



superior
healthplan™

NIA

Superior HealthPlan Provider Training Program

*National Imaging Associates, Inc. (NIA)
Training Program*



NIA Program Agenda

Introduction to NIA

Our Program

1. Authorization Process
2. Other Program Components
3. Provider Tools and Contact Information

RadMD Demo

Questions and Answers

Magellan Today and Building for the Future

Medical Specialty Solutions

NIA

Advanced Diagnostic imaging
Cardiac Solutions
Radiation Oncology
OB Ultrasound
Musculoskeletal Management (Spine Surgery/IPM)
Sleep Management
Emergency Department, Provider Profiling & Practice
Management Analysis

Behavioral Health Solutions Magellan BH

- Behavioral health
- Substance use
- Integrated medical & behavioral care
- EAP and health and wellness
- Psychotropic drug management

Pharmacy Solutions TDS

- Total drug management
- Medical pharmacy
- Specialty pharmacy
- Pharmacy benefits

Multiple Solutions *One Magellan*

As the nation's leading specialty health care management company, we deliver comprehensive and innovative solutions to improve quality outcomes, optimize cost of care.

NIA Highlights



NIA Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Columbia, MD with 700 National NIA Employees
- Business supported by two National Call Operational Centers

Industry Presence

- 58 Health Plan Clients serving 21 M National Lives
- 12M Commercial; 1M Medicare;
- 8 M Medicaid
- 28 states
- Doing business in Texas since 2010.

Clinical Leadership

- Strong panel of internal Clinical leaders – client consultation; clinical framework
- Supplemented by broad panel of external clinical experts as consultants (for guidelines)

Product Portfolio

- Advanced Diagnostic Imaging
- Cardiac Solutions
- Radiation Oncology
- OB Ultrasound
- Musculoskeletal Management (Spine Surgery/IPM)
- Sleep Management
- Emergency Department, Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified

NIA's Prior Authorization Program



Effective: August 1, 2010

Revised: February 1, 2014

Only non-emergent procedures performed in an outpatient setting require authorization with NIA

Procedures Requiring Prior Authorization



Superior HealthPlan	Modalities Requiring NIA Prior Authorization
STAR+PLUS Members	CT/CTA MRI/MRA PET Scan CCTA Echocardiography Nuclear Cardiology/MPI Stress Echo
Medicare Advantage Members STAR Members STAR Health Members CHIP Members	CT/CTA MRI/MRA PET Scan CCTA Nuclear Cardiology/MPI Stress Echo

Excluded from 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 RadMD
- Defer to Health Plan Policies for Procedures not on Claims/Utilization Review Matrix

**Utilization Review Matrix 2015
Centene TX Superior Health Plan**

The matrix below contains all of the CPT-4 codes for which NIA Magellan[®] authorizes on behalf of Superior Health Plan. This matrix is provided to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA Magellan. If an exam is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

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 Magellan.

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
70488	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
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, S8032
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
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
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192	CT Pelvis	72192, 72193, 72194

