

2019

Prior Authorization and Appeals Guide

Commercial – EPO, PPO, Point of Service (POS), CommunityCare



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Authorization Requirements

Health Net Health Plan of Oregon, Inc. (Health Net)

- *EPO*
- *Point of Service (POS)*
- *PPO*
- *CommunityCare*

All services are subject to benefit plan coverage, member eligibility, and medical necessity in order for any plan benefit to be a covered service, 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.

This prior authorization list contains some services that require prior authorization 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 or by visiting <https://www.healthnet.com/portal/provider/home.ndo>.

Referrals to participating specialists – Providers are not required to obtain prior authorization from Health Net for referrals to Health Net participating specialists. This does not change the requirement that EPO, Triple Option/POS or CommunityCare members must coordinate their care through their primary care physicians (PCPs).

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. For reference, CommunityCare is abbreviated CC.

INPATIENT SERVICES		Commercial EPO, POS, PPO, CC
Behavioral Health or Substance Abuse Facility	Authorized by MHN	X
Hospice	Acute inpatient admission and elective surgeries, inpatient rehabilitation, Long Term Acute Care Hospital (LTAC)	X
Hospital		X
Skilled Nursing Facility		X
Urgent/Emergent Admission	Notification required no later than 24 hours or by the next business day	X
OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Ambulance	Fixed-wing aircraft – Non emergent	See EOC
Balloon Sinuplasty		X
Bariatric Procedures		X
Behavioral Health and Substance Abuse	<ul style="list-style-type: none"> • Authorized by MHN • Includes but is not limited to, neuropsych testing ordered by a psychiatrist • Prior authorization not required for office visit 	X
Blepharoplasty (includes brow ptosis)		X
Breast Reduction and Augmentation	<ul style="list-style-type: none"> • Except following mastectomy • Includes gynecomastia or macromastia 	X
Capsule Endoscopy		X
Chondrocyte Implants		X
Clinical Trials		X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Cochlear Implants		X
Dermatology (In-Office Procedures)	<p>Includes any procedure directed at improving appearance, except when required for the prompt (as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. Including but not limited to the following:</p> <ul style="list-style-type: none"> • chemical exfoliation and electrolysis (17360-17380) • dermabrasion/chemical peel (15780-15793) • laser treatment (17106-17108) • skin injections and implants (11900-11980) 	X
Diagnostic Procedures	<p>Authorized by National Imaging Associates, Inc. (NIA)</p> <p><u>Advanced Imaging:</u></p> <ul style="list-style-type: none"> • Computed tomography (CT)/computed tomography angiography (CTA) • Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA) • Positron emission tomography (PET) scan <p><u>Cardiac imaging:</u></p> <ul style="list-style-type: none"> • Coronary computed tomography angiography (CCTA) • Myocardial perfusion imaging (MPI) • Multigated acquisition (Muga) scan • Stress echocardiography • Transthoracic echocardiography (TTE) • Transesophageal echocardiography (TEE) 	X
Durable Medical Equipment (DME)	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • bone growth stimulators • customer-made items, including wheelchairs • hospital bed/mattresses • power wheelchairs • scooters 	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
DME –Bilevel Positive Airway Pressure (BiPAP) And Ventilators	Refer members to Apria Healthcare	X
Excision, excessive skin and subcutaneous tissue (including lipectomy or panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas		X
Experimental/Investigational Services and New Technologies	Includes, but not limited to, those listed in the Investigational Procedures List located on the Health Net provider website at provider.healthnet.com > Working with Health Net > Clinical > Medical Policies > Investigational Procedure List	X
Gender Reassignment Services (Transgender Services)		X
Genetic Testing	Includes counseling	X
Liposuction		X
Maternity	Notification required only at time of first prenatal visit	X
Neuro and Spinal Cord Stimulators		X
Occupational, Physical and Speech Therapy	Oregon Plans -Prior authorization not required for initial evaluation and modalities done on the same day **Washington Group PPO—Effective 6-1-2018—the initial evaluation visit and six (6) consecutive follow-up treatment visits do not require prior authorization if it is for a new or recurrent condition that has not been treated by the contracting provider within the previous 90 days.**	X
Orthognathic Procedures	Includes: • TMJ treatment	X
Orthotics	Custom made orthotics	X

