



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**

# *A Unique Vision of Care*

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

## **Magellan** HEALTHCARE

Moving beyond traditional healthcare by offering an integrated clinical portfolio of behavioral health and specialty solutions

## **Magellan** HEALTH

## **MagellanRx** MANAGEMENT

A smarter approach to pharmacy benefits management, delivering easy-to-use tools and clinical excellence to drive better decision making, all within a customer-first culture

# NIA Highlights



## NIA Facts

- Providing Client Solutions since 1995
- Magellan Acquisition (2006)
- Headquartered in Scottsdale, AZ
- Business supported by two National Call Operational Centers

## Industry Presence

- 80 Health Plan Clients serving 27.32M National Lives
- 15.77M Commercial;
- 1.41M Medicare;
- 10.14M Medicaid
- 41 states

## 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
- Musculoskeletal Management (Surgery/IPM)
- Chiropractic Care, Speech Therapy, Physical and Occupational Therapies
- Provider Profiling & Practice Management Analysis

URAC Accreditation & NCQA Certified

# NIA's Prior Authorization Program



Effective: August 1, 2010

Revised: April 10, 2018

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<br>MRI/MRA<br>PET Scan<br>CCTA<br>Echocardiography<br>Nuclear Cardiology/MPI<br>Stress Echo |
| Allwell from Superior HealthPlan Members<br>STAR Members<br>STAR Health Members<br>CHIP Members | CT/CTA<br>MRI/MRA<br>PET Scan<br>CCTA<br>Nuclear Cardiology/MPI<br>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 <https://www1.radmd.com/all-health-plans/centene-superior-healthplan.aspx>
- 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<sup>®</sup> authorizes on behalf of Superior HealthPlan. This matrix is designed 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, 72158                      |
| 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



