2019
Prior Authorization and Appeals Guide

Medicare Advantage PPO (MA PPO)

Medicare Advantage HMO (MA HMO)

Table of Contents

Authorization Requirements

Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company (Health Net)

- Medicare Advantage PPO (MA PPO)

- Medicare Advantage HMO (MA HMO)

All services are subject to benefit plan coverage, member eligibility and medical necessity, irrespective of whether prior authorization is required. When faxing a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. For MA PPO plans, prior authorization may be required for out-of-network coverage. Unless noted differently, all services listed below require prior authorization from Health Net. Refer to Prior Authorization Contacts for submission information. Providers can refer to the member's Health Net identification (ID) card to confirm product type.

This prior authorization list contains some services that require prior authorization only and ***is not intended to be a comprehensive list of covered services.*** The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at www.healthnet.com or in hard copy on request. Providers may obtain a copy of a member's plan contract or EOC by requesting it from the Health Net Customer Contact Center.

To verify if a service requires an authorization, use the Medicare Pre-Authorization look up tool at: https://or.healthnetadvantage.com/for-providers/medicare-pre-auth.html

Submit requests to Health Net via the **Provider Portal** at: provider.healthnetoregon.com

The Health Net Prior Authorization form must be completed in its entirety and include sufficient clinical information or notes to support medical necessity for services that are requested.

Type of Service	Authorization Requirement
Elective procedures or scheduled admissions	Verify authorization requirements using the Pre-auth tool
Observation stays	Notification within 1 business day of admission Medicare: Authorization required after 48 hours
Urgent or emergent services or admissions	Notification within 1 business day. Admission request required within 2 business days following admission.
Skilled nursing, inpatient rehab, long-term acute care	Authorization required
Inpatient Behavioral health services	Authorization required
Outpatient Behavioral health services	Verify authorization requirements using the Pre-auth tool
Outpatient services	Verify authorization requirements using the Pre-auth tool
Services rendered in the home	Authorization required
Hospice Care	Authorization required
High- Tech imaging	Verify authorization requirements using the Pre-Auth tool – Managed by NIA, request authorizations at: www.Radmd.com
All out-of-network services	Authorization required

Please refer to the Health Net Pre-Authorization Tool accessible via the Provider Resources page at:

https://or.healthnetadvantage.com/for-providers/medicare-pre-auth.html

Authorization Contact Information

Prior Authorization Requests	Requests can be submitted via provider portal at: https://www.healthnet.com/portal/provider/home.ndo See provider portal quick start guide for additional guidance. **Medicare:** 1-888-445-8913 * For provider menu press 2 * For authorizations press 3 * For outpatient authorization press 1, inpatient admissions press 2 * For pre-service surgical services press 1 * For all other services including SNF authorization stay on the line **Fax:** 1-844-692-4065
Fax Line to Submit Additional Clinical Information	**Fax:** 1-844-692-4065 **Fax:** 1-844-386-6465
Provider Status/Member Eligibility and Benefits	**Medicare:** 1-888-445-8913 Press 2 for Provider Press 1 for Member Eligibility and Benefits
Health Net Pharmacy Benefit Manager	**Medicare Phone:** 1-800-867-6564 **Medicare Fax:** 1-800-977-8226
Health Net Customer Contact Center	1-888-445-8913, option 3
MHN (Behavioral Health Provider)	1-800-977-8216 **Provider Portal:** https://mhn.com/provider/start.do
National Imaging Associates (NIA) for Advanced Imaging	**Medicare:** 1-800-424-4813 **Online Submission:** http://Radmd.com/radmd-home.aspx
Apria Healthcare (for CPAP/BiPAP)	1-800-277-4288
American Specialty Health Plans, Inc. (ASH Plans)	1-800-972-4226 1-800-678-9133

INSTRUCTIONS
Health Net Medicare Advantage Pre Authorization Look Up Tool
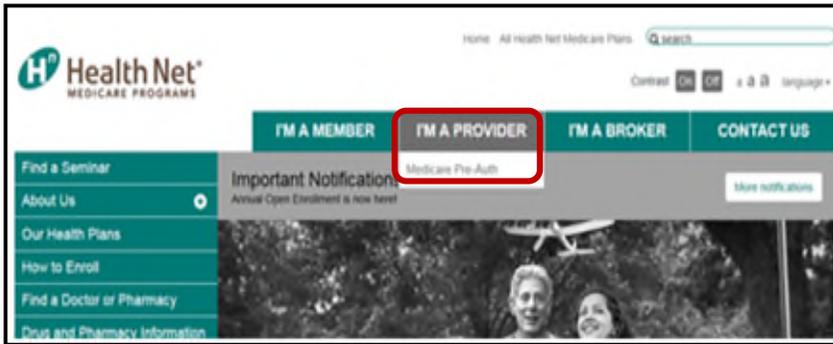
1. Open the web page https://or.healthnetadvantage.com Hover over **'I'm A Provider'** then click **'Medicare Pre-Auth'** the following page will appear

