Magellan Healthcare[1]
Frequently Asked Questions (FAQ's)
For CareSource DSNP and Medicare Advantage Providers
Georgia, Indiana and Kentucky

Question	Answer
GENERAL	
Why is CareSource implementing an outpatient imaging program for DSNP and Medicare Advantage?	To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography and Echocardiography services for our members.
Why did CareSource select Magellan Healthcare to manage its outpatient advanced imaging services?	Magellan Healthcare was selected to partner with us because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for CareSource DSNP and Medicare Advantage membership.
Which CareSource members will be covered under this relationship and what networks will be used?	Effective January 1, 2021 Magellan Healthcare will manage non-emergent outpatient imaging procedures for CareSource DSNP and Medicare Advantage membership in Georgia, Indiana and Kentucky through Magellan Healthcare's Free-Standing Imaging Facilities coupled with CareSource DSNP and Medicare Advantage in-office providers and hospitals. This expanded program will include all CareSource DSNP and Medicare Advantage members in Georgia, Indiana and Kentucky.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	Implementation will be January 1, 2021.
What imaging services require	The following imaging procedures require prior authorization through Magellan Healthcare:

provider's to obtain a prior authorization?	- CT/CTA - CCTA - MRI/MRA - PET Scan - Myocardial Perfusion Imaging - MUGA Scan - Stress Echocardiography - Echocardiography Emergency room, observation and inpatient imaging procedures do not require prior authorization from Magellan Healthcare. If an urgent/emergent emergency clinical situation exists outside of a hospital emergency room, please contact Magellan Healthcare immediately with the appropriate clinical information for an expedited review.
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 a chiropractor order images?	No
Are routine radiology services a part of this program?	No. Routine radiology services such as x-ray, ultrasound or mammography are not part of this program and do not require a prior authorization through Magellan Healthcare.
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 Magellan Healthcare.
How does the ordering provider obtain a prior authorization from Magellan Healthcare	Providers will be able to request prior authorization via the Internet (www.RadMD.com) or by calling Magellan Healthcare at 1-800-873-2775.

for an outpatient advanced imaging service?	

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):
	
	▪ 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.*
	  • 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. Magellan Healthcare can handle multiple authorization requests per contact. Separate authorization numbers are issued by Magellan Healthcare for each study that is authorized.
What kind of response time can ordering providers expect for prior authorization?	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 make a determination.
What does the Magellan Healthcare authorization number look like?	The Magellan Healthcare authorization number consists of **8 or 9 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.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and Magellan Healthcare 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 Magellan Healthcare's Call Center for processing. The number to call to obtain a prior authorization is 1-866-392-5173.
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 Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-866-392-5173.
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 Magellan Healthcare immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-866-392-5173.
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, Magellan Healthcare 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 Magellan Healthcare allow retro-authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Beginning **January 1, 2021**, claims for CT/CTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography and Echocardiography services that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization.
Can a provider get an authorization prior to the January 1, 2021 implementation date?	No. An authorization should be obtained for all advanced imaging tests for dates of service **January 1, 2021** and beyond.
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 Magellan Healthcare authorization number be displayed on the CareSource Website?	No.
RE-REVIEW AND APPEALS PROCESS	
Is the Re-review process available for the outpatient imaging program once a denial is received?	A re-review request may be submitted verbally or in writing within 1 year of denial date for any reason.
SCHEDULING EXAMS	
How will Magellan Healthcare determine where to schedule an exam for a CareSource member?	CareSource members will have access to Magellan Healthcare's Free-Standing Imaging Facilities coupled with CareSource in-office providers and hospitals for services. Referral is determined by several considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.

Why does Magellan Healthcare 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, Magellan Healthcare 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?	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.
	
	• Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.
	• Delivering/Servicing providers who perform diagnostic advanced imaging procedures at:
	  ▪ 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

Where can I direct questions about	If providers have any questions regarding the CareSource Diagnostic Imaging Provider Assessment Application or

CareSource Diagnostic Imaging Provider Assessment Application and/or privileging process?	process, contact Magellan Healthcare's Provider Assessment Department toll-free at 1-888-972-9642 or at RADPrivilege@Magellanhealth.com.
Is Magellan Healthcare able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the CareSource Diagnostic Imaging Provider Assessment Application	Yes. Magellan Healthcare'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.
How do I access the CareSource Diagnostic Imaging Provider Assessment Application	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 Magellan Healthcare's Provider Assessment Department toll-free at 1-888-972-9642).
How user friendly is Magellan Healthcare's online Diagnostic Imaging Privileging Application?	Magellan Healthcare 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. 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. 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.

	However, please note that a separate application is required for each practice location.
I have additional practice locations. Do I need to complete additional applications?	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 Magellan Healthcare'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?	Magellan Healthcare defines medical necessity as services that: • 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 Magellan Healthcare's Guidelines for Clinical Use of Diagnostic Imaging Examinations?	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 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 Magellan Healthcare 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 Magellan Healthcare and CareSource information on it? Or will there be two cards?	The CareSource Member ID card will not contain any Magellan Healthcare identifying information on it. No additional card will be issued from Magellan Healthcare.
What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition 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.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for outpatient imaging procedures	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by NIA.
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorizations for outpatient imaging procedures.
How do I apply for RadMD access to initiate authorization requests?	User would go to our website www.radmd.com. - 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?	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.** - User would go to our website www.RadMD.com - Select "Facility/Office where procedures are performed" - Complete application - Click on Submit

	Examples of a rendering facility that only need to view approved authorizations:
	• Hospital facility • Billing department • Offsite location • Another user in location who is not interested in initiating authorizations
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 NIA?	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 NIA?	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
Paperless Notification: How can I receive notifications electronically instead of paper?	NIA 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. Users will be sent an email when determinations are made. • 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. Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.
Who can a provider contact at NIA for more information?	Providers can contact, Meghan Murphy, Provider Relations Manager, at 1-800-450-7281, ext. 31042 OR 410-953-1042 or mamurphy@magellanhealth.com