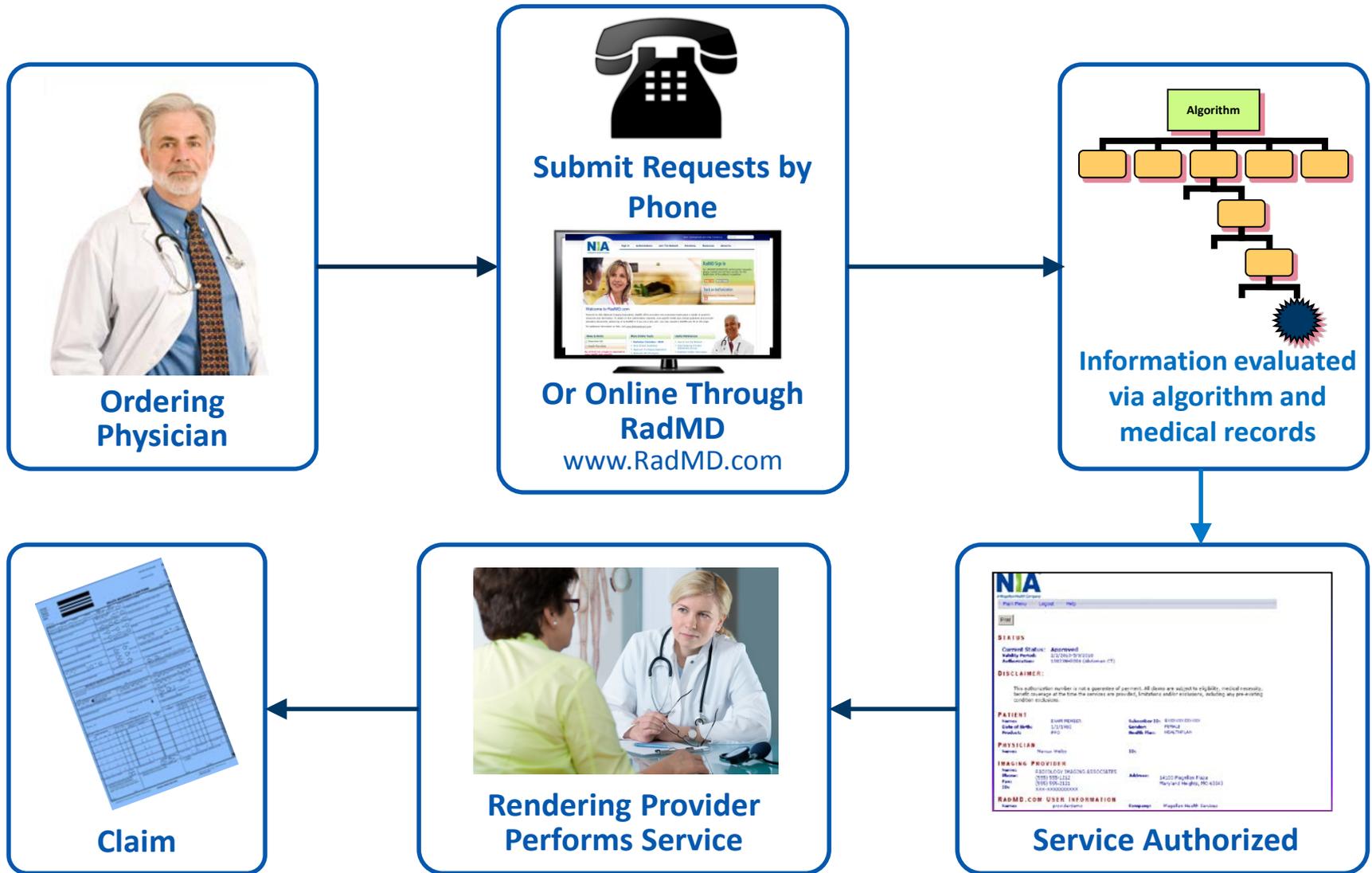
## Rendering Provider

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 members are receiving appropriate care prior to more invasive procedures being performed. Our goal – ensure that Superior members are receiving the appropriate level of care.
- Clinical Guidelines available on [www.RadMD.com](http://www.RadMD.com)

# *Patient and Clinical Information Required for Authorization*

## **GENERAL**

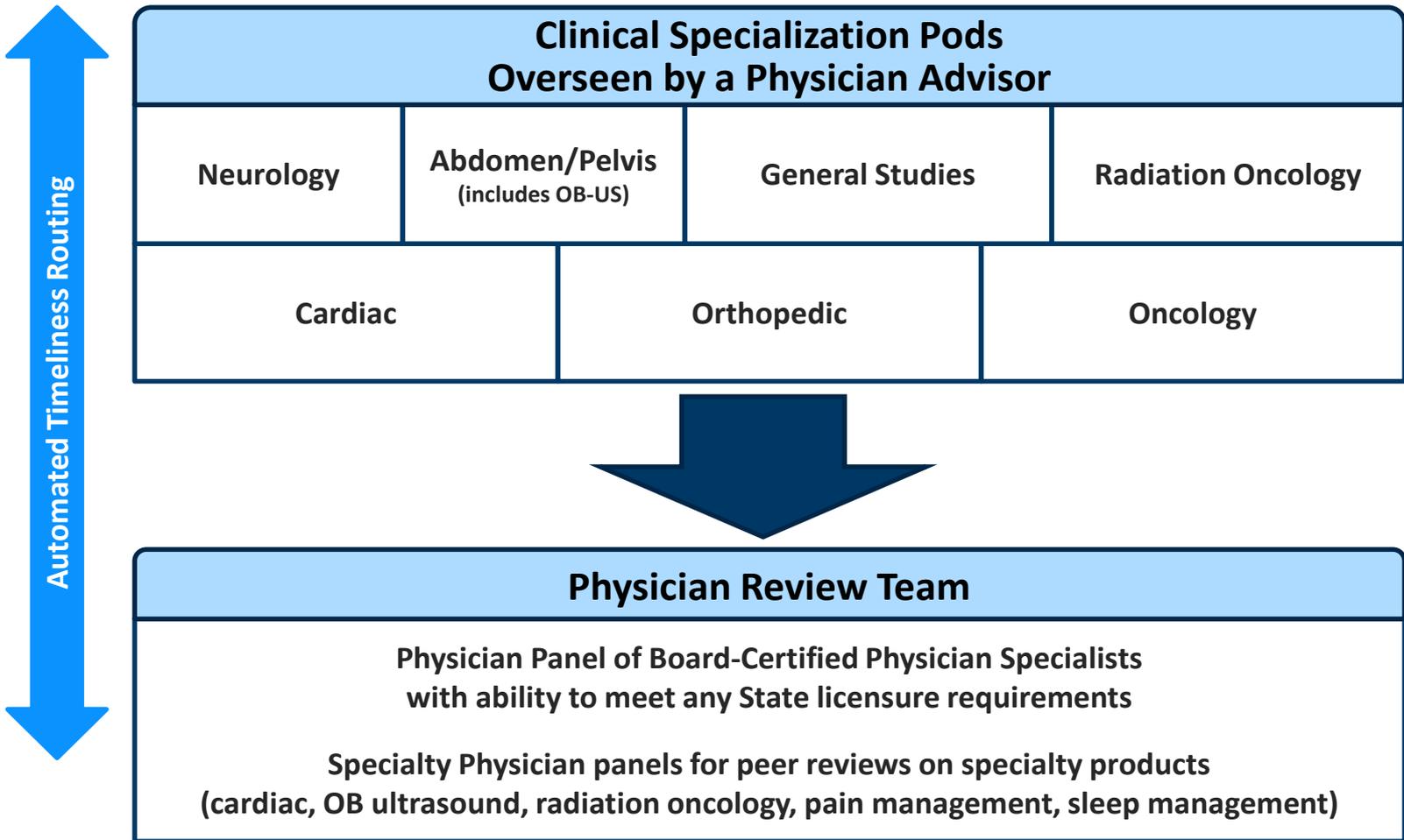
Includes things like ordering physician information, member information, rendering provider information, requested examination, etc.