2. Answer the question in the blue box by checking **'Yes'** or **'No'**

   If you select **'No'**, you will need to answer the questions in the grey box. Answering **'No'** to all the questions will open the CPT/HCPC Code Box. Enter a code and click **'Check'**
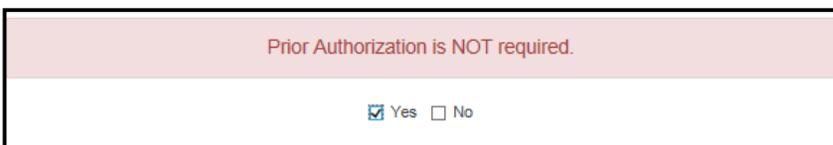
3. If you answer **'Yes'** to the question in the blue box this red message will appear.
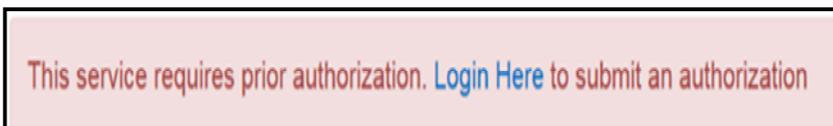
4. If you answer **'Yes'** to any of the questions in the grey box you will get this red message

CPT/HCPC Code Examples

Enter the code of the service you would like to check:

J3490 [Check]

Y Yes | **J3490** - UNCLASSIFIED DRUGS
Pre-authorization required for all providers.

Example of a code that **requires** authorization

Enter the code of the service you would like to check:

J7613 [Check]

C Conditional | **J7613** - ALBUTEROL NON-COMP UNIT
Pre-authorization is required for non participating providers.

Example of a code that is **conditional**

Enter the code of the service you would like to check:

Q2039 [Check]

N No | **Q2039** - INFLUENZA VIRUS VACCINE NOS
No Pre-authorization required for all providers.

Example of a code that **does not require** authorization

Enter the code of the service you would like to check:

72141 [Check]

V Vendor | **72141** - MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST
This service is handled by NIA.

Example of a code that **requires submission** through National Imaging Associates (NIA)

Enter the code of the service you would like to check:

A4927 [Check]

N No | **A4927** - GLOVES NON-STERILE PER 100
This is not a Medicare covered procedure or service.

Example of a code that is **not a covered** Medicare benefit
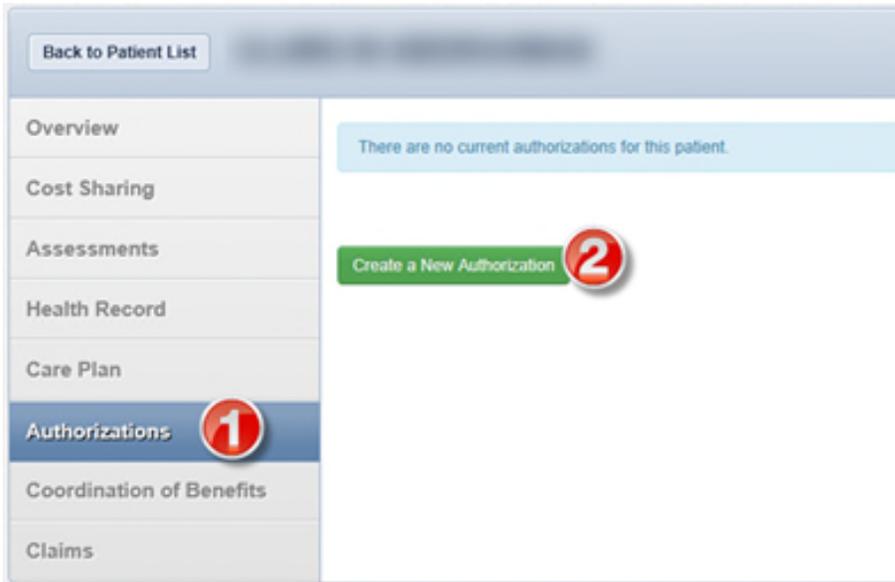
1) Select **AUTHORIZATIONS**
2) Select **CREATE NEW AUTHORIZATIONS**
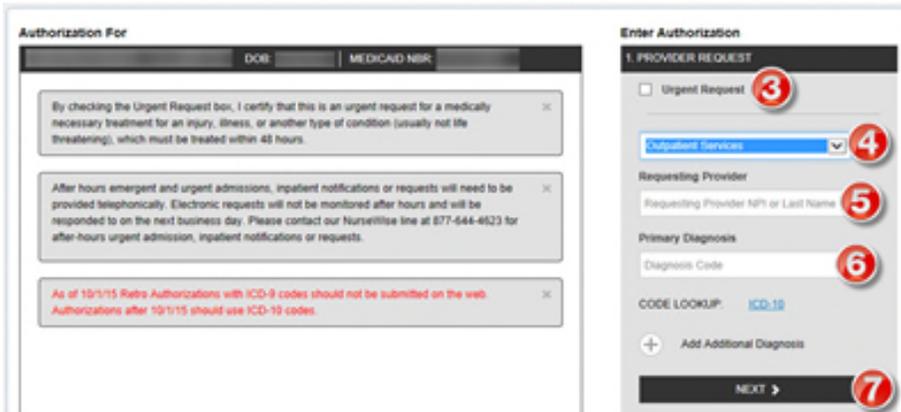
3) Check box if prior authorization is an **URGENT REQUEST**
4) Select **SERVICE TYPE** from drop down menu
5) Enter **REQUESTING PROVIDER** last name or NPI number, click TAB
6) Enter the ICD-10 **PRIMARY DIAGNOSIS** code, click TAB
7) Click **NEXT**
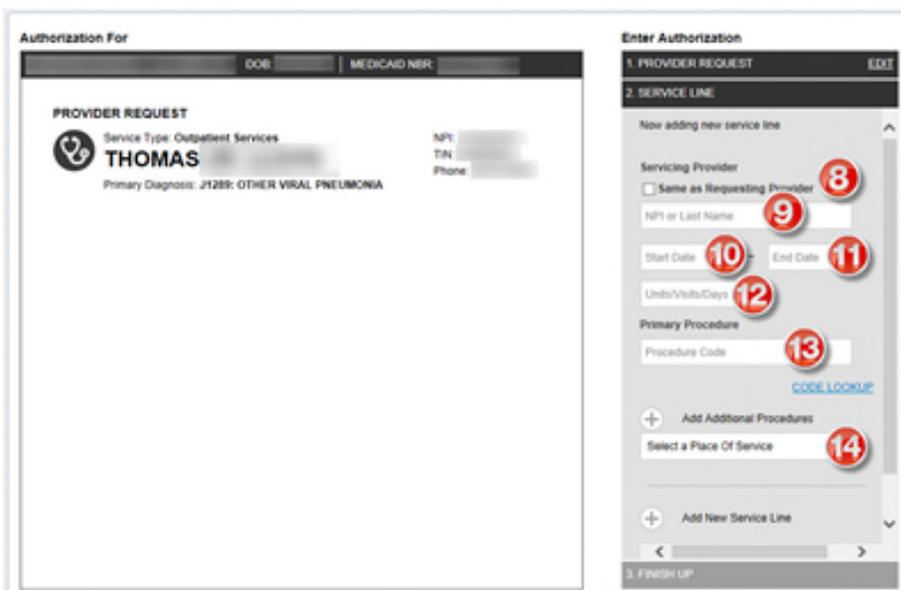
8) If the **SERVICING PROVIDER** is the same as the requesting provider, click the box to auto-populate the provider's information
9) If the **SERVICING PROVIDER** is different than the requesting provider, enter the provider's last name or NPI, select TAB
10) Click in the **START DATE** box to select when services should begin
11) Click in the **END DATE** box to select when services should end
12) Enter the requested number of **UNITS, VISITS, DAYS** for services
13) Enter the CPT code for the **PRIMARY PROCEDURE**, select TAB
14) Select a **PLACE OF SERVICE** from the drop down menu. Scroll to the bottom of the screen, click **NEXT**

