Advanced Imaging and Cardiac Procedures
Prior Authorization Update

Presented by:
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HMSA Provider/Staff Training Webinar
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Agenda

1. Program Overview
   ▪ Precertification
   ▪ Notice of Determination
     □ Validity Period/Reconsideration/Appeals/Peer to Peer
   ▪ Clinically Urgent Process

2. Helpful Tools & Strategies
   ▪ RadMD
   ▪ Educational Material – Tip Sheets, Checklists, etc.
     □ Common Pitfalls Leading to Denial/Delays

3. Important Contact Information
Precertification Program
Effective December 1, 2015, HMSA

Outpatient Procedures Requiring Precertification

In addition to the management of MRI/MRA/MRS, CT/CTA, PET, CCTA, myocardial perfusion imaging, & MUGA scan¹:

Effective December 1, 2015, ordering providers need to obtain precertification from Magellan for the following outpatient services:

- Stress echocardiography
- Cardiac catheterization
- Implantable cardiac devices:
  - Implantable cardioverter defibrillator (ICD)
  - Pacemaker
  - Cardiac resynchronization therapy (CRT) pacemaker

Excluded from the Precertification Program

- Hospital inpatient
- Observation
- Emergency room
- Surgery center

¹ - There are no changes to the interventional pain management/spine surgery program currently in place today.
Precertification Program

Effective December 1, 2015

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Excluded from the Precertification Program

Procedures performed in the following settings:

- Hospital inpatient
- Observation
- Emergency room
- Surgery center
List of CPT Procedure Codes Requiring Precertification

- Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA Magellan
- CPT codes & their allowable billable groupings
- Located on RadMD and HMSA’s Provider Portal
- Defer to HMSA’s policies for procedures not on Claims/Utilization Review Matrix
Responsibility for Precertification

**Ordering Provider**
Responsible for obtaining precertification

**Rendering Provider**
Ensuring that precertification has been obtained before providing service

**Recommendation to rendering providers:**
*Don’t schedule test until precertification is received*

Rendering providers have the ability to check if the provider ordering the study they will perform requires precertification. This was turned off on the day of implementation as all providers will be required to precertify requests. If a provider received a Fast Pass, they still must register the study.
Precertification Process

**Intake Level**

Requests are evaluated using our clinical algorithm.

Requests may:
1. Be approved
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 Magellan physician for additional clinical review

**Physician Clinical Review**

Physicians may:
1. Approve
2. Deny

While case is active, a peer-to-peer discussion is always available!
Notice of Determination

Pre-certification Validity Period

- 90 days from the date of service
- If no date of service is given, 90 days from the date of request
Adverse Determinations - Options

Reconsideration/Reopen
– Via Magellan only

- Commercial Plan (Reconsideration)
  - 1 opportunity within 30 calendar days of Magellan determination date

- QUEST Integration
  - Med-QUEST does not allow for re-review by HMSA or Magellan before Appeal timeframe of 30 days has passed
    • If within 30 days from date of denial determination, follow Appeal process
    • Beyond 30 days from date of denial determination, new case CAN be submitted for same procedure

- HMSA Akamai Advantage Plan (Re-open)
  - CMS mandates request to be in writing using the Re-open Letter
    • Contact Magellan’s Call Center or HMSA for a copy of a Re-open Letter
  - Timeframes are based on re-open reason
    • Within 1 year of denial rate for any reason
    • Within 4 years of denial rate for good cause
    • At any time if the denial was due to a clerical error

* If the above criteria are not met, follow the appeal process with HMSA.
Adverse Determinations – Options

Appeal

- Request at any time after adverse determination
- Request via HMSA only
  - Phone: 948-5090 on Oahu or 1 (800) 426-2085 toll-free
  - E-mail: appeals@hmsa.com
- Available for **ALL** lines of business
- Refer to member’s denial letter for the appropriate appeal process and appeal timeframe
Peer to Peer

Peer to Peer (P2P) reviews
▪ Clinician from ordering physician’s office can discuss a request with Magellan reviewer
▪ Can be done at any time while a case is open
▪ Discuss clinical rationale for request prior to a determination
▪ Can occur after a decision has been made.