Responsibility for Authorization

Ordering Provider

Responsible for obtaining prior authorization



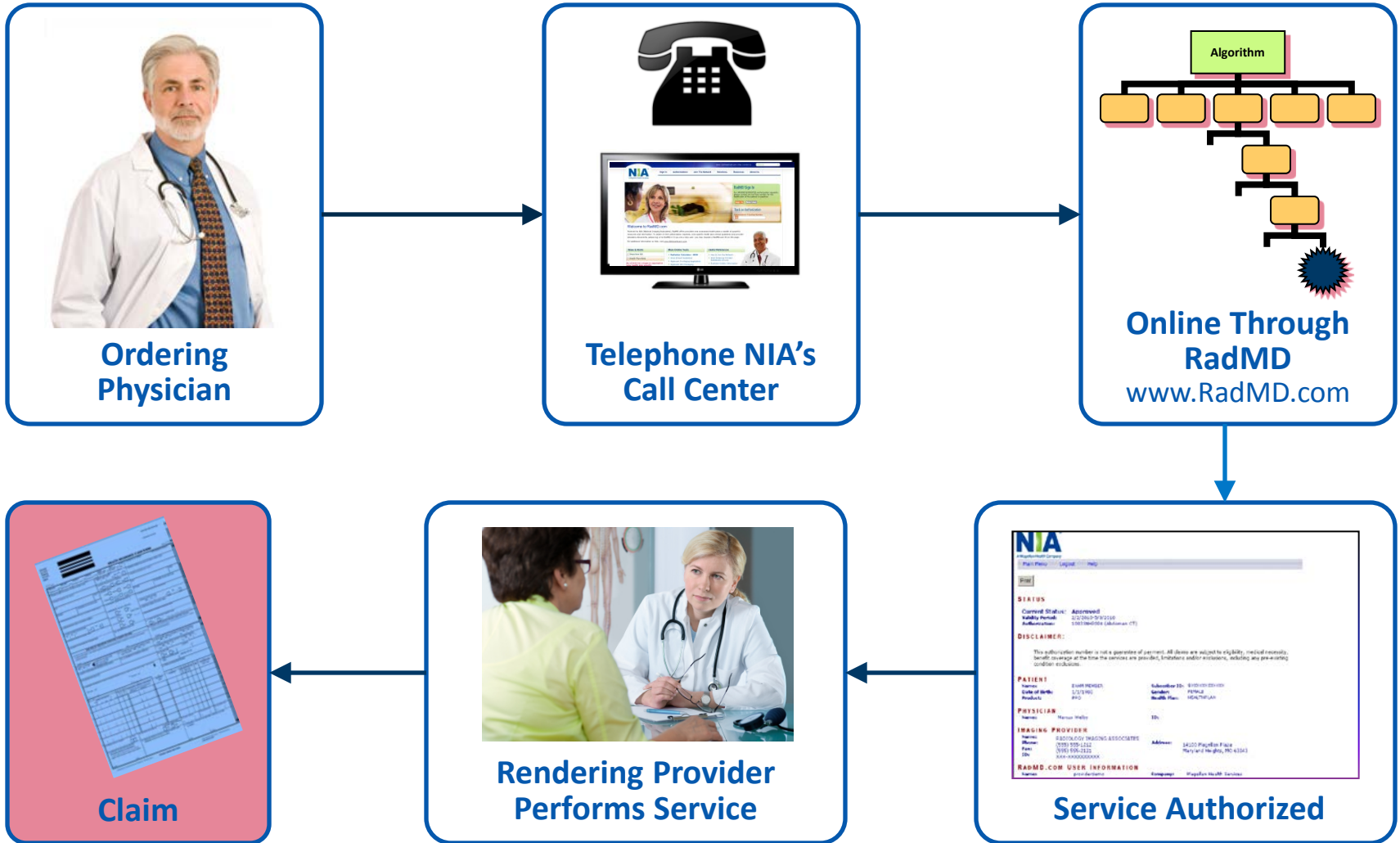
Rendering Provider

Ensuring that prior authorization has been obtained prior to providing service



*Recommendation to Rendering Providers:
Do not schedule test until authorization is received*

Prior Authorization Process Overview



Clinical Decision Making and Algorithms



- Guidelines are reviewed and mutually approved by Superior HealthPlan and NIA's Chief Medical Officers
- NIA's algorithms and medical necessity reviews collect key clinical information to ensure that Superior HealthPlan members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Superior HealthPlan members are receiving the appropriate level of care.
- Clinical Guidelines available on www.RadMD.com