OUTPATIENT PROCEDURES, SERVICES OR EQUIPMENT		Commercial EPO, POS, PPO, CC
Otoplasty		X
Penile Implant		X
Prosthetics	Prior authorization required for items exceeding \$2,500 in billed charges	X
Referrals to Nonparticipating Providers	Applicable to EPO members only	X
Rhinoplasty		X
Septoplasty		X
Spinal Surgery	Includes, but is not limited to, laminotomy, fusion, diskectomy, vertebroplasty, nucleoplasty, stabilization and X-Stop	X
Total Joint Replacements		X
Transplant	Transplant evaluations and procedures, including but not limited to evaluation, transplant consult visits, HLA typing, donor search, and transplant procedure	X
Treatment of varicose veins		X
Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP		X
Vermilionectomy (lip shave), with mucosal advancement		X
Vestibuloplasty		X

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT) Revised 7/1/2019

Newly Approved Medications	May require prior authorization, call 1-888-802-7001		X
Self-Injectables	¹ Authorized by Health Net’s PBM		X
	² When used as a chemotherapy adjunct, prior authorization not required		X
<ul style="list-style-type: none">• Actemra®• Actimmune ²• Adasuve®• Advate®• Adynovate®• Afstyla®• Aldurazyme®• Alferon N ²• Aliqopa™• Alphanate®• Alphanate® VWF• AlphaNine® SD• Alprolix®• Aralast®• Aranesp® ²• Aristada Initio®• Atryn®• Avonex®¹• Bavencio®• Bebulin® VH• Belrapzo™• BeneFIX®• Benlysta®• Besponsa®• Botox®• Brineura®• Ceprotin®• Cerezyme®• chorionic gonadotropin ¹	<ul style="list-style-type: none">• Cimzia® ¹• Cinqair®• Cinryze®• Coagadex®• Corifact®• Cosentyx®• Crysvida®• Cuvitru• Dupixent®• Durolane®• Dysport®• Elaprase®• Elelyso®• Elocate®• Entyvio®• Epogen (epoetin alfa for non-ESRD use), ²• Euflexxa®• Exondys 51®• Eylea®• Fabrazyme®• Fasenra®• Feiba VH• Fibryga®• Fusilev®• Gamfiant®• Gel-One®• Gelsyn-3®• GenVisc®850	<ul style="list-style-type: none">• Glassia®• H.P. Acthar® Gel• Haegarda® ¹• Helixate® FS• Hemlibra™ ¹• Hemofil M• Humate-P®• Hyalgan®• hydroxyprogesterone caproate• Hymovis®• Idelvion®• Ilaris®• Ilumya™• Imfinzi®• Immune Globulin (i.e. Hizentra, Hyqvia)• Infergen (injection, interferon alfacon-1, recombinant, 1 mcg) ¹• Inflectra• Intron A® (interferon, alfa-2b, recombinant, 1 million units) ²• Ixifi• Ixinity®• Jivi®¹• Koate®-DVI• Kogenate® FS• Kovaltry®	<ul style="list-style-type: none">• Krystexxa®• Kymriah®• Lartruvo™• Lemtrada®• Leukine (sargramostim) ¹• Leuprolide acetate (Lupron, non-depot) ²• Libtayo®• Lucentis®• Lumizyme®• Lumoxiti™• Luxturna®• Macugen®• Makena®• Mepsevii®• Mircera® (J0887, for ESRD on dialysis) ¹• Mircera® (J0888, non-ESRD use) ²• Monarc-M™• Monoclate-P®• Mononine®• Monovisc®• Mvasi™• Mylotarg™• Myobloc®• Myozyme®• Naglazyme®• Neulasta ²

OUTPATIENT PHARMACEUTICALS (SUBMITTED UNDER MEDICAL BENEFIT continued) Revised 7/1/2019