15) Click the **QUESTIONNAIRE** icon, and the form will appear on the left side of the screen

16) Enter additional information or N/A if appropriate

17) Click **CLOSE QUESTIONNAIRE**

18) Click **SUBMIT**

Confirmation of Prior Authorization provides confirmation number, member's name, date of birth and **member** ID

Authorization Request for Inpatient Services (including Skilled Nursing Facility care)

Fax/Phone Numbers

INPATIENT OREGON HEALTHNET MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-672-5941
Standard/Concurrent Requests: **Fax** 1-844-692-4065

For Standard (Elective Admission) requests, complete this form and FAX to 1-844-692-4065. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the receipt of request.

For Expedited requests, please CALL 1-800-672-5941. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

For Concurrent requests, complete this form and FAX to 1-844-692-4065. (All inpatient stays including patients already admitted, ER patients with admit orders and direct admits). Determination within 24 hours of receipt of all necessary information.

All fields marked with an asterisk are required

*Indicates Required Field

MEMBER INFORMATION

Date of Birth *
(MMDDYYYY)

Member ID *

Last Name, First

Member's identifying information

REQUESTING PROVIDER INFORMATION

Requesting NPI *

Requesting TIN *

Requesting Provider Contact Name

Requesting Provider Name

Phone

Fax *

Identifying information for the Requesting Provider and contact information for the person filling out the form

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider

Servicing NPI *

Servicing TIN *

Servicing Provider Contact Name

Servicing Provider/Facility Name

Phone

Fax

Identifying information / contact information for the Facility in which the member is/will be inpatient

AUTHORIZATION REQUEST

Primary Procedure Code
(CPT/HCPCS) (Modifier)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Start Date OR Admission Date *
(MMDDYYYY)

Diagnosis Code *
(ICD-10)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Additional Procedure Code
(CPT/HCPCS) (Modifier)

Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity
(MMDDYYYY)

Additional Diagnosis Code
(ICD-10)

Details of inpatient stay being requested

INPATIENT SERVICE TYPE * (Enter the Service type number in the boxes)

779 C-Section Delivery
121 Long Term Acute Care
970 Medical
414 Premature/False Labor
427 Rehab

402 Skilled Nursing Facility
492 Sub-Acute
411 Surgical
209 Transplant Surgery
720 Vaginal Delivery

Enter the service type that matches the inpatient stay requested

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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- Fill out form
- Fax completed form and supporting clinical documents (i.e. test results, chart notes, admission/discharge notes, etc.)
  - Concurrent requests (used when the member has already been admitted to the Servicing Facility) will receive notification of determination within 24 hours of receipt of request.
    - Requests received without clinical documents necessitate follow up with Requesting Provider and may take up to 72 hours to receive notification of determination.
  - Urgent requests will receive notification of determination within 72 hours of receipt of request.
  - Standard requests will receive notification of determination within 14 days of receipt of request.
- The status of an authorization request can be obtained by calling Health Net Provider Services at 1-888-445-8913.