## **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.
- The Fax Coversheet Form will be available on [www.radmd.com](http://www.radmd.com), when case is entered and if it pends for clinical review.
- 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 at 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



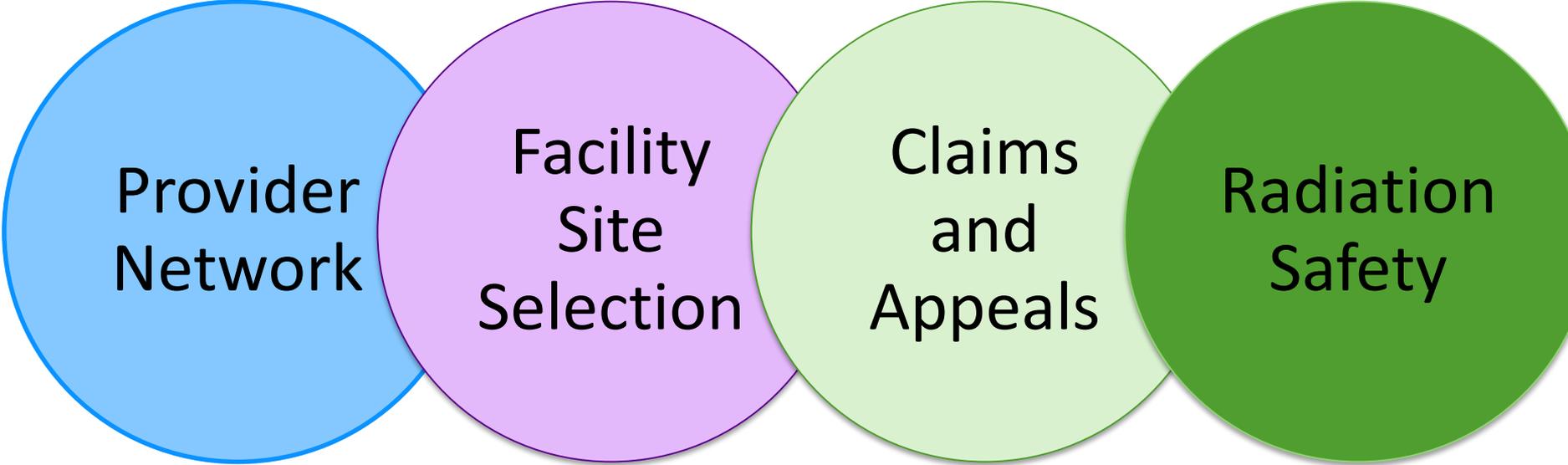
| Approval Notification  | Denial Notification  |
|--|--|
| <ul style="list-style-type: none"><li>• <b>Authorization Validity Period</b><ul style="list-style-type: none"><li>• 30 days from call in date.</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Appeal Instructions</b><ul style="list-style-type: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

