



NIA Magellan Frequently Asked Questions (FAQs) for CareSource Marketplace Plan Health Partners

Question	Answer
GENERAL	
Why did CareSource implement an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, and PET Scan procedures for our members.
Why did CareSource select NIA Magellan to manage its outpatient advanced imaging services?	NIA Magellan was selected to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and while ensuring appropriate utilization of resources for CareSource membership.
Which CareSource members are covered under this relationship and what networks will be used?	Effective January 1, 2015, NIA Magellan will begin to manage non-emergent outpatient imaging services for CareSource membership through NIA Magellan's Free-Standing Imaging Facilities coupled with CareSource's in-office providers and hospitals.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	Implementation was January 1, 2015.
What imaging services require provider's to obtain a prior authorization?	<p>The following imaging procedures require prior authorization through NIA Magellan:</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan <p>Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA Magellan. If an urgent/emergent emergency clinical situation exists outside of a hospital emergency room, please contact NIA Magellan immediately with the appropriate clinical information for an expedited review.</p>
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an NIA Magellan authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes.
Are routine radiology	No. Routine radiology services such as x-ray, ultrasound or

services a part of this program?	mammography are not part of this program and do not require a prior authorization through NIA Magellan.
Are inpatient advanced imaging procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the CareSource Medical Management Department.
Is prior authorization required for imaging studies performed in the emergency room?	No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA Magellan.
How does the ordering provider obtain a prior authorization from NIA Magellan for an outpatient advanced imaging service?	Providers will be able to request prior authorization via the internet (www.RadMD.com) or by calling NIA Magellan at 1-800-424-5664.
What information is required in order to receive prior authorization?	To expedite the process, please have the following information ready before logging on to the website or calling the NIA Magellan Call Center (*denotes required information): <ul style="list-style-type: none"> ● Name and office phone number of ordering physician* ● Member name and ID number* ● Requested examination* ● Name of provider office or facility where the service will be performed* ● Anticipated date of service (if known) ● Details justifying examination.* <ul style="list-style-type: none"> ▪ Symptoms and their duration ▪ Physical exam findings ▪ Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications) ▪ Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation) ▪ Reason the study is being requested (e.g., further evaluation, rule out a disorder)
Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and CT of thorax)?	Yes. NIA Magellan can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA Magellan for each study that is authorized.
What kind of response time can ordering providers expect for prior authorization?	Decisions are made as expeditiously as possible based on the needs of the member. Generally all decisions are made within 72 hours of request. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What does the NIA Magellan	The NIA Magellan authorization number consists of 8 or 9 alpha-

authorization number look like?	numeric characters. In some cases, the ordering provider may instead receive an NIA Magellan tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and NIA Magellan will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	No, those requests will need to be called into the NIA Magellan Call Center for processing. The number to call to obtain a prior authorization is 1-800-424-5664.
What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the thorax is needed?	If the radiologist or rendering provider feels that, in addition to the study already authorized, an additional study is needed, please contact NIA Magellan immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-800-424-5664.
Can the rendering facility obtain authorization in the event of an urgent test?	Yes, If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA Magellan immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-800-424-5664.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of request. When a procedure is authorized, NIA Magellan will use the date of the initial request as the starting point for the 60 day period in which the examination must be completed.
Is prior authorization necessary for an outpatient, advanced imaging service if CareSource is NOT the member's primary insurance?	No.
If a provider obtains a prior authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does NIA Magellan allow retro-authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Beginning January 1, 2015 claims for CT/CTA, MRI/MRA, and PET Scan procedures that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. The rendering facility <u>should not</u> schedule procedures without prior authorization.

Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the website at www.RadMD.com .
Will the NIA Magellan authorization number be displayed on the CareSource website?	No.
SCHEDULING EXAMS	
How will NIA Magellan determine where to schedule an exam for a CareSource member?	CareSource members will have access to NIA Magellan Free-Standing Imaging Facilities coupled with CareSource in-office providers and hospitals for CT/CTA, MRI/MRA, and PET Scan imaging procedures. Referral is determined by several considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.
Why does NIA Magellan ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization before they call to schedule an appointment?	At the end of the authorization process, NIA Magellan asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Physicians should obtain authorization before scheduling the patient
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the outpatient imaging program?	<p>Any provider who orders or performs advanced imaging procedures in an outpatient setting. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to be sure there is a prior authorization number in order to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> ▪ Freestanding diagnostic facilities ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent advanced imaging services?	Providers should send claims to the address indicated on the back of the CareSource member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status at the CareSource website at https://providerportal.caresource.com .
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.