Pre – determination P2P (Prior to determination made)
▪ If ordering physician would like to discuss the request.
▪ If ordering physician feels submitted clinical information might not fully state the medical necessity of the patient’s condition
Peer to Peer (2)

Post – determination (After determination has been made)

- Commercial
  - P2P can result in an overturn IF within 30 calendar days of denial
  - Clinical evidence from the patient’s medical record may still be required to be faxed in. Magellan reviewer will advise if needed

- QUEST Integration
  - P2P is consult only while the case is open
  - Advice can be given for HMSA formal appeal process if applicable.

- HMSA Akamai Advantage
  - P2P is consult only.
  - Advice for the HMSA formal appeal process if applicable.
  - For administrative errors (wrong study originally requested, etc.), a new decision can be made but only with a completed and signed re-open letter.
CMS Reopen Request Letter

Per CMS guidelines, the following are the requirements for a Medicare reopening request:

- The request must be made in writing;
- The request for a reopening must be clearly stated;
- The request must include the specific reason for requesting the reopening (a statement of dissatisfaction is not grounds for a reopening, and should not be submitted); and
- The request should be made within the time frames permitted for reopening (see below).

A PARTY CANNOT HAVE A RECONSIDERATION (APPEAL) AND A REOPENING OCCURRING SIMULTANEOUSLY WITH RESPECT TO THE SAME COVERAGE. ALSO, IF AN APPEAL HAS BEEN INITIATED, A REOPENING CANNOT TAKE PLACE.

I am requesting a reopening of the denied study due to one of the following reasons (please check box):

- Within 1 year from the date of the organization determination for any reason.
- Within 4 years from the date of the organization determination for good cause. Good cause may be established when:
  - There is new and material evidence that was not available or known at the time of the determination or decision, and may result in a different conclusion; or
  - The evidence that was considered in making the determination or decision clearly shows on its face that an obvious error was made at the time of the determination or decision.

Meaning of New and Material Evidence

- The submission of any additional evidence is not a basis for a reopening by itself. ‘New and material evidence’ is evidence that had not been considered when the original decision was made. This evidence must show facts not previously available, which could possibly result in a different decision. New information also includes an interpretation of existing information that the health plan deems to be credible (e.g., a different interpretation of a benefit).

- At any time, if there exists reliable evidence (i.e., relevant, credible, and material) that the organization determination was procured by fraud or similar fault.

- At any time, if the organization determination is unfavorable, in whole or in part, to the party thereto, but only for the purpose of correcting a clerical error on which that determination was based, or -

Meaning of Clerical Error

A clerical error includes such human and mechanical errors as mathematical or computational mistakes, inaccurate coding, and computer errors.

- At any time, to affectuate a decision issued under the coverage (National Coverage Determination (NCD)) appeals process.

Signature: ___________________________ Date: ____________

Please mail or fax your reopening request to:
NIA Magellan
Attention: Post-Determination/Appeals Department
P.O. Box 63443
Phoenix, AZ 85002
Fax: 1-888-656-0701
CC_TRACKING_NUMBER

FAXC

CONFIDENTIAL NOTICE
If you received this facsimile in error, please notify the sender that you have received this message in error and destroy the original. This facsimile contains information that may be highly 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.
CLINICALLY URGENT CASES
Clinically Urgent Cases

- **Magellan Urgent Line - 1-866-842-1776**
  - ✓ Monday – Friday: 6 a.m. – 6 p.m. Hawaii time
  - ✓ Saturday: 8 a.m. – 2 p.m. Hawaii time
  - ✓ **MUST** indicate case is **urgent** or **stat**

- **RadMD.com – Select clinically urgent indication**
- **No clinical pends; no request to submit records**
  - ✓ Answer a few demographic and clinical questions
  - ✓ Attest case meet clinically urgent criteria
- **Case is fast-tracked with resolution on the same call**
  - ✓ Authorization number given
  
  → **The call should conclude with an authorization number!**

*If it does not, advise the representative of the clinical urgency and indicate you need the authorization number immediately*

*Note: Magellan and HMSA will monitor the urgent case review process to make sure that requests meet the definition of clinically urgent. Cases may be subject to audit.*
Clinically Urgent Process Criteria

