

AmeriHealth Caritas Next* Medical Specialty Solutions

Provider Training Presented by:
Priscilla Singleton



*A Product of AmeriHealth Caritas North Carolina, Inc. This document applies to AmeriHealth Caritas Next individual health insurance products for both on and off the exchange

NIA Program Agenda



Introduction to NIA



Our Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information



RadMD Demo



Questions and Answers

NIA's Prior Authorization Program



The Program

- AmeriHealth Caritas Next will begin a prior authorization program through NIA for the management of outpatient imaging services.



Important Dates

- Program start date: January 1, 2022
- Begin obtaining authorizations from NIA on December 27, 2021 via RadMD or Call Center for services rendered on or after January 1, 2022.



Procedures & Settings Included

Procedures:

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

Settings:

- Freestanding diagnostic facilities
- Hospital outpatient diagnostic facilities
- Provider offices



Membership Included

- Exchange



Network

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

NIA's Prior Authorization Program

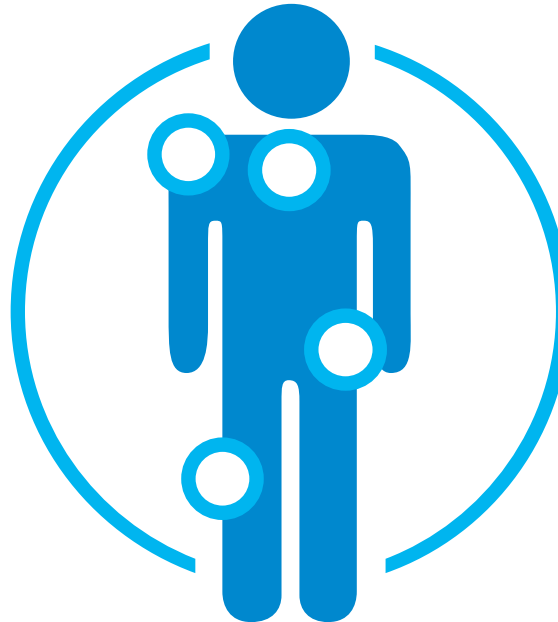


Effective January 1, 2022



Procedures Requiring Authorization

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



Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency 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.



Defer to AmeriHealth Caritas Next Policies for Procedures not on Claims/Utilization Review Matrix.