# ***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*

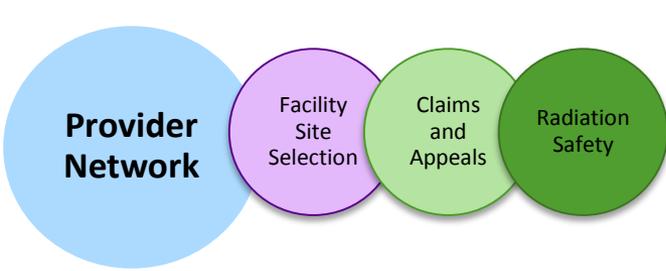
A horizontal sequence of four overlapping circles, each containing a program component. From left to right: a light blue circle with 'Provider Network', a light purple circle with 'Facility Site Selection', a light green circle with 'Claims and Appeals', and a dark green circle with 'Radiation Safety'.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

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 will use its 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 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

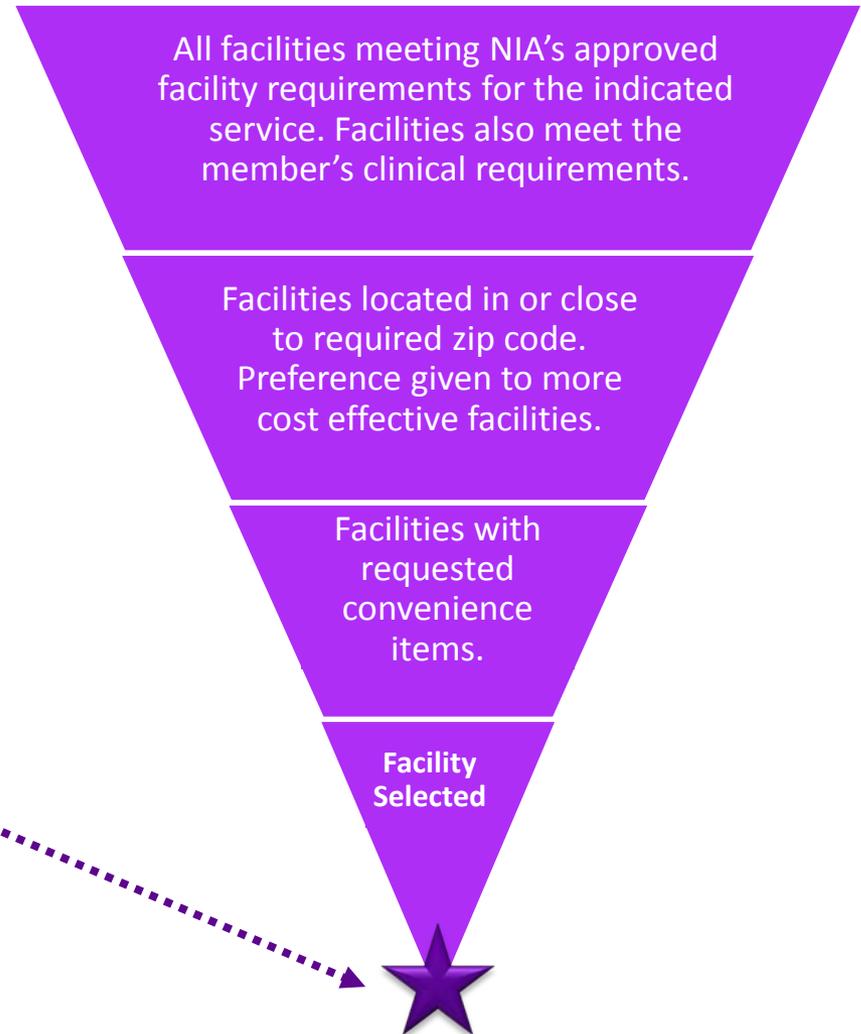
Facility Site  
Selection

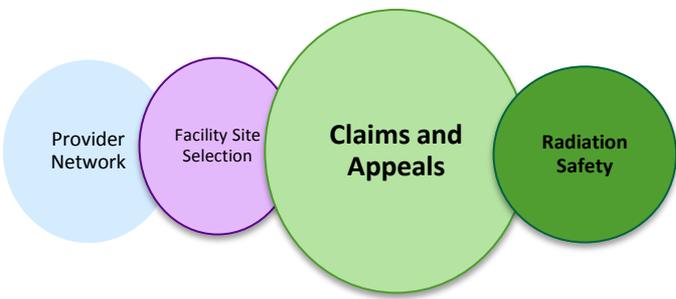
Claims  
and  
Appeals

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.



