



Magellan Healthcare <sup>1</sup> Frequently Asked Questions (FAQ's) For Gateway Health Medicare Assured <sup>SM</sup> Providers	
Question	Answer
<b>GENERAL</b>	
Why is Gateway Health implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, PET Scan, Muga Scan, Myocardial Perfusion Imaging, CCTA and Stress Echocardiography procedures for our members.
Why did Gateway Health 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 the quality, patient safety and while ensuring appropriate utilization of resources for Gateway Health Medicare Assured membership.
Which Gateway Health members will be covered under this relationship and what networks will be used?	Effective September 1, 2016 Magellan Healthcare will manage non-emergent outpatient imaging services for Gateway Health membership through Gateway's contractual relationships. This will include Gateway Health Medicare Assured members.
<b>PRIOR AUTHORIZATION</b>	
What is the implementation date for this outpatient imaging program?	Implementation will be September 1, 2016.
What imaging services require provider's to obtain a prior authorization?	<p>The following imaging procedures require prior authorization through Magellan Healthcare:</p> <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI/MRA</li> <li>• PET Scan</li> <li>• Muga Scan</li> <li>• Myocardial Perfusion Imaging</li> <li>• CCTA</li> <li>• Stress Echocardiography</li> </ul> <p>Emergency room, observation and inpatient imaging 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.</p>

<sup>1</sup> National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

<b>When is prior authorization required?</b>	Prior authorization is required for outpatient, non-emergent CT/CTA, MRI/MRA, PET Scan, Muga Scan, Myocardial Perfusion Imaging, CCTA and Stress Echocardiography procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
<b>Is prior authorization necessary for sedation with an MRI?</b>	No, prior authorization is not required for sedation when performed with an MRI.
<b>Is a Magellan Healthcare authorization number needed for a CT-guided biopsy?</b>	No, prior authorization is not required for this procedure.
<b>Can a chiropractor order images?</b>	Yes.
<b>Are routine radiology services a part of this program?</b>	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.
<b>Are inpatient advanced imaging procedures included in this program?</b>	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Gateway Health Medical Management Department.
<b>Is prior authorization required for imaging studies performed in the emergency room?</b>	No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through Magellan Healthcare.
<b>How does the ordering provider obtain a prior authorization from Magellan Healthcare for an outpatient advanced imaging service?</b>	Providers will be able to request prior authorization via the Internet ( <a href="http://www.RadMD.com">www.RadMD.com</a> ) or by calling Magellan Healthcare at 1-800-424-1728 for Gateway Health Medicare Assured providers in Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina.
<b>What information is required in order to receive prior authorization?</b>	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"> <li>▪ Name and office phone number of ordering physician*</li> <li>▪ Member name and ID number*</li> <li>▪ Requested examination*</li> <li>▪ Name of provider office or facility where the service will be performed*</li> <li>▪ Anticipated date of service (if known)</li> <li>▪ Details justifying examination.* <ul style="list-style-type: none"> <li>• Symptoms and their duration</li> <li>• Physical exam findings</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)</li> <li>• Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)</li> <li>• Reason the study is being requested (e.g., further evaluation, rule out a disorder)</li> </ul>
<b>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and CT of thorax)?</b>	Yes. Magellan Healthcare can handle multiple authorization requests per contact. Separate authorization numbers are issued by Magellan Healthcare for each study that is authorized.
<b>What kind of response time can ordering providers expect for prior authorization?</b>	Generally, within 2 business days after receipt of request, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
<b>What does the Magellan Healthcare authorization number look like?</b>	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.
<b>If requesting authorization through RadMD and the request pends, what happens next?</b>	You will receive a tracking number and Magellan Healthcare will contact you to complete the process.
<b>Can RadMD be used to request an expedited authorization request?</b>	No, those requests will need to be called into the Magellan Healthcare Call Center for processing. The number to call to obtain a prior authorization is 1-800-424-1728 for Gateway Health Medicare Assured providers in Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina.
<b>What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an</b>	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 1-800-424-1728 for Gateway Health Medicare Assured providers in