AmeriHealth Caritas Next Utilization Review Matrix 2022

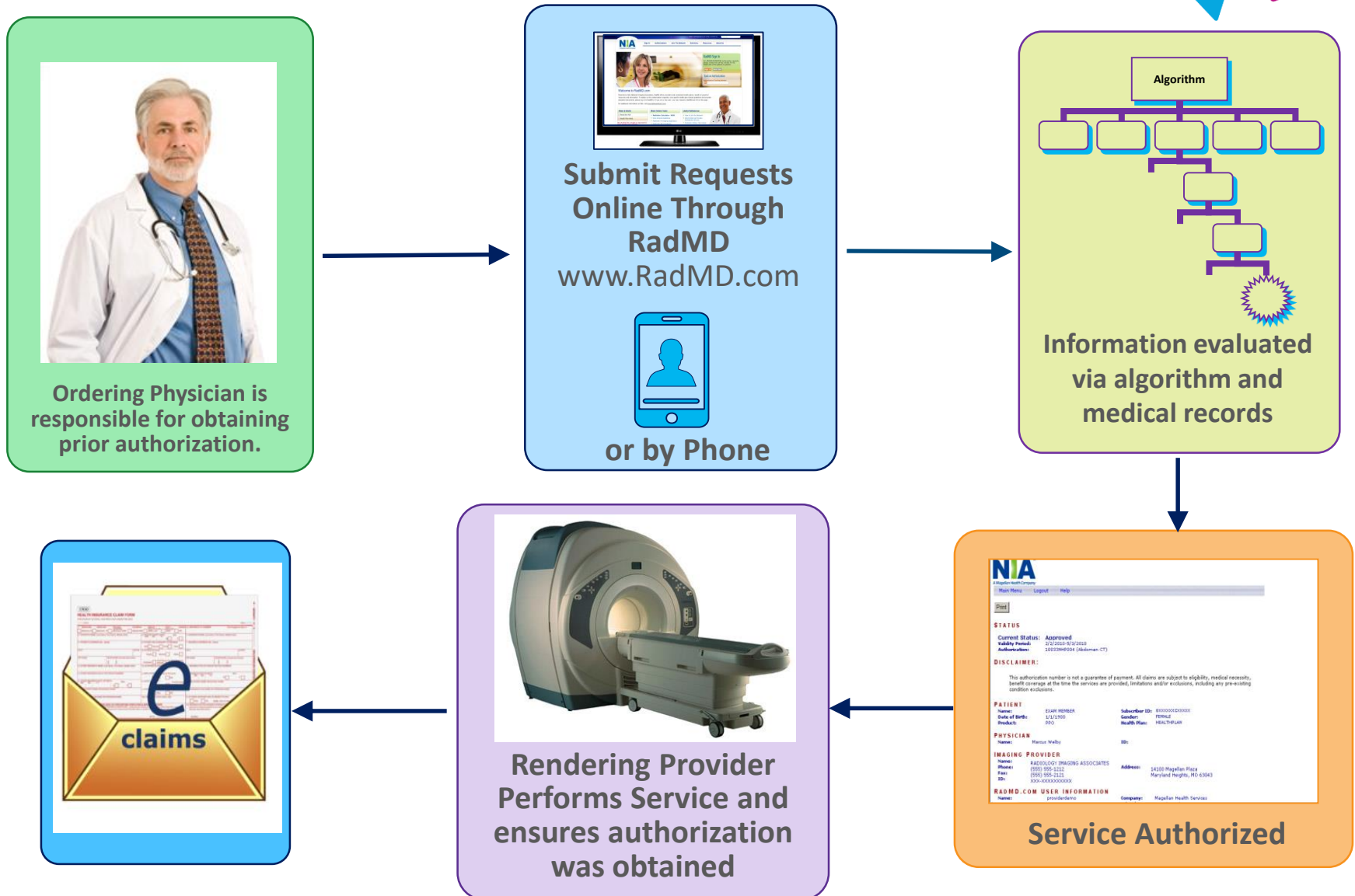
The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages on behalf of AmeriHealth Caritas Next. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable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

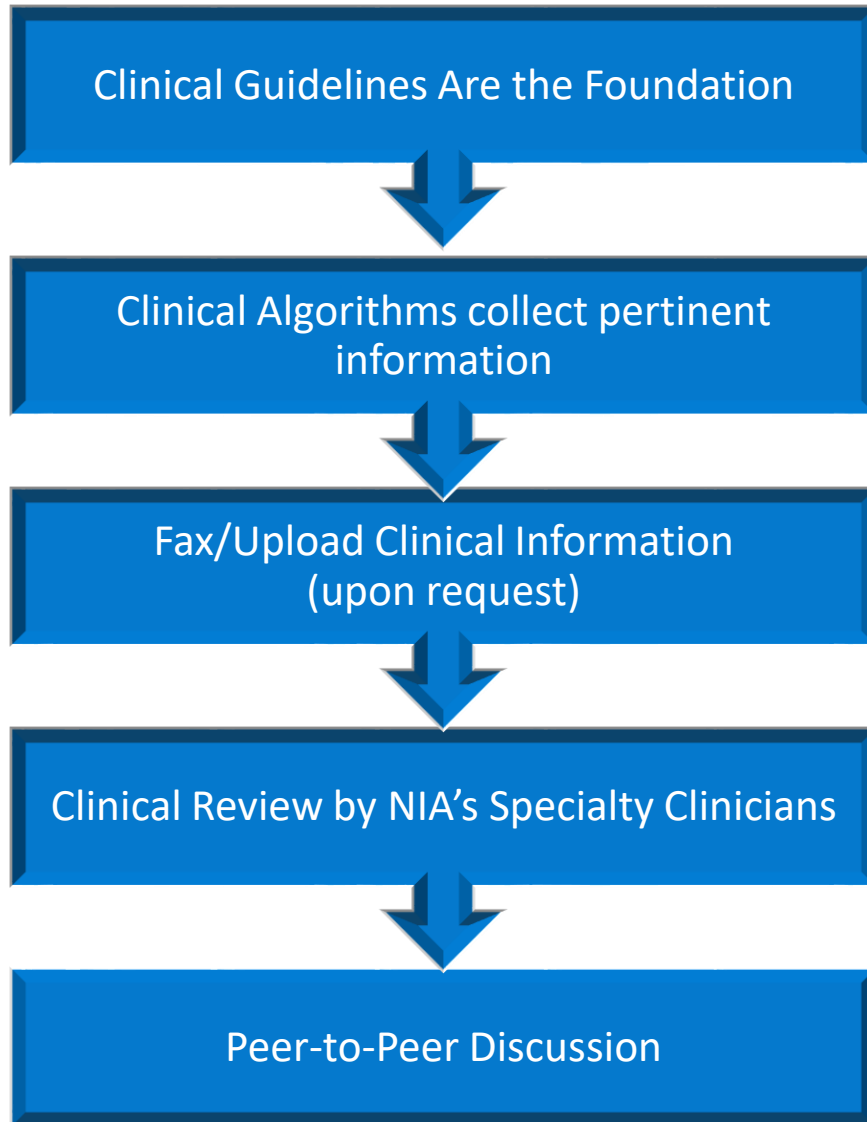
Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +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
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
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
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



