

NIA Magellan Healthcare¹ Frequently Asked Questions

General Information	
<p>Why did BlueCross implement a Medical Specialty Solutions Program?</p>	<p>BlueCross implemented a Medical Specialty Solutions Program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient Medical Specialty Solutions services:</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Outpatient Radiation Therapy – Effective January 1, 2015* • Interventional Pain Management – Effective May 1, 2016* • Inpatient and Outpatient Musculoskeletal Surgeries – Effective May 1, 2016* <p>*Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.</p>
<p>Why did BlueCross select Magellan Healthcare to manage its Medical Specialty Solutions Program?</p>	<p>A subsidiary of Magellan Health, Magellan Healthcare was selected to partner with BlueCross because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for BlueCross membership.</p>
<p>Which BlueCross members are covered under this relationship and what networks are used?</p>	<p>Magellan Healthcare manages non-emergent outpatient imaging procedures for Commercial and Exchange membership through BlueCross contractual relationships.</p>
Prior Authorization	
<p>What was the implementation date for the Medical Specialty Solutions Program?</p>	<p>Implementation was Jan. 1, 2010.</p>
<p>What medical specialty solutions services require providers to obtain a prior authorization?</p>	<p>The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through Magellan Healthcare:</p> <ul style="list-style-type: none"> • Diagnostic Imaging (MR, CT/CCTA, PET, Nuclear Cardiology/MPI) • Interventional Pain Management-Spine (Spinal Epidural Injections, Paravertebral Facet Joint Injections or Blocks, Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis))

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

	<ul style="list-style-type: none"> • Radiation Oncology Management - All Radiation Therapy • Spine Surgery (Both Inpatient and Outpatient) – (Lumbar Microdiscectomy, Lumbar Decompression, Lumbar Spine Fusion (Arthrodesis) <p>Emergency room, observation and inpatient procedures do not require prior authorization from Magellan Healthcare. If an urgent/emergent clinical situation exists outside of a hospital emergency room please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review (excluding spine surgery).</p>
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is a Magellan Healthcare authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can chiropractors order images?	Yes, they can.
Are routine imaging services a part of this program?	No, they are not.
Are inpatient diagnostic imaging (MR, CT/CCTA, PET) procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the BlueCross BlueShield of South Carolina Medical Management Department.
Is prior authorization required for medical specialty solutions services performed in the emergency room?	No. Medical specialty solutions services performed in the emergency room are not included in this program and do not require prior authorization through Magellan Healthcare.
How does the ordering provider obtain a prior authorization from Magellan Healthcare for an outpatient medical specialty solutions services?	Providers can request prior authorization via the Internet (www.RadMD.com) or by calling Magellan Healthcare at: <ul style="list-style-type: none"> • BlueCross: 1-866-500-7664 • BlueChoice: 1-888-642-9181
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 Magellan Healthcare 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

	<p>performed*</p> <ul style="list-style-type: none"> • 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) <p>Be prepared to provide the following information, if requested:</p> <ul style="list-style-type: none"> • Clinical notes • X-ray reports • Previous related test results • Specialist reports/evaluations <p>*To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on www.RadMD.com.</p>
<p>Can a provider request more than one service at a time for a member?</p>	<p>Yes. Magellan Healthcare can handle multiple authorization requests per contact. Separate authorization numbers are issued by Magellan Healthcare for each study that is authorized.</p>
<p>What is the turnaround time the ordering providers can expect their prior authorization?</p>	<p>Generally, within 2 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to decide.</p>
<p>What does the Magellan Healthcare authorization number look like?</p>	<p>The Magellan Healthcare authorization number consists of 10 alpha-numeric characters. In some cases, the ordering provider may instead receive a Magellan Healthcare 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.</p>
<p>If requesting authorization through RadMD and the request pends, what happens next?</p>	<p>You will receive a tracking number and Magellan Healthcare will contact you to complete the process.</p>
<p>Can RadMD be used to request an expedited authorization request?</p>	<p>RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into Magellan Healthcare’s Call Center for review and processing.</p>
<p>What happens if a member is authorized for a service and the provider feels an additional study is needed?</p>	<p>If the provider feels that, in addition to the study already authorized, an additional study is needed, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior</p>

	<p>authorization is:</p> <ul style="list-style-type: none"> • BlueCross: 1-866-500-7664 • BlueChoice: 1-888-642-9181
Can the rendering facility obtain authorization in the event of an urgent test?	Yes. If they initiate the process, Magellan Healthcare will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 30 days from the date of request. When a procedure is authorized, Magellan Healthcare will use the date of the request as the starting point for the 30-day period in which the examination must be completed.
Is prior authorization necessary for an outpatient, advanced imaging service if BlueCross is NOT the member's primary insurance?	If BlueCross is secondary to another insurance, no authorization is required.
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 Magellan Healthcare allow retro-authorizations?	Yes. However, it is important that the rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they <u>have not</u> been properly authorized. The rendering facility should not schedule services 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 .
Does the Magellan Healthcare authorization number display on the BlueCross Website?	No, it does not.
Scheduling Exams	
How does Magellan Healthcare determine where schedule medical specialty solutions services for BlueCross members?	Magellan Healthcare manages the Diagnostic Imaging Services (MR/CT/PET) through its contractual relationships with free standing facilities. Magellan Healthcare's Medical Specialty Solutions for Interventional Pain Management, Spine Surgery, Radiation Oncology, and Cardiac Imaging are managed through Blue Cross contractual relationships.
Why does Magellan Healthcare ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before services are rendered?	During the authorization process, Magellan Healthcare asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain authorization before scheduling the member.
Affected Providers	