Clinically urgent requests are intended to evaluate a condition that requires prompt medical intervention to prevent additional consequences to the patient’s health & well-being. Conditions that demonstrate a requirement for urgent medical intervention include any condition that:

- Cannot be postponed for 24 hours without risking progression to an emergent condition
- Cannot be postponed for 24 hours without risking loss of life, or risk of permanent disability
- In the opinion of a physician with knowledge of the member’s medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case
HELPFUL TOOLS AND STRATEGIES
Contact Information

Toll-free authorization and information number – 1 (866) 306-9729
Available Monday through Friday, 6 a.m. to 6 p.m. Hawaii time
– Interactive voice response system for authorization tracking
– Fax additional clinical information to 1 (800) 784-6864 toll-free

➢ Urgent Requests – 1 (866) 842-1776 Available:
– Monday through Friday, 6 a.m. to 6 p.m. Hawaii time
– Saturday, 8 a.m. to 2 p.m. Hawaii time

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 and other documents
RADMD
Ordering 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

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 & click the Submit button
   – Must include your email address so our webmaster can respond to you with your NIA Magellan approved user name & password

NOTE: On subsequent visits to the site, click the Sign In button to proceed
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 & click the Submit button – Must include your email address so our webmaster can respond to you with your NIA Magellan approved user name & password

NOTE: On subsequent visits to the site, click the Sign In button to proceed
RadMD Upload Feature

When a request is completed and additional clinical information is needed, RadMD user will have the opportunity to use the document upload capacity.

Note: Files must be less than 10MB

STEPS:
1. RadMD page at end of the request process with Upload Clinical Document button
2. Browse for your document. Click Upload Clinical Document
3. If the upload is successful, page shown at right appears
   - Repeat to upload additional documents
EDUCATIONAL MATERIAL
Clinical Decision Making & Algorithms

- Clinical guidelines are available: *
  - RadMD.com (Admin section)
  - https://hmsa.com/portal/provider/index.htm
    THEN
    - https://hmsa.com/portal/provider/zav_pel.aa.nia.100.htm
      THEN
      - Click on NIA Magellan website

- Tips sheets available for most commonly ordered test/procedures

*Magellan welcomes advice from the community on changes to guidelines
Clinical Decision Making & Algorithms (2)

- Aligned with HMSA’s medical policy
- Are evidenced based aligned with professional medical societies like the American College of Radiology (ACR) and the American College of Cardiology (ACC)
  - Footnotes at the bottom of the guidelines indicate which National Standard/Peer reviewed literature they are drawn from
- Medicare guidelines are compliant with LCD and NCD requirements
- Magellan’s algorithms and medical necessity reviews collect key clinical information to ensure that HMSA members receive appropriate care before more invasive procedures are performed. Our goal is to ensure that HMSA members receive the appropriate level of care

*Magellan welcomes advice from the community on changes to guidelines.*
RadMD Menu Options

RadMD.com

Menu Options

Request
- Request an Exam
- Request Physical Medicine
- Request a Radiation Treatment Plan
- Request Pain Management or Minimally Invasive Procedure
- Request Spine Surgery or Orthopedic Surgery
- Create New Medicare FFS Decision Support Record

Search
- View Request Status
- Search by Tracking Number
- Update / Search Existing Decision Support Record
- View Customer Service Calls

Admin
- View Quarterly Reports
- Clinical Guidelines
- Edit your Personal Information
- Change your Password
  - 92 days until your password expires.
- View the Online User Agreement
- Health Plan Specific Educational Docs

Account Information

Tip Of The Day:
Effective May 16, 2014, the procedure previously called “Nuclear Cardiology” will be listed as “Myocardial Perfusion Imaging” or MPI. This is a change to the procedure name only and does not affect any other aspect of the program.

Quick Links:
- Hours of Operation
- Authorization Call Center Phone Numbers
- Download RadMD Tutorial for Health Plan Reps (PDF)
- NIA Coversheet Instructions

You have no incomplete DSS requests.

Login As Username: [blank]  Login
Welcome to the HMSA page. Here you can access useful materials about the program.