<ul style="list-style-type: none"> • Neumega² • Neupogen² • Novoeight® • Novoseven® • Nplate® • Nucala® • Nuwiq® • Obizur • Ocrevus® • Octreotide acetate (Sandostatin, non-depot form for subcutaneous or intravenous injection)² • Onpattro® • Opdivo® • Orencia® • Orthovisc® • papaverine HCl, up to 60 mg¹ • Poteligeo® • Prevymis® • Probuphine® • Procrit (epoetin alfa for non-ESRD use)² • Profilnine® SD • Prolastin® • Proplex® T • Provenge® • Radicava® • Radiesse® • Rebinyn® • Recombinate™ • Refacto® 	<ul style="list-style-type: none"> • Remicade® • Remodulin® • Renflexis® • Revcovi™ • Rituxan® (non-oncology only) • Rituxan Hycela® • Rixubis • Sandostatin (octreotide acetate, non-depot form for subcutaneous or intravenous injection)² • Sculptra® • Sensipar® (ESRD on dialysis) • Simponi® Aria® • Soliris® • Somatropin (Gentropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive)¹ • Spinraza® • Stelara® • Sublocade® • Supartz FX® • Sustol® • Synagis® • Synvisc One® • Synvisc® • Tecentriq® • Thrombate III® • Trelstar® • Tremfya™¹ 	<ul style="list-style-type: none"> • Tretten® • TriVisc® (hyaluronic acid) • Trogarzo® • Tysabri® • Udenyca™⁰ • Ultomiris™ • urofollitropin, 75 IU¹ • Velcade® • Ventavis® • Vimizim® • VISC0-3® • Visudyne® • Vonvendi • Vpriv® • Vyxeos® • Wilate® • Xeomin® • Xiaflex® • Xolair® • Xyntha® • Yescarta® • Xolair® • Xyntha® • Yescarta® • Zemaira® • Zilretta® • Zinplava® • Zolgensma® 	<p>Authorized by Health Net's PBM</p> <p>Immune globulin examples:</p> <ul style="list-style-type: none"> • Intravenous immunoglobulin (IVIG), Hizentra® HYQVIA <p>➤ Unclassified Rx/biological used for ESRD on dialysis:</p> <ul style="list-style-type: none"> • J3591 <p>➤ Unclassified drugs:</p> <ul style="list-style-type: none"> • J3490 <p>➤ Unclassified biologics:</p> <ul style="list-style-type: none"> • J3590 <p>➤ Unclassified drugs or biologicals:</p> <ul style="list-style-type: none"> • C9399 <p>➤ Not otherwise classified, antineoplastic drugs:</p> <ul style="list-style-type: none"> • J9999 <p>➤ Hemophilia clotting factor, not otherwise classified:</p> <ul style="list-style-type: none"> • J7199 <p>¹ <u>Self Injectable</u>: Authorized by Health Net's PBM</p> <p>² <u>Self Injectable</u>: When used as a chemotherapy adjunct, prior authorization not required</p>
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CONTACTS	Commercial EPO, POS, PPO, CC
Prior Authorization Requests	Requests can be submitted via provider portal at provider.healthnet.com .
	See provider portal quick start guide for additional guidance.
	Phone: 1-888-802-7001, select 1 for Member and Provider Services, Select 2 for Provider, then select appropriate option for dental, vision, alternative health practices, behavioral health, or all other inquiries. Fax: 1-800-495-1148
Provider Status/Member Eligibility and Benefits	1-888-802-7001 provider.healthnet.com
Health Net's Pharmacy Benefit Manager (PBM)	Phone: 1-888-802-7001 Fax: 1-800-255-9198
Health Net's Customer Contact Center	1-888-802-7001
MHN (Behavioral Health Provider)	1-800-977-8216 Provider Portal: https://mhn.com/provider/start.do
National Imaging Associates, Inc. (NIA) (For Advanced Imaging Requests)	1-800-424-4811 Online Submission: http://radmd.com/radmd-home.aspx
Apria Healthcare (For BiPAP)	1-800-277-4288
American Specialty Health Plans, Inc. (Ash Plans)	1-800-972-4226
	1-800-678-9133
Coram (specialty infusion services)	Phone: 1-877-328-5724 Fax: 1-866-776-6815

Health Net Oregon Commercial Plan Request for Prior Authorization

Instructions: Use this form to request prior authorization for POS, PPO and EPO.

Type or print; complete all sections. Attach sufficient clinical information to support medical necessity for services or your request may be delayed.

Health Net Health Plan of Oregon, Inc. (Health Net) will provide notification of decision by phone, mail, fax or other means.

Washington requests for immediate review (any request for approval of an intervention, care or treatment where passage of time without treatment would, in the judgment of the provider, result in an imminent emergency room visit or hospital admission and deterioration of the member's health status) should be requested by telephone at 1-888-802-7001.