Patient and Clinical Information Required for Authorization

GENERAL

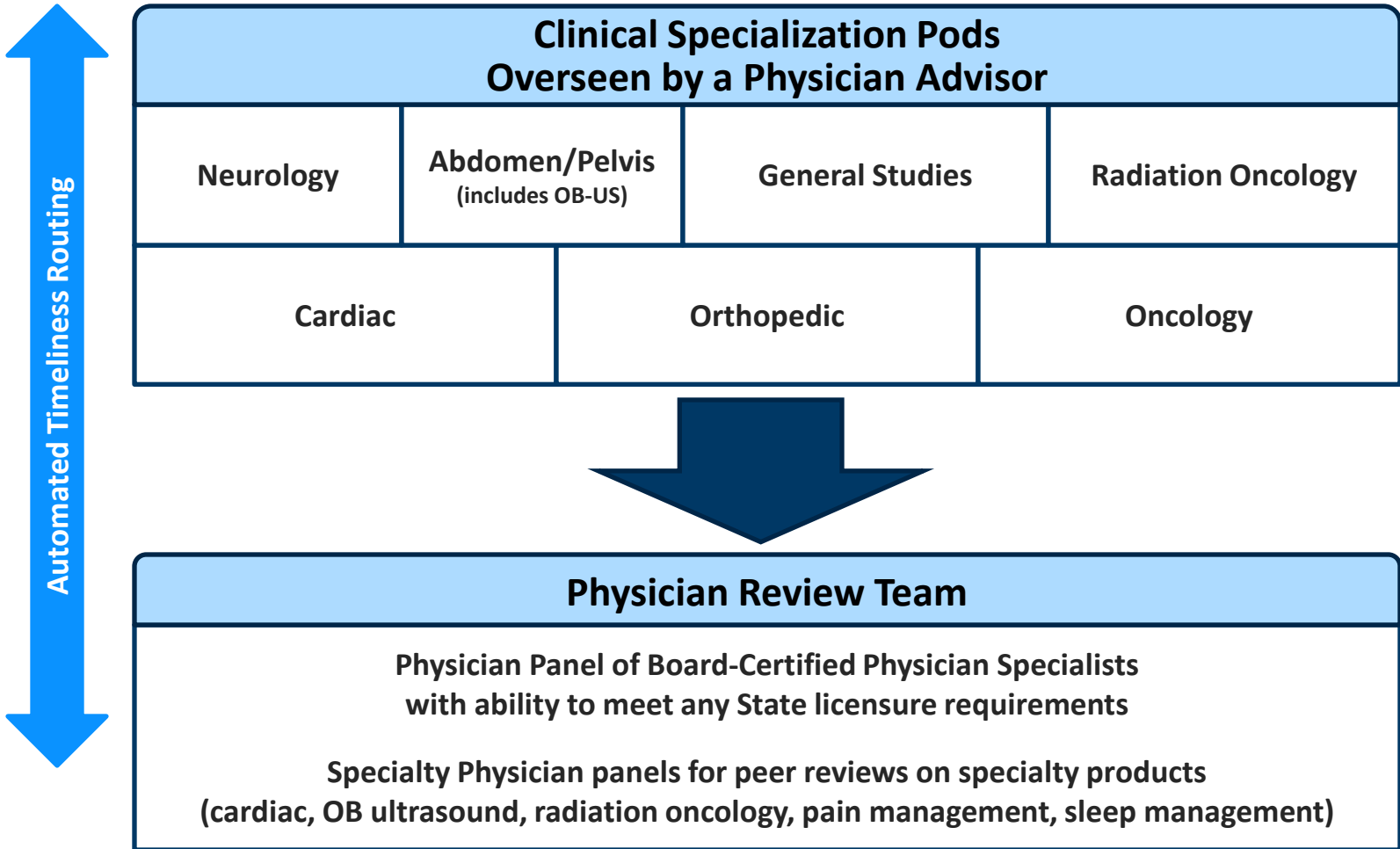
Includes things like ordering physician information, Member information, rendering provider information, requested examination, etc.

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 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 Provider: 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:**

CC_TRACKING_NUMBER

FAXC

- 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/Medical Records to NIA

- Two ways to submit clinical information to NIA
 - Via Fax
 - Via RadMD Upload
- Use the Fax Coversheet (when faxing clinical information to NIA)
- Additional copies of Fax Coversheets can also be printed from RadMD or requested via the Call Center @ 1-800-218-7508.

CC_TRACKING_NUMBER

Ordering Physician:	REQ_PROVIDER
Fax number:	FAX_RECIP_PHONE
Member ID:	MEMBER ID
Patient Name:	MEMBER NAME
Request:	PROC_DESC
Health Plan:	HEALTH_PLAN_DESC

Please use this form as the cover sheet for any information that you fax to us regarding the above patient's request. The numeric code allows the fax to be attached immediately upon receipt to the preauthorization request.

If you have other patients with existing requests and you would like to fax information you can obtain a fax cover sheet by calling FAXCoversheetNBR or go to RadMD and follow the link "Request a fax cover sheet"

If you are faxing information for more than one patient please separate each patient's information with the cover sheet specific for each patient's request.