Prior Authorization Request for Outpatient Items/Services

Health Net

OUTPATIENT OREGON HEALTHNET
MEDICARE AUTHORIZATION FORM

Expedited requests: **Call** 1-800-672-5941
Standard Requests: **Fax** to 1-844-692-4065

→ Fax/Phone Numbers

☐ Request for additional units. Existing Authorization [   ]   Units [   ]

For Standard requests, complete this form and FAX to 1-844-692-4065. Determination made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after receipt of request.

For Expedited requests, please CALL 1-800-672-5941. Expedited requests are made when the enrollee or his/her physician believes that waiting for a decision under the standard timeframe could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.

* INDICATES REQUIRED FIELD _____

→ All fields marked with an asterisk are required

MEMBER INFORMATION

Date of Birth [   ] (MMDDYYYY)

Member ID* [   ]   Last Name, First [   ]

→ Member's identifying information

REQUESTING PROVIDER INFORMATION

Requesting NPI* [   ]   Requesting TIN* [   ]   Requesting Provider Contact Name [   ]

Requesting Provider Name [   ]   Phone [   ]   Fax* [   ]

→ Identifying information for the Requesting Provider and contact information for the person filling out the form

SERVICING PROVIDER / FACILITY INFORMATION

↳ ☐ Same as Requesting Provider

Servicing NPI* [   ]   Servicing TIN* [   ]   Servicing Provider Contact Name [   ]

Servicing Provider/Facility Name [   ]   Phone [   ]   Fax [   ]

→ Identifying information / contact information for the Provider or Facility performing the service / providing the item

AUTHORIZATION REQUEST

Primary Procedure Code* [   ] (CPT/HCPCS)   [   ] (Modifier)   Additional Procedure Code [   ] (CPT/HCPCS)   [   ] (Modifier)   Start Date OR Admission Date* [   ] (MMDDYYYY)   Diagnosis Code* [   ] (ICD-10)

Additional Procedure Code [   ] (CPT/HCPCS)   [   ] (Modifier)   Additional Procedure Code [   ] (CPT/HCPCS)   [   ] (Modifier)   End Date OR Discharge Date [   ] (MMDDYYYY)   Total Units/Visits/Days [   ]

→ Details of what is being requested

OUTPATIENT SERVICE TYPE* (Enter the Service type number in the boxes) [   ]

		DME (Orthotics and Prosthetics)
422 Biopharmacy	410 Observation	
712 Cochlear Implants & Surgery	790 Occupational Therapy	417 Rental
299 Drug Testing	794 Outpatient Services	190 Purchase [ ] (Purchase Price)
922 Experimental Investigational Services	171 Outpatient Surgery	
799 Genetic Counseling	202 Pain Management	
709 Genetic Testing	101 Physical Therapy	
949 Home Health	701 Speech Therapy	
290 Hyperbaric Oxygen Therapy	992 Transplant	
396 Infertility Diagnosis or Treatment	724 Transportation	
	799 Vendor	

→ Enter the service type that matches the service being requested. If none of the listed codes apply, use "794" for Outpatient Services

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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- Fill out form
- Fax completed form and supporting clinical documents (i.e. test results, chart notes, prescription, etc.)
  - Urgent requests will receive notification of determination within 72 hours of receipt of request.
  - Standard requests will receive notification of determination within 14 days of receipt of request.
- The status of an authorization request can be obtained by calling Health Net Provider Services at 1-888-445-8913.

Health Net Mental Health Services Information: Mental Health Network

Mental health service requests and questions for Health Net Oregon Medicare members are handled by Mental Health Network (MHN).

How do I access the provider portal?

- MHN provides a user-friendly portal where providers can access practitioner manuals, clinical practice guidelines, and MHN updates. A provider portal also allows providers to login and check eligibility, EAP authorization, and claims status.
- Visit https://www.mhn.com/provider/start.do to find materials that may answer your question, register for the provider portal, and find contact information.

What requires a prior authorization?

- Review Health Net's prior authorization list.

What are the clinical guidelines I should follow?

- Please visit the provider portal for current information, included but limited to the following documents:
  - **MHN Managed Health Network Practitioner Manual:** For general guidance on provider authorization requirements. Link: https://www.mhn.com/static/pdfs/PractManual092017.pdf
  - **Section 9: Level of Care Criteria and Medical Necessity:** For guidance on specific services. Link: https://www.mhn.com/provider/loc/view.do?category=wwMHN&topic=wwMHNtopic1&type=wwMHNtype9

How do I submit a prior authorization?

- Call MHN 24/7 at 1-800-977-8216

Who do I contact if I have questions?

- Visit https://www.mhn.com/provider/content.do?mainResource=contactUs&category=ContactUs for current contact information.
- Provider Dispute Resolution: See process at https://www.mhn.com/provider/content.do?mainResource=workProvDisRes&category=wwMHN&topic=wwMHNtopic4.