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**
- 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

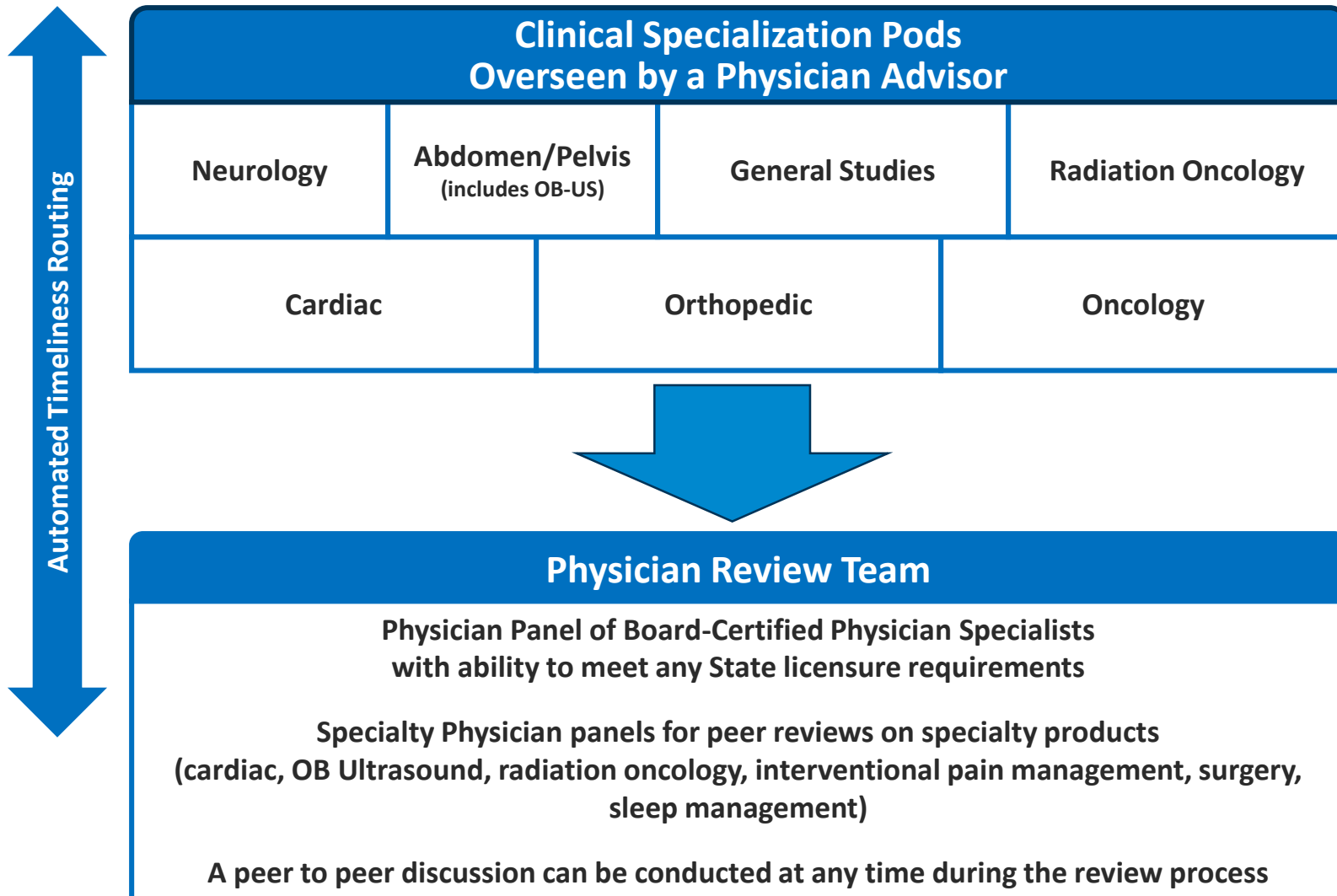
- Includes: ordering physician information, member information, rendering provider information, requested examination, anticipated date of procedure etc.