Fax form and information to [RadOneRadiologyFaxNbr](#).

In order for our clinical reviewers to follow up on this [information](#) please include a contact name and phone number.

Name: _____
Telephone: _____

CONFIDENTIALITY NOTICE

If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.

CC_TRACKING_NUMBER

Be sure to use the NIA Fax Coversheet for all transmissions of clinical information!

Prior Authorization Process

Intake level



- Requests are evaluated using our clinical algorithm
- Requests may:
 1. Approve
 2. Require additional clinical review
 3. Pend for clinical validation of medical records

Initial Clinical Review



- Nurses will review request and may:
 1. Approve
 2. Send to NIA physician for additional clinical review*

Physician Clinical Review

- Physicians may:
 1. Approve
 2. Deny



A peer to peer discussion is always available!

Notification of Determination



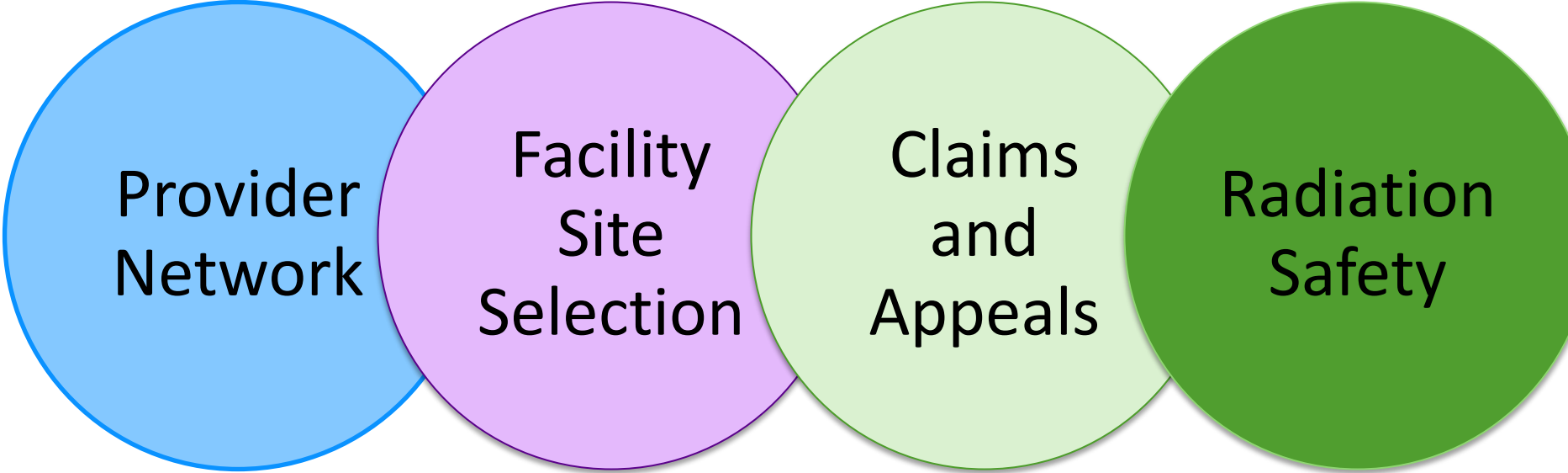
Approval Notification	Denial Notification
<ul style="list-style-type: none">• Authorization Validity Period<ul style="list-style-type: none">• 30 days from call in date	<ul style="list-style-type: none">• Appeal Instructions<ul style="list-style-type: none">• In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

NIA's Urgent Authorization Process

Urgent Authorization Process

If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review 1-800-218-7508

Program Components

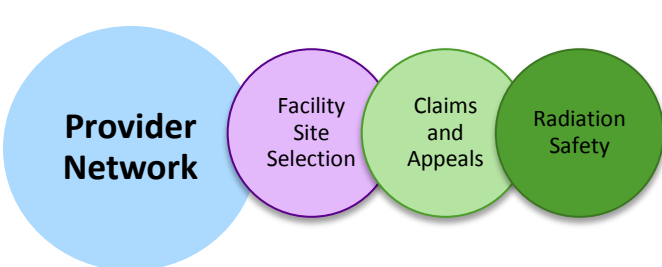
A horizontal sequence of four overlapping circles, each containing a program component. From left to right: a light blue circle with 'Provider Network', a light purple circle with 'Facility Site Selection', a light green circle with 'Claims and Appeals', and a dark green circle with 'Radiation Safety'. The circles overlap to the right. Below the circles is a decorative border of colorful triangles.