Mental Health Network (MHN)
Prior Authorization List, 6/5/18

Services Requiring Prior Authorization:

Inpatient

- Inpatient Behavioral Health
- Inpatient Detox
- ECT
- Residential Treatment
- Inpatient Rehabilitation
- Inpatient Professional (No authorization required, but requires facility authorization)
- Inpatient Laboratory (No authorization required, but requires facility authorization)
- ECT Professional (No authorization required, but requires facility authorization)
- Psychological Testing
- Neuropsychological Testing

Outpatient/Other

- Psychological Testing
- Neuropsychological Testing
- Outpatient Detox
- Outpatient ECT
- Outpatient ECT Professional (No authorization required, but requires outpatient facility authorization)
- Transcranial Magnetic Stimulation (TMS)
- Applied Behavioral Analysis (ABA)
- Treatment Plan/Reports (tied to ABA)
- Partial Hospital Program or Day Hospital (PHP)
- Half-Day Partial
- Intensive Outpatient Program (10P)

Health Net High-tech Imaging and Supporting Information
National Imaging Associates and RadMD

High-tech imaging questions and requests for Health Net Oregon Medicare members are handled by National Imaging Associates (NIA). NIA manages a user-friendly, real-time tool called RadMD (www.Radmd.com) that provides you with instant access to the high-tech imaging authorization and supporting information you need, in an easily accessible Internet format.

To create a provider account with NIA, go to www.RadMD.com and click on the 'New User' link.

If you need assistance in creating your account, there are links in the 'Useful References' on the RadMD homepage.

Once you have created an account and signed in, you will have access to:
- View Request Status
    - Here you can view the status of a previously submitted request
- Clinical Guidelines
    - Here you will find clinical guidelines for the various services NIA reviews for
- Health Plan Specific Educational Docs
    - Here you can download policies and procedures specific to both ordering providers and imaging facilities. These include quick reference guides and FAQs. You can also view information designed to assist you in using the RadMD Web site to obtain and check authorizations.

WHO DO I CONTACT IF I HAVE QUESTIONS?

For Technical Support with RadMD:
- Email RadMDSupport@MagellanHealth.com
- Or call 1-877-80-RadMD (1-877-807-2363)

For Authorization Questions:

- **Health Net Medicare: 800-424-4813**, or 888-445-8913
    - Select 2 for the Provider menu
        - Select 3 for Authorizations
            - Select 1 for Outpatient Authorizations
                - Select 1 for Radiology

National Imaging Associates, Inc.[1] (NIA)
Authorization Process for Expedited Urgent Requests

NIA has helped hundreds of Health Net of Oregon members receive clinically appropriate imaging studies, helping ensure they avoid unnecessary exposure to harmful radiation and making it far less likely that patients will be subjected to "false positive" findings that can jeopardize the safety of the members we're entrusted to serve.

In order for NIA to properly recognize an urgent or emergent situation, we need to be aware of the member's specific clinical situation and the indications described must meet the definition of an urgent or emergent condition. We encourage providers to contact us via telephone (1-800-424-4811) to initiate an expedited prior authorization request. When contacting NIA, please be prepared to provide clinical details that would justify an expedited review:

- Symptoms and their duration
- Physical exam findings
- Treatments or procedures already completed

Expedited/Urgent Review Process
The expedited/urgent review process is intended for the evaluation of a condition that requires prompt medical intervention to prevent additional consequences to the health/wellbeing of the member. Conditions that demonstrate a requirement for prompt medical attention include, **but are not limited to**:

- Any condition that cannot be postponed for a period of time (24 hours) without risking progression to an emergent condition.
- Any condition that cannot be postponed for a period of time (24 hours) without risking loss of life, limb or risk of permanent disability.
- Any condition that 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.

If your office has additional training needs related to any aspect of the outpatient imaging management program for Health Net of Oregon members or requires assistance navigating the authorization process, please feel free to contact your NIA Provider Relations Manager:

Kevin Apgar
1-800-450-7281, ext. 65080
kwapgar@magellanhealth.com

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[1] *National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.*

RadMD® Access for Ordering Providers to Request Prior Authorization

To get started, simply go to:

1 Go to www.RadMD.com
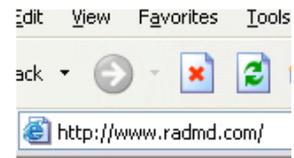
Open your Internet browser and navigate to RadMD.com.

2 Click the New User button on the right hand side of the home page

Complete form only for yourself. Shared accounts are not allowed.

3 What best describes your company

Select link "Physician's office that orders procedures"
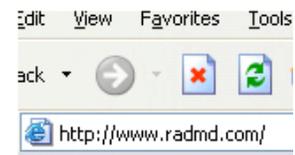
Physician's office that orders procedures

4 Create a User ID for yourself

You will use this User ID to Sign- In to initiate authorizations using RadMD.

Choose a User ID

6-20 Characters

1

5 Complete information

Complete your name, phone number, fax number, company name and job title.

Name

| First | Last |

Phone

(xxx) xxx-xxxx

Fax

(xxx) xxx-xxxx

Company Name

Job Title

Enter your e-mail address:

Email

example: you@company.com

Confirm Email

Fill out your office address:

Address

example: 123 Main St.

example: Suite A (optional)

City   [State]   Zip

6 Provide your supervisor information

Your Superior

The manager or supervisor responsible for terminating your access.
This cannot be yourself.

Name

First   Last

Phone

(xxx) xxx-xxxx

Email

example: boss@company.com

7 Submit Application

Submit Application

- Submit the request by clicking submit application.
- Once the application is submitted, you will receive an immediate e-mail from RadMD Support confirming receipt of your request.
- You will receive another e-mail within 72 hours with additional instructions which will included your approved Account ID and a link that will allow you to create a passcode.
  - (*If you have not received an e-mail within 72 hours, check your junk e-mail for some firewalls may prevent the delivery of this e-mail confirmation*)
- Your approved Account ID number and Passcode will allow you to sign into RadMD to initiate authorizations for future requests and/or submit documentation for authorizations or audits.