<b>additional study of the thorax is needed?</b>	Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina.
<b>Can the rendering facility obtain authorization in the event of an urgent test?</b>	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 1-800-424-1728 for Gateway Health Medicare Assured providers in Pennsylvania or 1-800-424-1732 for those providers in Ohio, Kentucky, and North Carolina.
<b>How long is the prior authorization number valid?</b>	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.
<b>Is prior authorization necessary for an outpatient, advanced imaging service if Gateway Health is NOT the member's primary insurance?</b>	Yes
<b>If a provider obtains a prior authorization number does that guarantee payment?</b>	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.
<b>Does Magellan Healthcare allow retro- authorizations?</b>	It is important that rendering facility staff be educated on the prior authorization requirements. Beginning September 1, 2016, claims for CT/CTA, MRI/MRA, PET Scan, Muga Scan, Myocardial Perfusion Imaging, CCTA and Stress Echocardiography 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.
<b>Can a provider get an authorization prior to the September 1, 2016 implementation date?</b>	No. An authorization should be obtained for all advanced imaging tests for dates of service September 1, 2016 and beyond.
<b>Can a provider verify an authorization number online?</b>	Yes. Providers can check the status of member authorizations quickly and easily by going to the Website at <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Will the Magellan Healthcare authorization number be displayed on the</b>	No.

Gateway Health Website?	
<b>SCHEDULING EXAMS</b>	
How will Magellan Healthcare determine where to schedule an exam for a Gateway Health Medicare Assured member?	Magellan Healthcare will manage non-emergent outpatient radiology services through Gateway Health’s contractual relationships.
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.
<b>WHICH MEDICAL PROVIDERS ARE AFFECTED?</b>	
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"> <li>• Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.</li> <li>• Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> <li>▪ Freestanding diagnostic facilities</li> <li>▪ Hospital outpatient diagnostic facilities</li> <li>▪ Provider offices</li> </ul> </li> </ul>
<b>CLAIMS RELATED</b>	
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 Gateway Health Medicare Assured member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Gateway Health Medicare Assured providers in Pennsylvania, Ohio, Kentucky, and North Carolina should check claims status via NaviNet or by calling our Provider Services Department at 1-800-685-5209 for Pennsylvania providers, 1-888-447-4505 for Ohio providers, 1-855-847-6430 for North Carolina providers or 1-855-847-6380 for those providers in Kentucky

<p><b>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</b></p>	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.</p>
<p><b>MISCELLANEOUS</b></p>	
<p><b>How is medical necessity defined?</b></p>	<p>Magellan Healthcare defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Be appropriate to the intensity of service and level of setting;</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>• 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</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other provider.</li> </ul>
<p><b>Where can a provider find Magellan Healthcare’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?</b></p>	<p>Magellan Healthcare’s Clinical Guidelines can be found on the Magellan Healthcare website, <a href="http://www.RadMD.com">www.RadMD.com</a> under Online Tools/Clinical Guidelines. Magellan Healthcare 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 <a href="http://www.RadMD.com">www.RadMD.com</a>, 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.</p>

<p><b>What will the Member ID card look like? Will the ID card have both Magellan Healthcare and Gateway Health information on it? Or will there be two cards?</b></p>	<p>The Gateway Health Medicare Assured Member ID card will not contain any Magellan Healthcare identifying information on it. No additional card will be issued from Magellan Healthcare.</p>
<p><b>What is an OCR Fax Coversheet?</b></p>	<p>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 <a href="http://www.RadMD.com">www.RadMD.com</a> 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><b>CONTACT INFORMATION</b></p>	
<p><b>Who can a provider contact at Magellan Healthcare for more information?</b></p>	<p>Gateway Health Medicare Assured providers in Pennsylvania can contact, Lori Fink, Provider Relations Manager, at 1-800-450-7281, ext. 32621.</p> <p>Gateway Health Medicare Assured providers in Ohio and Kentucky can contact, April Sabino, Provider Relations Manager, at 1-800-450-7281, ext. 31078.</p> <p>Gateway Health Medicare Assured providers in North Carolina can contact, Anthony (Tony) Salvati, Provider Relations Manager, at 1-800-450-7281, ext. 75537.</p>