Provider
Network

Facility
Site
Selection

Claims
and
Appeals

Radiation
Safety




**Provider
Network**

Facility
Site
Selection

Claims
and
Appeals

Radiation
Safety

Using Health Plan Network



Advanced Imaging Provider Network:

- Superior HealthPlan will use the Superior HealthPlan's network of Free-Standing Imaging Facilities (FSFs), Hospitals, and In Office Providers as it's preferred providers for delivering outpatient CT/CTA, MRI/MRA, CCTA, Echocardiography, Stress Echo and Nuclear Cardiology/MPI services to Superior HealthPlan members throughout Texas



How Facilities Are Selected



Provider
Network

Facility Site
Selection

Claims and
Appeals

Radiation
Safety

An integrated approach to helping providers and consumers select high quality, convenient, and cost effective facilities for advanced imaging services.

NOTE: Primary consideration is always the clinical aspect of the member when making facility recommendations

GOALS:

- Educate the member and the ordering provider on imaging facility choices and potential cost implications
- Enhance the member experience by helping them select a facility that is convenient and by offering to help schedule in-network services
- NIA and the member together will make the imaging provider choice (except when clinical needs of the member exempt the request from the Facility Site Selection process)

Provider
Network

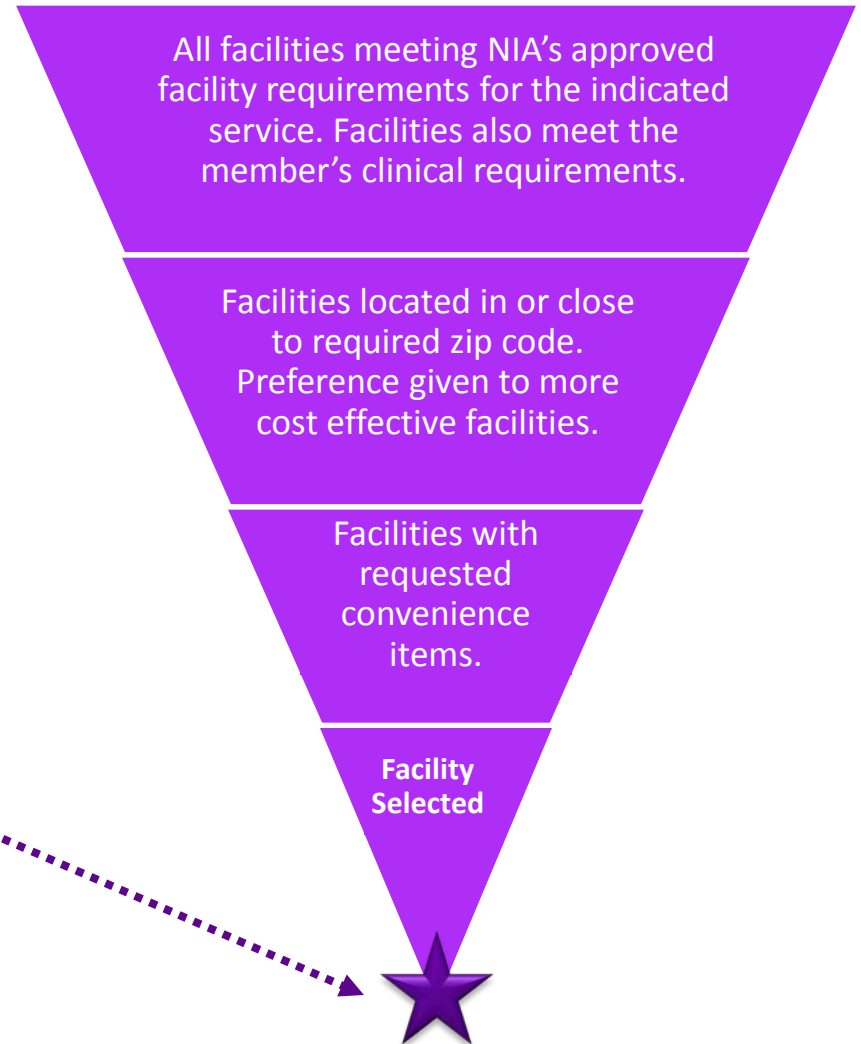
Facility Site
Selection

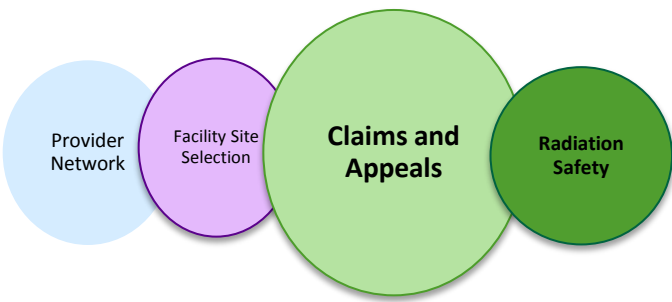
Claims
and
Appeals

Radiation
Safety

How Facilities Are Selected

- During prior authorization, NIA will contact the member to help them select a facility based on:
 - Facilities meeting NIA's quality requirements
 - Location
 - Convenience services important to member



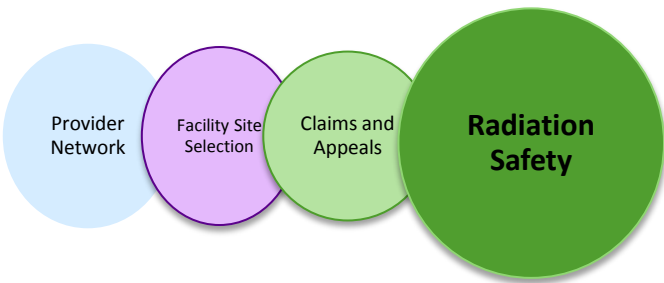


Claims



How Claims Should be Submitted	Claims Appeals Process