2

RadMD® for Ordering and Imaging Providers
RadMD® Makes Things Easy...for You

RadMD is a user-friendly, real-time tool offered by National Imaging Associates, Inc. (NIA) that provides you with instant access to the high-tech imaging authorization and supporting information you need, in an easily accessible Internet format. Whether submitting imaging exam requests or checking the status of ordered exams, you will find RadMD to be an efficient, easy-to-navigate resource.

Benefits of RadMD Access

Both ordering and imaging providers can access a range of online tools and associated imaging information on the **RadMD.com website**:

- Secure access to protect your data and your patients' personal health information.
- Up-to-the-hour authorization information, including:
  - Date request initiated
  - Date exam approved
  - Authorization validity period
  - Valid billing codes (CPT®), and more.
- NIA's evidence-based clinical review criteria, our *Diagnostic Imaging Guidelines*.
- NIA's *Snapshots* provider newsletter.
- Technical support available if you have questions.

Information for Ordering Providers

Plus, ordering physicians can access a number of key tools:

- Straightforward instructions for submitting exam requests, including the ability to submit multiple requests in the same online session.
- Appropriate ICD-10 code lookup.
- Continuous updates on authorization status, which reduces time spent on the phone with NIA.
- Fast authorization decisions available to you online.
- Ease of searching for and selecting convenient imaging facilities.

To get started, go to **RadMD.com**, click the *New User* button and submit a "RadMD Application for New Account." Your RadMD login information should not be shared. This further protects members' personal health information.

Information for Imaging Providers

Additionally, imaging facilities benefit from being able to quickly view the approved authorizations for their patients, facilitating prompt service for patients who require imaging procedures.

To get started, go to **RadMD.com**, click the *New User* button and submit a "RadMD Application for New Account."

If you are an Imaging Facility or Hospital that performs radiology exams, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.

For Help...

For assistance or technical support, please contact **RadMDSupport@ MagellanHealth.com** or call 1-877-80-RadMD (1-877-807-2363). **RadMD** is available 24/7, except when maintenance is performed once every other week after business hours.

RadMD Quick Start Guide

Request an Exam

This Quick Start Guide is a tool to assist ordering physicians and staff in obtaining prior authorizations for imaging procedures quickly and easily via the **RadMD website**. To start, open your Internet browser and visit **RadMD.com**. Click *Login* on the right side of the screen. Enter your *Account ID* and *Password,* then click *Login.*

1. **Request an Exam**

   From the main menu under *Request*, click *Request an Exam.*

   ### Identify the Patient

   Enter the patient's information.

   Click *Save and Continue.*

2. **Identify the Physician**

   Enter physician search criteria.

   Click *Search.*

3. Identify the Exam(s)

Select the *Exam(s)* from the list.

Click *Add* to choose an exam(s).

Click *Save and Continue.*

4. Identify the Place of Service

Enter Search criteria for a provider location.

Click *Search.*

5. Reason for Request

Enter at least one ICD-10 code.

Provide a reason in the text box.

Answer all of the questions.

Click *Save and Continue.*

6. Confirm the Physician's Phone & Fax Numbers

Enter any physician callback phone and fax numbers.

Click *Continue to Final Confirmation.*

7. Clinical Questions: Clinical Q/A

Answer questions specific to the procedure.

Click *Next* after answering each question.

Exam Request: Clinical Q/A: Questions

Is this a request for an Abdomen/Pelvis CT combination?

○ Yes
○ No

Q/A History:

[Back] [Next]

8. Request Complete

Final page confirms the request and displays current status.

Click *Start New Exam* or *Back to Main Menu* or *Upload Clinical Document.*

Status

Current Status:	Pending
Validity Period:	[Not Applicable]
Tracking Number:	0000000

Status

Current Status:	Approved
Validity Period:	1/31/2014-4/1/2014
Authorization:	0000000

For pended requests, providers can fax or upload clinical documents to National Imaging Associates, Inc. (NIA)

Faxed clinical information should be accompanied by the OCR fax cover sheet. Files that can be uploaded include:

- Microsoft Word documents (.doc files)
- Image files (.gif, .png, .jpg, .tif, and .tiff files)
- Adobe Acrobat files (.pdf files)
- Text documents (.txt files)

Files must be less than 10 MB in size.

Questions? Comments? Need help?

Send an email to **RadMDSupport@MagellanHealth.com**. Or call toll-free **877-80-RADMD** (877-807-2363). **RadMD** is available 24/7, except when maintenance is performed once every other week after business hours.

RadMD New Upload Feature

RadMD® Makes Things Easy...for You

National Imaging Associates, Inc. (NIA) has introduced a new feature that allows clinical information to be uploaded directly on **RadMD**. Utilizing this upload feature on RadMD expedites your request, since the information is automatically attached to the case and forwarded to our clinicians for review. The following is a step-by-step guide that will help you navigate through this new, easy to use feature.

Upload After Completing an Auth Request

When a request is completed and additional clinical information is needed to make a determination, a RadMD user will have the opportunity to use the document upload capability. Figure 1 shows the RadMD page at the end of the request process with the Upload Clinical Document button.

Figure 1 - Upload After Request is Completed

Selecting the Upload Clinical Document button will take the user to the document upload page shown in Figure 2.