Fax the completed form to the Prior Authorization Department at 1-800-495-1148.

MEMBER INFORMATION

Member name:	Last	First	MI	Date of birth (Mo/Day/Yr)
<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>				
Subscriber #				

Check appropriate box.

Product: PPO (POS tier 2) <input type="checkbox"/>	Out-of-network (POS tier 3) <input type="checkbox"/>	EPO (tier 2) <input type="checkbox"/>	
Other insurance/policy #	Work-related <input type="checkbox"/>	Auto-accident <input type="checkbox"/>	

Designate type of request. Check appropriate box.

- | | |
|--|---|
| <input type="checkbox"/> Elective for routine, non-urgent services
<input type="checkbox"/> Expedited/Urgent: Needed urgently, if not, could seriously jeopardize the life/health or ability of member to regain maximum function or, in your opinion, would subject member to severe pain that cannot be adequately managed without the service/treatment requested below. | <input type="checkbox"/> Notification only, for dialysis or prenatal maternity care EDC _____
<input type="checkbox"/> Confidential request: Member/provider requests confidentiality. Service-confirmation letter to member will not be mailed to the member.
<input type="checkbox"/> Post-service request. |
|--|---|

Explain clinical necessity for urgent/expedited request _____

Designate service requested. Check appropriate box.

- ☐
- Office procedure
-
- ☐
- Outpatient service/surgery
-
- ☐
- Inpatient services
-
- ☐
- Orthotics and/or prosthetics
-
- ☐
- Clinical trial
-
- ☐
- Other _____

Anticipated date of service: _____

- ☐
- DME
-
- ☐
- Initial outpatient rehabilitative ____/habilitative ____ services (PT, OT, ST)
-
- ☐
- Initial home health: Is member home bound? Yes ____ No ____
-
- ☐
- Continued outpatient rehabilitative ____/habilitative ____ services (HH/PT/OT/ST)
-
- Remaining authorized visits? ____ Does plan have volume limits? ____
-
- Has member used or will use their last visit within next 24 hours? Yes ____ No ____

PROVIDER INFORMATION

Requesting/Ordering Provider Information			Serving Provider – Where will member receive services?	
First and last name of requesting provider		Tax ID/NPI	Name of hospital or provider of services/product (no abbreviations)	
Address			Tax ID # of above	National Provider Identifier of above
City/State/ZIP code:			Address	
Area code	Telephone # + ext.	Fax #	City/State/ZIP code:	
Requesting/ordering contact name (REQUIRED)		Telephone # + ext.	Area code	Telephone # of above + ext.
Name of primary care physician (PCP) (if applicable)			Assistant surgeon required? Yes ____ No ____	
			Name Tax ID/NPI	
Area code	Telephone # + ext.	Fax #	Anesthesiologist required? Yes ____ No ____	

CLINICAL INFORMATION

ICD-10 code(s) (REQUIRED)	Diagnosis description	Date of onset/injury
CPT code(s) (REQUIRED)	# of visits	Describe service requested (Note: Billed CPT codes not approved require clinical review upon submission of claim and report)
Why is the service necessary? (Attach diagnostics, X-ray reports, progress notes, results of conservative treatment)		
Is the member terminally ill? (Life expectancy less than 6 months) Yes ____ No ____ N/A ____		
Is the member aware? Yes ____ No ____ N/A ____		
Signature of requesting physician		Date

Note: Provider agrees that the results of the care or treatment rendered under approved authorization shall be forwarded to the requesting physician or primary care physician named above for inclusion in the patient's medical record. Health Net uses evidence-based information and national guidelines to make authorization decisions. Contracted provider agrees to accept Health Net's payment as payment in full and will not bill the member for any amount for services rendered hereunder except for member copayments, deductibles, and coinsurances required under the member's plan. This form is not a guarantee of payment. Charges for services rendered to patients whose coverage is no longer in effect are the patient's responsibility. Patient eligibility and covered benefits must be verified at www.healthnet.com before rendering any medical services.

Health Net Mental Health Services Information: Mental Health Network

Mental health service requests and questions for Health Net Oregon Commercial 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 – 6/5/2018

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 Commercial 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 Commercial: 1-800-424-4811

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:

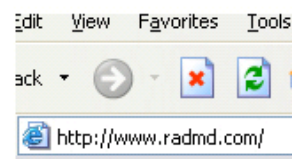
Kevin Apgar
1-800-450-7281, ext. 65080
kwapgar@magellanhealth.com

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.