<ul style="list-style-type: none"> • Rendering providers/Imaging providers should continue to send their claims directly to Superior HealthPlan • Providers are strongly encouraged to use EDI claims submission. • Check on claims status by logging on to the Superior HealthPlan website at http://www.superiorhealthplan.com/ 	<ul style="list-style-type: none"> • In the event of a prior authorization or claims payment denial, providers may appeal the decision through Superior HealthPlan. • Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

NOTE: Consistent with CMS guidelines, multiple procedure discounts are applied when appropriate.



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 Radiation Awareness Tools and Safety Programs designed to create patient and physician awareness of radiation concerns

Provider Network

Facility Site Selection

Claims and Appeals

Radiation Safety

NIA's Radiation Safety Tools

Radiation Awareness Education

- Promote Provider and Member Awareness and Education

Radiation Calculator

www.radiationcalculator.com

Over 8,000 visits to the website from 89 countries

Apple, Android and Facebook App available

- Average rating: 4 out of 5 stars

The screenshot shows the NIA Radiation Awareness website. At the top, there is a green header with the NIA logo and the text "Radiation Awareness". Below the header, there is a navigation menu with links for "Measuring Your Exposure", "What Is Radiation?", "Imaging Tests", "Alternatives", and "Questions To Ask". The main content area is titled "Enter Information" and features a friendly message from a virtual assistant named Jessica: "Hi, my name is Jessica and I'm here to help you estimate the radiation dose from your medical tests. Enter in all necessary information below and then I can show how your results compare to other types of radiation exposure." To the right of the message, there is a bar chart showing radiation exposure levels: "Your Estimated Medical Exposure" at 8.05, "Average Medical Exposure for Your Age Group" at 00.25, and "Natural Exposure" at 0.25. Below the chart, there is a table with columns for "Test", "Body Part", "mSv", "# of Tests", "Total mSv", and "Add/Remove". The table currently shows 0 tests. At the bottom, there are buttons for "Compare Results" and "Start Over".

