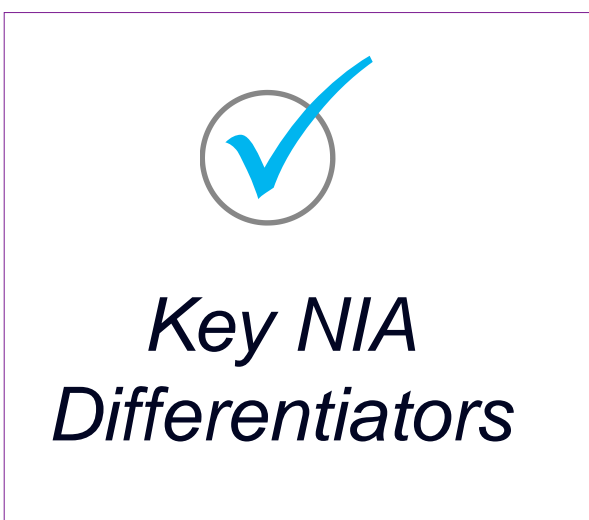
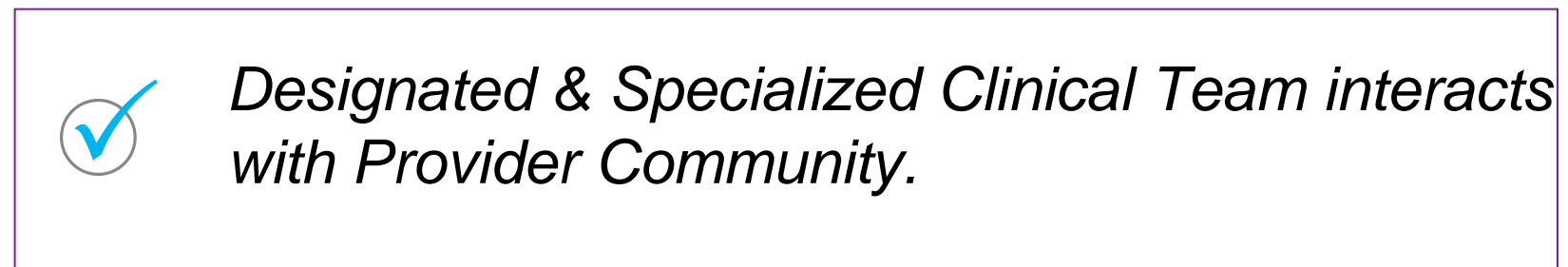
# Clinical Review Process

## Physicians' Office Contacts NIA for Prior Authorization



## NIA Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

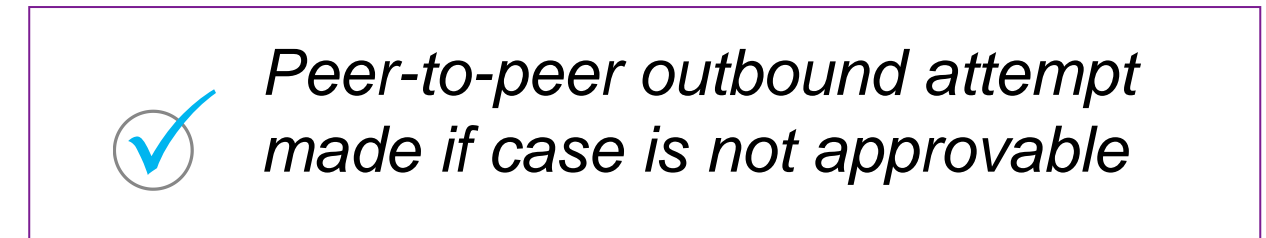


## System Evaluates Request Based on Information Entered by Physician & Physician Profile

- 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



- NIA Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Generally, the turnaround time for completion of these requests is within two or three 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 <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 1-800-207-4209.
- Turnaround time is not to exceed 72 Business Calendar Hours.

# Notification of Determination

## Authorization Notification

- Validity Period - Authorizations are valid for 60 days from scheduled date of service.

## Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review/reconsideration is available with new or additional information.
- Timeframe for re-review/reconsideration (Medicaid and Commercial) is 30 calendar days from the date of the denial.
- Medicare re-opens are not available.
- In the event of a denial, providers are asked to follow the 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 Tufts Health Public Plans.
- Providers are strongly encouraged to use EDI claims submission.




## Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Tufts Health Public Plans.
- Providers are asked to follow the instructions provided in their denial letter or Explanation of Benefits (EOB).

# 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

### Available

24/7 (except during  
maintenance, performed every  
third Friday Of the month from  
12 AM – 3AM ET)

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## Toll-Free Numbers

**1-800-207-4209**

### Available

Monday - Friday  
8 AM – 8 PM ET



- 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

[www.RadMD.com](http://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 [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

The image shows a screenshot 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 and is reflected below.

# 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.

**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

The image shows the "Application for a New Account" form. It includes a dropdown menu for "Which of the following best describes your company?" with the selected option being "Please select an appropriate description --". Below this is a section for "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 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:

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 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

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"/>		Affiliated Facilities	
Job Title: <input type="text"/>	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: <input type="text"/>		
Zip: <input type="text"/>			

# 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 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", "Initiate a Subsequent Request" (a blue link), "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, there is a "Login As Username:" field with an input box and 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 an input box, 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 [RadMD.com](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 1-800-207-4209</li><li>■ Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>■ 1-800-207-4209</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>■ 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 PT, DPT Senior Manager, Provider Relations 410-953-2418 <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 Tufts Health Public Plans 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 Tufts Health Public Plans and Evolent Health, LLC.*



Thanks!