Clinical Information

- Includes clinical information that will justify examination as follows:
- symptoms and their duration
- physical exam findings
- prior treatment and/or preliminary procedures completed
- Reasons the study is being requested
- 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



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 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
 - Fax using NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call 1-888-642-7649
- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details

Exam Request Verification: Detail

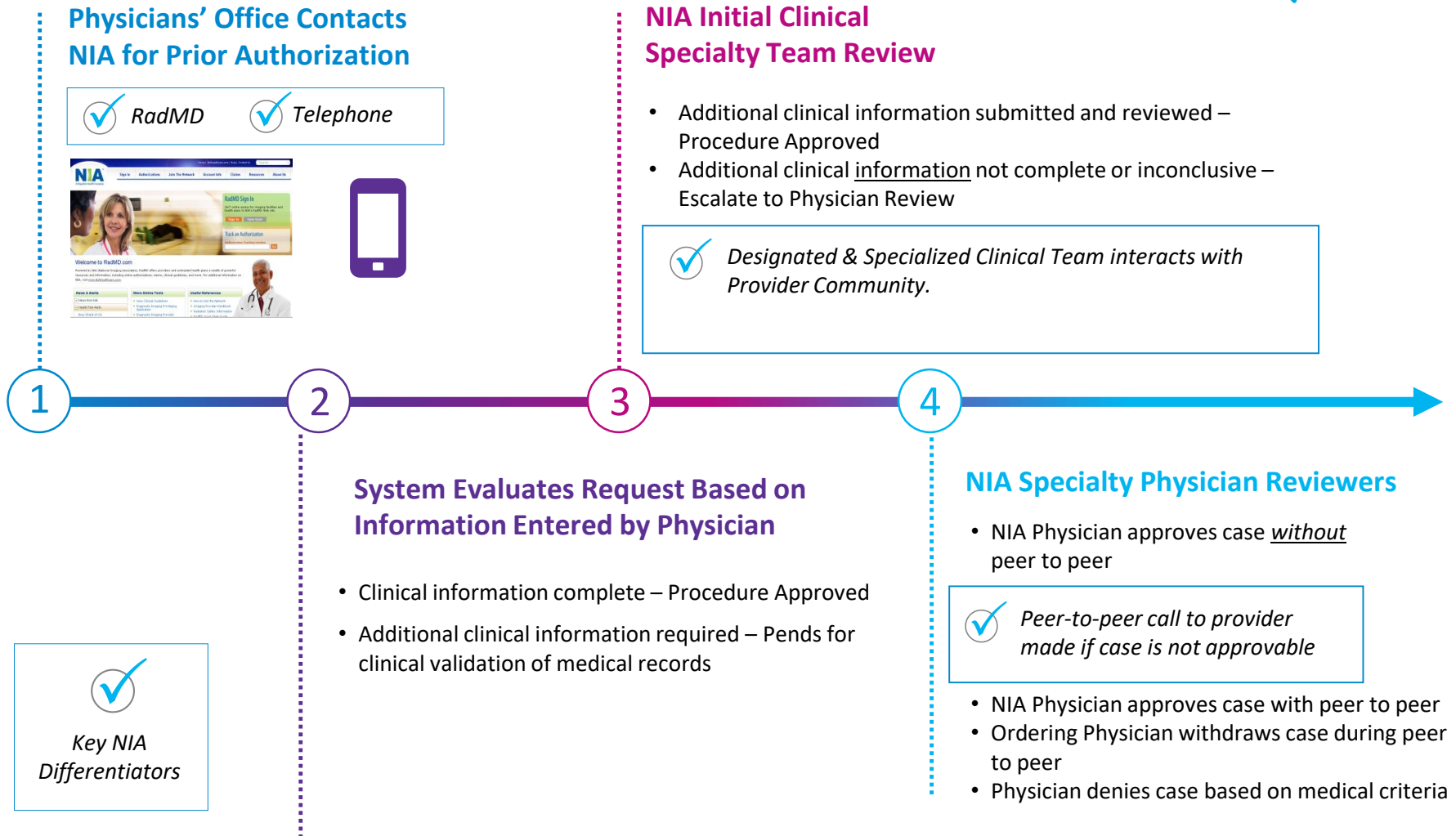
Print Fax Coversheet Upload Clinical Document