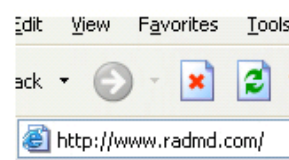
2 Click the New User button on the right hand side of the home page



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

Choose a User ID

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



5 Complete information


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

Name	
First	Last
Phone	Fax
(xxx) xxx-xxxx	(xxx) xxx-xxxx
Company Name	Job Title

Enter your e-mail address:

Email	Confirm Email
example: you@company.com	

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	Email
(xxx) xxx-xxxx	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.



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*.

Menu Options

Request

Request an Exam

Request a Radiation Treatment Plan

Initiate Pain Management Request

Create New Medicare FFS Decision Support Record

* Last Name:	* First Name:
<input type="text"/>	<input type="text"/>
* Date of Birth:	
<input type="text"/> / <input type="text"/> / <input type="text"/>	
* Health Plan: Where are the other health plans 	
<input type="text" value="[Please Select One]"/>	
Member ID:	
<input type="text"/>	
<input type="button" value="Back (Intro)"/>	<input type="button" value="Save and Continue to Step 2"/>

Search Physicians

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Zip:	<input type="text"/>
Physician ID:	<input type="text"/>
NPI:	<input type="text"/>
<input type="button" value="Search"/>	

3. Identify the Exam(s)

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

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

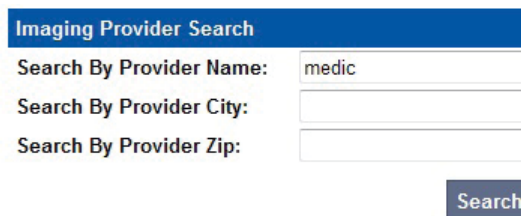
Click *Save and Continue*.



4. Identify the Place of Service

Enter Search criteria for a provider location.

Click *Search*.

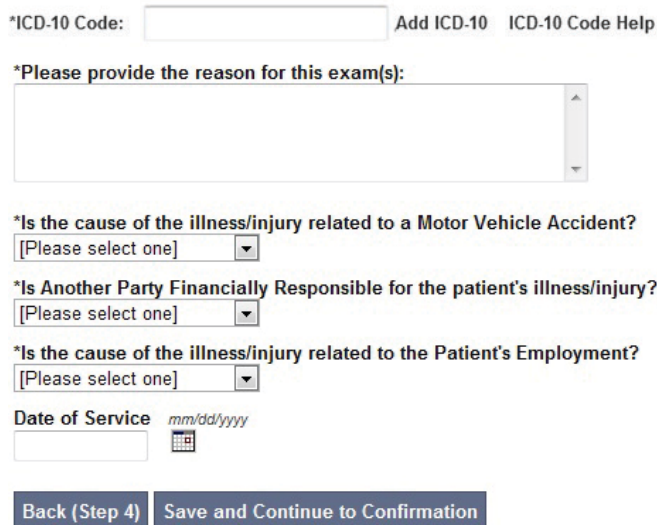


5. Reason for Request

Enter at least one ICD-10 code.

Provide a reason in the text box.

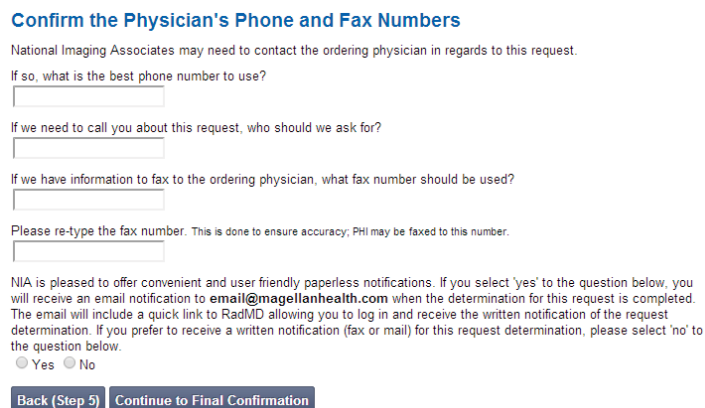
Answer all of the questions.



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.