Effective December 1, 2015, outpatient MR, CT, PET, and certain cardiac-related procedures require preauthorization. This will help minimize radiation exposure and ensures that the most efficient and least invasive testing options are used.

Documents

- HMSA Interventional Pain NIA Frequently Asked Questions
- HMSA Medical Specialty Solutions Frequently Asked Questions
- HMSA Medical Specialty Solutions Provider Training - Effective 12/1/2015
- HMSA/NIA Interventional Pain Management and Spine Surgery Training
- HMSA Precertification Checklist
- HMSA Provider Training - Interventional Pain Management and Spine Surgery
- HMSA Quick Reference Guide for Providers
- HMSA Spine Surgery NIA Frequently Asked Questions
- HMSA Test Request Tip Sheet
- HMSA Tip Sheet for Imaging for Pediatrics - Effective 12/1/2015
- HMSA Utilization Review Matrix
- HMSA Utilization Review Matrix - IPM & Lumbar Spine Surgery (PDF 196K)
- Intervventional Pain Management Checklist
- NIA Program Change Letter - Effective 12/1/2015
- NIA Program Change Letter - Facility - Effective 12/1/2015
- Spine Surgery Checklist
- HMSA Preauthorization Program for Clinically Urgent Requests
Cardiac Educational Documents
- HMSA Cardiac Quick Reference Guide
- HMSA Cardiac Solutions Frequently Asked Questions
- MPI vs Stress and Cardiac Solutions Tip Sheet
- HMSA Cardiac Solutions Tip Sheet
- HMSA Cardiac Checklist
- HMSA Cardiac Caths vs Ablation

Pain Management Solution Clinical Guidelines
- Interventional Pain Management Clinical Documentation Guide
- Lumbar Spinal Surgery
- Paravertebral Facet Joint Denervation
- Paravertebral Facet Joint Injections or Blocks
- Sacroiliac Joint Injections
- Spinal Epidural Injections

Radiology Benefits Management Program
- Brain (head) MRS

Clinical Guideline
- NIA Clinical Guidelines
- CT Bone Density
- Face CT - Effective 10/01/2016
- Sinus CT - Effective 10/01/2016

Cardiac Clinical Guidelines
- Cardiac Resynchronization Therapy (CRT)
- Heart Catheterization
- Implantable Cardioverter Defibrillator
- Pacemaker
- Stress Echo

RadMD Documents:
- RadMD for Ordering and Imaging Providers - Introduction
- RadMD Access for Ordering Providers
- RadMD New Upload Features
Strategies

- Sign up for RadMD
- Familiarize yourself with the clinical guidelines of the top 5 most frequently ordered procedures
- Review Educational Tools – Tip Sheets, Checklists, & current UM Matrix
- Gather necessary clinical information **prior** to requesting procedure
  - Upload via RadMD
- Review your doctor’s office visit notes
  - Include addendums as needed
  - Conservative Therapy – 6 weeks, clear documentation including details and dates. Failed?
  - Previously approved procedure – Results?
  - Reconsiderations/Re-reviews/Re-opens – Ensure the reason(s) for which a case was denied is addressed
Strategies (2)

- No determination received within 24 – 48 hours; follow up
- Urgent cases – Note URGENT when calling; receive authorization number
  - DOS today or tomorrow (24 hours) only
- Document your tracking numbers for multi-user offices
- Ensure the appropriate CPT code is submitted on your claim form
- Physicians with Fast Passes are required to register the patient & obtain an authorization number. Fast Pass relieves them of the clinical review process only
- Communicate
Important Contact Information

HMSA Provider Relations/Customer Service

Phone: (808) 948-6330 on Oahu or 1 (800) 790-4672 toll-free

– Where do I get a copy of the HMSA clinical guidelines?
– How do I find the educational documents?
– Where/how do I sign up for RadMD?

Assistance or technical support for RadMD:

RadMD Helpdesk:

Phone: (877) 807-2363 or
Email: RadMDSupport@magellanhealth.com

Magellan Hawai'i Dedicated Hawai'i-Based Resource

Name: Laurie Kim Director, Provider Relations & Account Management – Hawai'i

Phone: (808) 626-5704 on Oahu

E-mail: lekim@magellanhealth.com