Figure 2 - Clinical Document Upload Screen

From this screen, the user will be able to browse to find a file to upload and then upload the document. If the upload is successful, the page shown below will appear.

At this point, the user can repeat the process and upload additional documents or return to viewing the details of the auth.

After a document is uploaded, the system will notify the NIA clinical review team and the information provided via the document will be taken into account when making a determination on the auth request.

Upload When Checking Auth Request Status

RadMD users will also have the opportunity to upload documents when they are checking the status of an auth request where additional clinical data is needed before a determination can be made.

Figure 3 shows the RadMD Main Menu and the button available for checking the status of an auth request.
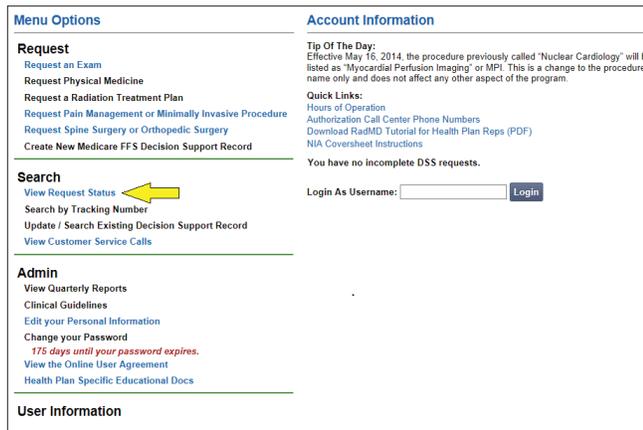
Figure 3 - RadMD Main Menu

- Files that can be uploaded include:
  - Microsoft Word documents (.doc files)
  - Image files (.gif, .png, .jpg, .tif, and .tiff files)
  - Adobe Acrobat files (.pdf files) and
  - Text documents (.txt files)
- Files must be less than 10 MB in size

RadMD users can also get detailed status of their auth requests and e-mails from NIA acknowledging the receipt of faxes and documents.

On the auth status page, the user will have to select an auth to see its status and to be able to upload documents (See Figure 4 below).
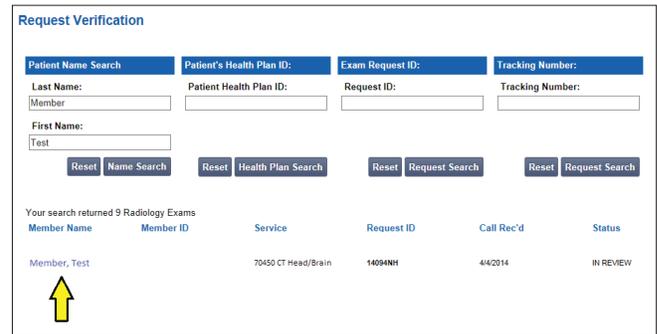
Figure 4 - Select an Auth to See Its Status

The button to upload documents with additional clinical information will be available from the auth status page (See Figure 5 below).
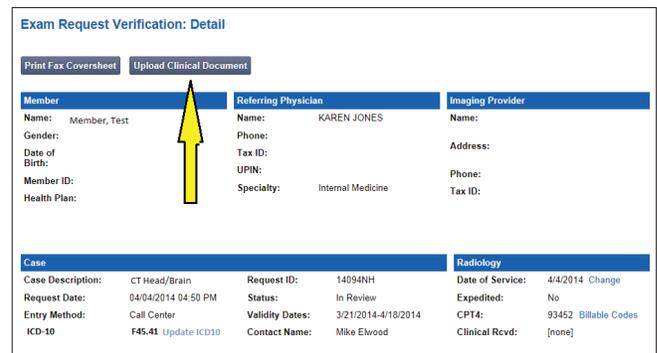
Figure 5 - Auth Status Page

Clicking on the Upload Clinical Document button will take the user to the Document Upload page.

For Assistance or Technical Support

Contact RadMDSupport@MagellanHealth.com or call 1-877-80-RadMD (1-877-807-2363). RadMD is available 24/7, except when maintenance is performed once every other week after business hours.

PRIOR AUTHORIZATION INFORMATION

To expedite the process, please have the following information ready before logging on to National Imaging Associates, Inc.[1] (NIA)'s Web site or calling the NIA Utilization Management staff (*denotes required information):

- Name and office phone number of ordering provider*
- 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 the examination*:
- Symptoms and their duration
- Physical exam findings (including findings applicable to the requested services, Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation).
- Reason the study is being requested (e.g., further evaluation, rule out a disorder.)

Please be prepared to forward the following information, if requested:
- Clinical notes
- Reports of previous procedures
- Specialist reports/evaluation