PRIVILEGING

<p>Where can I direct questions about the CareSource Diagnostic Imaging Provider Assessment Application and/or privileging process?</p>	<p>If providers have any questions regarding the CareSource Diagnostic Imaging Provider Assessment Application or process, contact the NIA Magellan Provider Assessment Department toll-free at 1-888-972-9642 or at RADPrivilege@Magellanhealth.com.</p>
<p>Is NIA Magellan able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the CareSource Diagnostic Imaging Provider Assessment Application?</p>	<p>Yes. NIA Magellan’s experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the CareSource Diagnostic Imaging Provider Assessment Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the Provider Assessment Department toll-free at 1-888-972-9642 with any questions.</p>
<p>How do I access the CareSource Diagnostic Imaging Provider Assessment Application</p>	<p>To access the online application: Direct your web browser to www.RadMD.com. Click on the link for the Diagnostic Imaging Provider Assessment Application (located under Online Tools). Enter your login in the “Login” box. (If you do not know your login, please contact the NIA Magellan Provider Assessment Department toll-free at 1-888-972-9642).</p>
<p>How user friendly is the NIA Magellan online Diagnostic Imaging Privileging Application?</p>	<p>NIA Magellan offers a very user-friendly online application that can be quickly and easily completed by the user. It is a “smart” application which only will ask you questions that apply directly to your practice, based on the previous responses you provided. For example, if your office offers only MRI services, you will not be asked any questions regarding CT or other imaging modalities.</p> <p>If you need to step away from the computer, you can choose to save the application and return to complete it at a later time. The application will also “auto save” if you forget to save the application before completing and submitting it.</p> <p>If there are changes to the practice information after the initial application has been submitted (e.g. practice obtained an additional piece of equipment or achieved accreditation), you may access your original application online, make the necessary modifications, and submit a revised application. It is important to note that you are able to revise an existing application rather than being forced to complete a whole new application.</p> <p>However, please note that a separate application is required for each practice location.</p>
<p>I have additional practice locations. Do I need to complete additional applications?</p>	<p>A separate application must be completed for each practice location at which diagnostic imaging services are performed. Facilities do not always perform the same imaging services at each of their locations. Imaging equipment can also be different at each site. To ensure we have accurate information for each location we require a separate application be completed for each additional locations. Please contact</p>

	NIA Magellan's Provider Assessment Department at 1-888-972-9642 to obtain additional login(s). This will allow you to go online to complete an application for each location.
What is the difference between Privileging and Credentialing?	Privileging is separate and distinct from credentialing. Credentialing places emphasis on primary source verification of a physician's education, licensure and certification. Privileging focuses on facility accreditation, equipment capabilities, physician and technologist education, training and certification, and facility management components such as radiation safety, ALARA (As Low as Reasonably Achievable).
MISCELLANEOUS	
How is medical necessity defined?	NIA Magellan defines medical necessity as services that: <ul style="list-style-type: none"> • Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Not furnished primarily for the convenience of the member, the attending physician, or other provider.
Where can a provider find NIA Magellan's Guidelines for Clinical Use of Diagnostic Imaging Examinations?	NIA Magellan Clinical Guidelines can be found on the NIA Magellan website, www.RadMD.com under Online Tools/Clinical Guidelines. NIA Magellan's guidelines for the use of imaging examinations have been developed from practice experience, literature reviews, specialty criteria sets and empirical data. To get started, simply go to www.RadMD.com , click the New User button and submit a "RadMD Application for New Account." Once the application has been processed and password link delivered by NIA Magellan via e-mail, you will then be invited to create a new password. Links to the approved training/education documents are found on the My Practice page for those providers logged in as Ordering Physician. If you are an Imaging Facility or Hospital that performs imaging exams, an administrator must accept responsibility for creating and managing all logins to RadMD. Your RadMD login information should not be shared.
What will the Member ID card look like? Will the ID card have both NIA Magellan and CareSource information on it? Or will there be two	The CareSource Marketplace plan Member ID card will not contain any NIA Magellan identifying information on it. No additional card will be issued from NIA Magellan.

cards?	
What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition technology, NIA Magellan can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from www.RadMD.com or contact NIA Magellan at 1-800-424-5664 to request an OCR fax coversheet if their authorization request is not approved on-line or during the initial phone call to NIA Magellan. NIA Magellan can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA Magellan with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.
CONTACT INFORMATION	
Who can a provider contact at NIA Magellan for more information?	Providers can contact, April Sidwa, Provider Relations Manager, at 1-800-450-7281, ext. 31078 or 1-410-953-1078.

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