<p>Which medical providers are affected by the Medical Specialty Solutions Program?</p>	<p>Any provider who orders medical specialty solution services 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 - Ambulatory Surgical Centers - Hospital outpatient diagnostic facilities - Provider offices - Radiation Treatment Facilities
<p>Claims Related</p>	
<p>Where do providers send their claims for outpatient medical specialty solutions services?</p>	<p>Providers should send claims to the address indicated on the back of the BlueCross member ID card. Providers are also encouraged to follow their normal EDI claims process.</p>
<p>How can providers check claims status?</p>	<p>Providers should check claims status via My Insurance ManagerSM at www.southcarolinablues.com or www.bluechoicesc.com.</p>
<p>Who should providers contact to appeal a prior authorization or claims payment denial?</p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through BlueCross. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.</p>
<p>Miscellaneous</p>	
<p>How is medical necessity defined?</p>	<p>Magellan Healthcare defines medical necessity as services that:</p> <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 enough 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.
<p>Where can a provider find Magellan Healthcare’s Guidelines for medical specialty solutions services?</p>	<p>Magellan Healthcare’s Clinical Guidelines can be found on Magellan Healthcare’s website, www.RadMD.com under Online Tools/Clinical Guidelines. Magellan Healthcare’s guidelines for the use of imaging examinations have been developed from practice experience, literature reviews, specialty criteria set and empirical data.</p>

<p>What does the Member ID card look like? Does the ID card have both Magellan Healthcare and BlueCross information on it? Or are there two cards?</p>	<p>The BlueCross member ID card does not contain any Magellan Healthcare identifying information on it. No additional card will be issued from Magellan Healthcare.</p>
<p>What is an OCR Fax Coversheet?</p>	<p>By utilizing Optical Character Recognition (OCR) technology, Magellan Healthcare 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 Magellan Healthcare at 1-888-642-7649 to request an OCR fax coversheet if their authorization request is not approved on-line or during the initial phone call to Magellan Healthcare. Magellan Healthcare can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to Magellan Healthcare with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.</p>
<p>Reconsideration and Appeals Process</p>	
<p>Is the Reconsideration process available for the outpatient Medical Specialty Solutions services once a denial is received?</p>	<p>Once a denial determination has been made, if the office has new or additional information to provide, a reconsideration can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A reconsideration must be initiated within 7 business days from the date of denial and prior to submitting a formal appeal.</p> <p>Magellan Healthcare has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines or can call 1-888-642-7649 to initiate the peer to peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.</p>
<p>Who should a provider contact if they want to appeal a prior authorization decision?</p>	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
<p>RadMD Access</p>	
<p>What option should I select to receive access to initiate authorizations?</p>	<p>Selecting “Physician’s office that orders procedures” will allow you access to initiate authorizations for outpatient imaging procedures.</p>
<p>How do I apply for RadMD access to initiate authorization requests?</p>	<p>User would go to our website www.radmd.com.</p> <ul style="list-style-type: none"> • Click on NEW USER. • Choose “Physician’s office that orders procedures” from the drop down box • Complete application with necessary information. • Click on Submit

	Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering provider access?	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator.</p> <ul style="list-style-type: none"> • User would go to our website www.RadMD.com • Select “Facility/Office where procedures are performed” • Complete application • Click on Submit <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location <p>Another user in location who is not interested in initiating authorizations</p>
Which link on RadMD will I select to initiate an authorization request for outpatient imaging procedures?	Clicking the “ Request an exam or specialty procedure (including Cardiac)” link will allow the user to submit a request for an outpatient imaging procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by using the “View Request Status” link on RadMD’s main menu.
How can I confirm what clinical information has been uploaded or faxed to Magellan Healthcare?	Clinical Information that has been received via upload or fax can be viewed by selecting the member on the View Request Status link from the main menu. On the bottom of the “Request Verification Detail” page, select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from Magellan Healthcare?	Links to case-specific communication to include requests for additional information and determination letters can be found via the View Request Status link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The “Track an Authorization” feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.
Can I share my RadMD access with my coworkers?	Yes, through our shared access process. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and

	progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	<p>Magellan Healthcare defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case are sent to the email of the person submitting the initial authorization request.</p> <p>Users will be sent an email when determinations are made.</p> <ul style="list-style-type: none"> • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI. <p>Providers who prefer paper communication will be given the option to opt out and receive communications via fax.</p>
Contact Information	
Who can I contact if we need RadMD support?	<p>For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call 1-800-327-0641.</p> <p>RadMD is available 24/7, except when maintenance is performed.</p>
Who can a provider contact at Magellan Healthcare for more information?	<p>You may contact your dedicated Magellan Healthcare Provider Relations Manager:</p> <p>Anthony (Tony) Salvati 1-800-450-7281, ext. 75537 alsalvati@magellanhealth.com</p>
Who can a provider contact at BlueCross if they have questions or concerns?	<p>Providers may access the BlueCross portal: www.southcarolinablues.com to locate the provider representative for their respective territory.</p>