To initiate an authorization request,
Visit www.RadMD.com or XX

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

Provider Resources for Pharmacy Authorizations
Medicare

Prior Authorization Form	**HN Medicare PA Form** > Drug and Pharmacy Information > Coverage Determinations for Drug Exceptions and Prior Authorization > Prior Authorization Pharmacy > Coverage Determination Request Form
Mail Order Forms	**HN Medicare Mail Order Pharmacy Forms**
Homescripts Mail Order Phone	1-888-239-7690
Homescripts Mail Order Fax	1-877-396-5970
CVS Caremark Mail Order Phone	1-888-624-1139
CVS Caremark Mail Order Fax	N/A
Acaria Specialty Pharmacy Phone	1-800-511-5144
Acaria Specialty Pharmacy Fax	1-877-541-1503
How to Link to Formulary	**Healthnetadvantage.com/prescription-drugs-formulary** > Drug and Pharmacy Information > Formulary (drug list) > 2019 Comprehensive Formulary English or Spanish
Link to Criteria	**Health Net Medicare Part D Criteria** > Drug and Pharmacy Information > Prior Authorization Requirements and Step Therapy Requirements > Prior Authorization Criteria > Prior Authorization- Pharmacy > Health Net 2019 Medicare Part D Pharmacy PA Criteria
HN Provider Services Phone Pharmacy PA Phone Number	1-800-641-7761 1-800-867-6564
PA Look Up Tool for Biopharm	**Health Net Medicare Pre-Auth Look-Up Biopharm**

Case Management and Care Coordination

Our case management team integrates covered and non-covered services and provides a holistic approach to a member's medical, as well as function, social and other needs. Our program incorporates clinical determinations of need, functional status, and barriers to care such as lack of caregiver supports, impaired cognitive abilities and transportation needs.

A case management team is available to help collaborate with your office to facilitate holistic care management of our members.

CASE MANAGEMENT PROGRAMS

Care Coordination	❖ Member needs assistance with social supports – housing, transportation and making appointments. Health status appears stable, a non-clinical staff person can assist with coordinating services
Case Management	❖ Member has clinical needs with or without social needs, and is willing to work with a care manager to address their needs using goals and implementation of interventions to improve their health ❖ Transitions of Care ❖ Disease Management
Complex Case Management	❖ Member has complex needs, catastrophic or high cost conditions, co-morbid diagnosis, higher level of oversight and care coordination is needed with frequent member contact ❖ Transitions of Care ❖ Disease Management ❖ Transplant Case Management
Transition of Care	❖ Assists members that are transitioning from one level of care to another level of care, member's participating in pre and post-transplants, members pregnant and post pregnancy and members that could benefit from ongoing case management for behavioral health and physical health supports
Transplant Program	❖ Program serves members who have needs surrounding pre- & post-transplant periods. Services may include education, case management, assessment, resource/referrals for physical and behavioral health needs, coordination with Utilization Management, post-transplant transition of care, and coordination.

Providers may refer their Health Net patients to Case Management services by telephone, fax, or email.

Referral Request forms are available on Health Net's Plan Materials and Forms webpage at https://or.healthnetadvantage.com/reference-documents.html

Voice Mail for CM Referrals*: 1-800-977-7281

*calls are returned within 24 business hours

Fax: 1-844-315-4013

E-Mail: CaseManagementReferralsOR@healthnet.com

Health Net Health Plan of Oregon, Inc.
Health Net Life Insurance Company

Hⁿ Health Net®

CASE MANAGEMENT/CARE COORDINATION REFERRAL FORM

☐ URGENT (member contacted within 1 business day)

This form is for outpatient case management ONLY. Claim issues, assistance with locating specialists or transportation requests are processed via Member Services. If an EPO or CommunityCare member has a provider access issue, please contact the member's PCP and medical group. All inquiries regarding members who are currently in a skilled nursing facility (SNF), hospital, rehabilitation facility, etc., may be referred to the Concurrent Review Department (CCR). For questions regarding member authorizations, contact the Prior Authorization Department.

- **Email completed form to:** CaseManagementReferralsOR@healthnet.com **or**
- **Fax:** 1-844-315-4013
- **Voicemail for CM Referrals:** 1-800-977-7281 (calls are returned within 24 business hours)

Date:	Referral Contact Name:		Contact Telephone Number:
Member Name:			Product/Tier (If Applicable):
Subscriber #:		DOB:	Member Telephone Number:
Primary Diagnosis:			
Contact Person/Relationship to Member:			Telephone Number:
Attending MD/Specialist Name:			Telephone Number:

Case Management/Care Coordination Referral Reason *(Providers must <u>check appropriate reason box below and clearly indicate supporting reason in Referral Reason/Notes section below</u>):*

☐ Treatment/Medications needed at this time

☐ Needs/Issues identified following a hospital discharge or emergency room (ER) visit

☐ Needs coordination of finances to meet health needs

☐ Premature/delayed discharge from appropriate level of care

☐ Current disease/illness process

☐ Temporary or permanent onset of new disability

☐ Clinical trials

☐ High-risk OB (HROB)

☐ Transgender

☐ Inappropriate utilization of services

☐ Safety concerns

☐ High cost ongoing injury or illness

☐ Lack of family/social support

☐ Exhaustion of benefits

☐ Transition of Care with completed application

☐ Transplant (Potential/Actual)

☐ Other General Case Management request

☐ Complex Case Management request

Clearly Indicate Referral Reason/Notes:

Health Net Medicare Members Nurse Advice Line

APPEALS & GRIEVANCES
PROVIDER CONTACT INFORMATION

	Health Net Medicare
Phone:	1-877-861-6724
Fax:	1-844-273-5671
Mailing Address:	**Health Net Medicare Appeals and Grievances** P.O. Box 10344 Van Nuys, CA 91410-0344

CLAIMS DISPUTES
PROVIDER CONTACT INFORMATION

	Health Net Medicare
Mailing Address:	Medicare Provider Disputes P.O. Box 9030 Farmington, MO 63640-9030

Additional Provider Resources can be found at: Health Net Provider Resources