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



Generally the turnaround time for completion of these requests is within two to three business days upon receipt of sufficient clinical information but in no event later than 14 calendar days for standard authorization decisions or 72 hours for expedited authorization decisions.

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 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 1-800-424-4792.

Notification of Determination



Authorization Notification

- Validity Period - Authorizations are valid for:
 - 30 calendar 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 peer to peer call to the provider will be made if the case is not approvable.
- A re-review is available with new or additional information.
- Timeframe for re-review is 14 days from denial notification.
- 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 AmeriHealth Caritas Next.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to the AmeriHealth Caritas Next website at:
<http://www.amerihealthcaritasnext.com>

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through AmeriHealth Caritas Next.
- Providers should follow the instructions on their non-authorization letter or remittance advice.

Radiation Safety and Awareness



Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv




U.S. population exposed to nearly six times more radiation from medical devices than in 1980



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure

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



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



Toll Free Number
1-800-424-4792



Available
8:00 AM – 8:00 PM EST

- Request Authorization
 - View Authorization Status
 - View and manage Authorization Requests with other properly registered users in your organization
 - 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

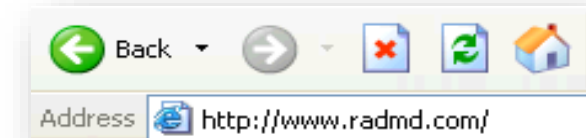


RadMD Functionality varies by user:

- **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:

