



**CareSource
DSNP and Medicare Advantage
Quick Reference Guide for Ordering Providers
(Georgia, Indiana and Kentucky)**

January 1, 2021

CareSource has selected Magellan Healthcare to implement a radiology benefit management program for outpatient advanced imaging services. This program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services. Magellan Healthcare will manage the provider network and the prior authorizations for non-emergent, advanced imaging services rendered to CareSource DSNP and Medicare Advantage members in Georgia, Indiana and Kentucky.

The ordering physician is responsible for obtaining a prior authorization for advanced imaging services. It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization Under CareSource *

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

*A separate authorization number is required for each procedure ordered.

The following services do not require authorization through Magellan Healthcare:

- Inpatient advanced imaging services
- Observation setting advanced imaging services

- Emergency Room imaging services

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. The number to call to obtain a prior authorization is 1-800-873-2775.

Prior Authorization Process

There are two ways to obtain authorizations -- either through Magellan Healthcare's Web site at www.RadMD.com or by calling 1-800-873-2775.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please have the following information ready before logging into Magellan Healthcare's Web site or calling the Magellan Healthcare Call Center staff. (*Information is required.)

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
- Details justifying procedure*
 - 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)
- Please be prepared to fax the following information, if requested:
 - Clinical notes
 - X-ray reports
 - Specialist reports/evaluation
 - Ultrasound reports
 - Previous CT/MRI reports

Web Site Access

- **To get started**, go to www.RadMD.com, click the New User button and submit a RadMD Application for New Account by selecting “**Physician’s office that orders procedures.**” Your RadMD login information should not be shared.
- If a user already has access to RadMD to initiate authorizations, RadMD access will allow users to submit an authorization for any procedures/products managed by NIA.
- You can request prior authorization at www.RadMD.com by clicking the “**Request an exam or specialty procedure including cardiac**” link which is a part of your main menu

Access Provider Self-service at:
www.RadMD.com

options. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.

- **Pended requests:** If you are requesting prior authorizations through the NIA web site and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorizations status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by NIA, users can view links to case-specific communication to include requests for additional information and determination letters.
- 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.

Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization by calling 1-800-873-2775.

- Magellan Healthcare can accept multiple requests during one phone call.
- The Magellan web site RadMD.com cannot be used for retrospective or expedited authorization. Those requests must be processed by calling 1-800-873-2775.

Important Notes

- Authorizations are valid for 30 days from the date of request.
- The Magellan Healthcare authorization number consists of eight or nine alpha/numeric characters. In some cases, you may instead receive a Magellan Healthcare tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD Web site or via our Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- Magellan Healthcare’s Clinical Guidelines can be found on Magellan Healthcare’s Web site, www.RadMD.com under Online Tools/Clinical Guidelines. Magellan Healthcare’s guidelines for the use of imaging procedures have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.

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