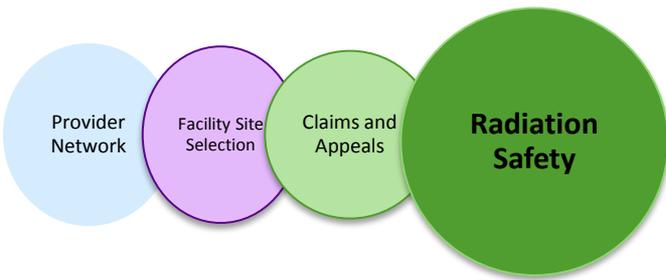


# Claims



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

**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

<https://www.niahealthcare.com/consumer-education/radiation-awareness-tools.aspx>

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](http://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 'Radiation Awareness' website. At the top is the NIA logo (A Mediplex Health Company) and a navigation bar with links for 'What Is Radiation?', 'Imaging Tests', 'Alternatives', and 'Questions To Ask'. Below the navigation bar is a section titled 'Measuring Your Exposure' with a 'Print' and 'Take a Survey' option. A central message from a character named Jessica says: '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, a conversion chart shows '1 mSv = 4 months of natural exposure' and '50 chest x-rays'. Below this is a form with fields for 'Gender', 'Current Age', 'Test', and 'Body Part'. A table below the form shows columns for 'mSv', '# of Tests', and 'Total mSv'. At the bottom are buttons for 'Compare Results' and 'Start Over'.

The screenshot shows the 'NIA Radiation Calculator' app on a tablet. The app interface features a large bar chart with two bars: a green bar for 'Your Estimated Medical Exposure' at 8.05 and a yellow bar for 'Average Medical Exposure for Your Age Group' at 22.25. Below the chart are buttons for 'Compare Results' and 'Start Over'. At the bottom, there is a photo of a doctor and a message: 'It's a good idea to keep a record of all imaging tests you've received and share this information with your doctor.'

# 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

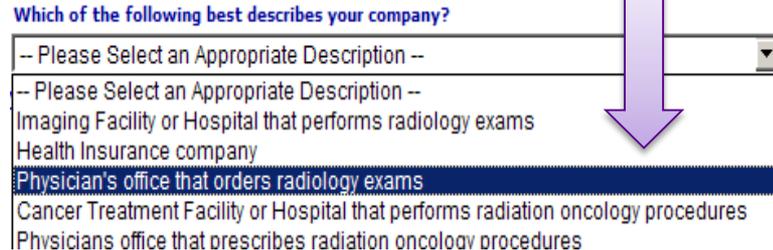
Sign In New User

Track an Authorization

Authorization Tracking Number  Go

A purple arrow points to the 'New User' button.

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

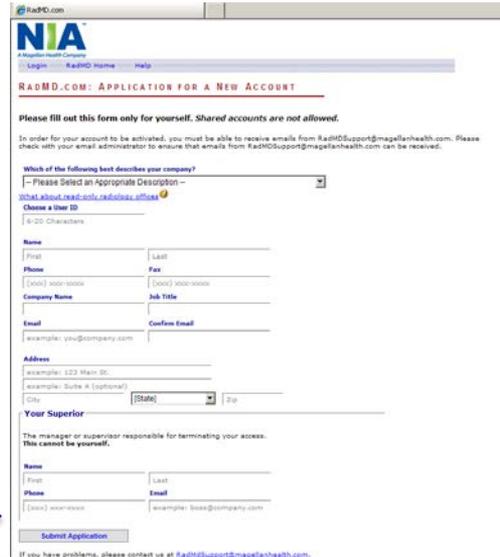
Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

A purple arrow points to the dropdown menu.

3



RadMD.com

NIA  
A Magellan Health Company

Log In RadMD Home Help

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 readonly radiology 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.

A purple arrow points to the 'Submit Application' button.

# 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

A purple arrow points to the 'New User' button.

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

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Which of the following best describes your company?  
– Please Select an Appropriate Description –

What about radmd@nradolcaz.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.

A purple arrow points to the 'Submit Application' button.

# *Dedicated Provider Relations Contact Information*



NIA Dedicated Provider Relations Manager:

**Name : Kevin Apgar**

**Phone: 916-859-5080**

**Email: [kwapgar@magellanhealth.com](mailto:kwapgar@magellanhealth.com)**

# *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 Superior HealthPlan 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 Superior HealthPlan and Magellan Health, Inc.*

*Thanks*