- 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

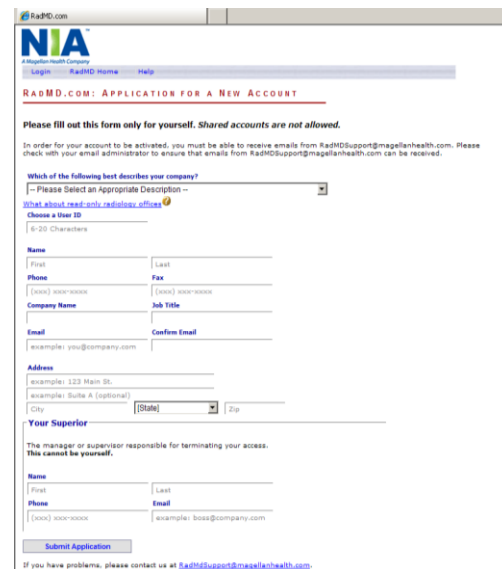
Health Insurance company

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 FOR A NEW ACCOUNT" form. The form is titled "RADMD.COM: APPLICATION FOR A NEW ACCOUNT" and includes a disclaimer: "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 is a link "What about read-only radiology offices?". The form includes fields for "Choose a User ID" (6-20 Characters), "Name" (First and Last), "Phone" and "Fax" (with area code dropdowns), "Company Name" and "Job Title", "Email" and "Confirm Email" (with an example: you@company.com), "Address" (with an example: 123 Main St, Suite A), "City", "State" (dropdown), and "Zip". There is a section for "Your Superior" with a disclaimer: "The manager or superior responsible for terminating your access. This cannot be yourself." and fields for "Name" (First and Last), "Phone", and "Email" (with an example: boss@company.com). At the bottom is a "Submit Application" button and a link: "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 website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.



[Logout](#) [Help](#)

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 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, allowing them to communicate with members 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



2

-- Please Select an Appropriate Description --
Physician's office that orders procedures

Facility/office where procedures are performed

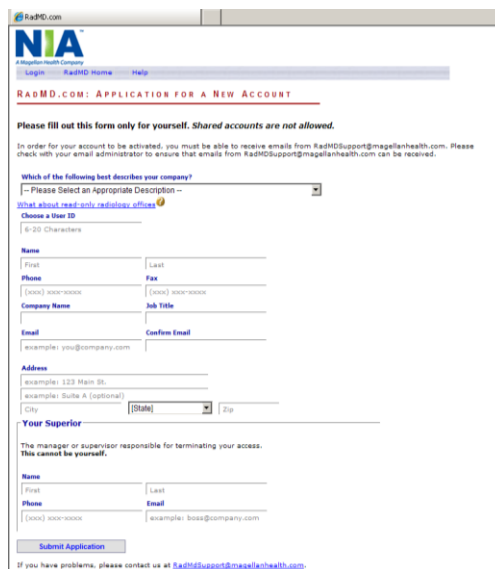
Health Insurance company

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 RadMD.COM: APPLICATION FOR A NEW ACCOUNT page. It has a header with the NIA logo and links for "Login", "RadMD Home", and "Help". Below the header, it says "RADMD.COM: APPLICATION FOR A NEW ACCOUNT". There is a note: "Please fill out this form only for yourself. Shared accounts are not allowed." Below the note, it says: "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 several sections: "Which of the following best describes your company?", "Please select an Appropriate Description --", "What about your facility's radiation oncology?", "Choose a User ID", "Name", "Phone", "Fax", "Company Name", "Job Title", "Email", "Confirm Email", "Address", "City", "State", "Zip", "Your Superior", "Name", "First", "Last", "Phone", "Email", "Submit Application", and "If you have problems, please contact us at RadMDsupport@magellanhealth.com".

When to Contact NIA



Providers:

Initiating or checking the status of an authorization	<ul style="list-style-type: none">▪ Website, www.RadMD.com▪ Toll-free number 1-800-424-4792 - Interactive Voice Response (IVR) System
Initiating a Peer to Peer	<ul style="list-style-type: none">▪ Call 1-888-642-7649
Technical Issues	<ul style="list-style-type: none">▪ RadMDSupport@magellanhealth.com▪ Call 1-800-327-0641
Provider Education requests or questions specific to NIA	<ul style="list-style-type: none">▪ Priscilla Singleton Provider Relations Manager 1-800-450-7281 Ext. 75023 singletonp@magellanhealth.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 AmeriHealth Caritas Next 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 AmeriHealth Caritas Next and Magellan Health, Inc.

A large blue triangle occupies the left and bottom portions of the slide. Several smaller triangles in various colors (orange, lime green, purple, magenta, cyan) are scattered around the blue shape. The word "Thanks" is written in white, sans-serif font, centered within the blue area.

Thanks