The screenshot shows the NIA Radiation Calculator mobile app interface. The app has a blue and green color scheme. At the top, there is a header with the NIA logo and the text "NIA Radiation Calculator". Below the header, there is a navigation menu with links for "Home", "About", "Help", "Privacy", and "Terms". The main content area features a bar chart showing radiation exposure levels: "Your Estimated Medical Exposure" at 8.05, "Average Medical Exposure for Your Age Group" at 00.25, and "Natural Exposure" at 0.25. Below the chart, there is a table with columns for "Test", "Body Part", "mSv", "# of Tests", "Total mSv", and "Add/Remove". The table currently shows 0 tests. At the bottom, there are buttons for "Compare Results" and "Start Over".

Provider Tools



- *Toll free authorization and information number – 1-800-218-7508*
Available 7am -7pm CST
 - Interactive Voice Response (IVR) System for authorization tracking



- *RadMD Website – Available 24/7 (except during maintenance)*
 - Request authorization (ordering providers only) and view authorization status
 - Upload additional clinical information
 - View Clinical Guidelines, Frequently Asked Questions (FAQs), and other educational documents

Ordering Provider: Getting Started on RadMD.com

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 radiology exams”
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.

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 Which of the following best describes your company?
-- Please Select an Appropriate Description --
-- Please Select an Appropriate Description --
Imaging Facility or Hospital that performs radiology exams
Health Insurance company
Physician's office that orders radiology exams
Cancer Treatment Facility or Hospital that performs radiation oncology procedures
Physicians office that prescribes radiation oncology procedures

3 NIA
A Magellan Health Company
RADMD.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 radmd.com releases offices?
Choose a User ID
4-20 Characters
Name
First Last
Phone Fax
[0000] 000-0000 [0000] 000-0000
Company Name Job Title
Email Confirm Email
example: you@company.com
Address
example: 123 Main St.
example: Suite # (optional)
City State Zip
Your Superior
The manager or superior responsible for terminating your access.
This cannot be yourself.
Name
First Last
Phone Email
[0000] 000-0000 example: boss@company.com
Submit Application
If you have problems, please contact us at RadMDSupport@magellanhealth.com

Rendering Provider: Getting Started on RadMD.com

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 “Imaging Facility or Hospital that performs radiology exams”
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.

1



RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Website.

[Sign In](#) [New User](#)

Track an Authorization

Authorization Tracking Number [Go](#)

2

Which of the following best describes your company?

Imaging Facility or Hospital that performs radiology exams

– Please Select an Appropriate Description –

Imaging Facility or Hospital that performs radiology exams

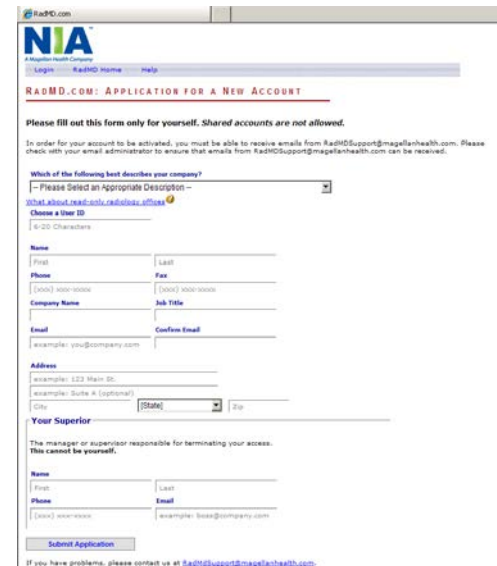
Health Insurance company

Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

3



NIA
A Magellan Health Company

RadMD.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 –

Choose a User ID

4-20 Characters

Name
First Last
Phone Fax
[0000] 000-0000 [0000] 000-0000

Company Name Job Title
Email Confirm Email
example: you@company.com

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

Your Superior
The manager or superior responsible for terminating your access. This cannot be yourself.

Name
First Last
Phone Email
[0000] 000-0000 example: boss@company.com

[Submit Application](#)

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

Dedicated Provider Relations Contact Information



NIA Dedicated Provider Relations Manager:

Name : Kevin Apgar

Phone: 916-859-5080

Email: Kwapgar@MagellanHealth.com

RadMD Demo



Confidentiality Statement for Providers

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan 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 Magellan Health, Inc.

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Thanks