Status	Patient	Physician
Current Status: Pending	Name: [Not Applicable]	Name: KAREN E JONES
Validity Period: 070117	Subscriber ID:	Provider ID: 891505
Tracking Number: 070117	Date of Birth:	
	Gender:	

Imaging Provider	RadMD.com User	Details
Name:	Name:	Date of Service: 7/27/2016
Phone:	Company:	Auto Accident: No
Address:	Account ID:	Pend/Reject Code: E8
	Job Title:	Out of State: n/a
Fax:	Email:	Release of Info Code: Y
Imaging Provider ID:	Address:	Out of Country: n/a
	Supervisor Name:	Employment Related: No
	Supervisor Email:	Another Party: No
		Level of Service: Not Urgent
		Exams: Brain CT
		ICD10: F45.41
		Reason: test

Clinical Q/A
This is a request for a brain/head CT.
None of the above best describes the reason that I have requested this test.
'None of the above' best describes the reason that I have requested this test.

[Back to the Main Menu](#) [Start a New Exam Request](#) [Upload Clinical Document](#)

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.

Upload Additional Clinical Information

This service allows you to upload additional clinical information to National Imaging Associates.

The document you upload will be attached to the request and become part of the patient's medical record.

Request Information

Name: Member, Test

Date of Birth:

Exam:

Request Date:

Referring Physician: KAREN JONES

Rendering Provider: |

Upload Document

- .DOC, .DOCX Microsoft Word Document
- .GIF, .PNG, .JPG, .TIF, .TIFF Image File
- .PDF Adobe Acrobat PDF File
- .TXT Text Document

Browse...

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.

Upload Additional Clinical Information

You have successfully uploaded the following file to National Imaging Associates:

76078.docx

[Back to Request Details](#) [Upload Another Document](#)

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.

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
- 175 days until your password expires.
- View the Online User Agreement
- Health Plan Specific Educational Docs

User Information

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:

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).

Request Verification

Patient Name Search **Patient's Health Plan ID:** **Exam Request ID:** **Tracking Number:**

Last Name: Patient Health Plan ID: Request ID: Tracking Number:

First Name:

Your search returned 9 Radiology Exams

Member Name	Member ID	Service	Request ID	Call Rec'd	Status
Member, Test		70450 CT Head/Brain	14094NH	4/4/2014	IN REVIEW

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).

Exam Request Verification: Detail

Member	Referring Physician	Imaging Provider
Name: Member, Test	Name: KAREN JONES	Name:
Gender:	Phone:	Address:
Date of Birth:	Tax ID:	Phone:
Member ID:	UPIN:	Tax ID:
Health Plan:	Specialty: Internal Medicine	

Case	Radiology
Case Description: CT Head/Brain	Date of Service: 4/4/2014 Change
Request Date: 04/04/2014 04:50 PM	Status: In Review
Entry Method: Call Center	Expedited: No
ICD-10: F45.41 Update ICD10	CPT4: 93452 Billable Codes
Validity Dates: 3/21/2014-4/10/2014	Clinical Rcvd: [none]
Contact Name: Mike Elwood	

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

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

Provider Resources for Pharmacy Authorizations

Commercial

Prior Authorization Form	HN Commercial PA Form
	<ul style="list-style-type: none"> > Prior Authorization Form > Non-Medicare Prior Authorization Form
Mail Order Form	HN Commercial Pharmacy Mail Order Form
Mail Order Phone	1-888-624-1139
Mail Order Fax	1-800-378-0323
Acaria Specialty Pharmacy Phone	1-800-511-5144
Acaria Specialty Pharmacy Fax	1-877-541-1503
How to Link to Formulary	Commercial Formulary
	<ul style="list-style-type: none"> > Individual & Family Plan > Live in Oregon > Pharmacy Information > Drug Lists > View the Health Net Essential Rx Drug List
Link to Criteria	Commercial Criteria
Provider Services Phone Number AND Pharmacy PA Phone Number	1-888-802-7001

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	
<i>Care Coordination</i>	<ul style="list-style-type: none"> ❖ 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
<i>Case Management</i>	<ul style="list-style-type: none"> ❖ 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
<i>Complex Case Management</i>	<ul style="list-style-type: none"> ❖ 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
<i>Transition of Care</i>	<ul style="list-style-type: none"> ❖ 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
<i>Transplant Program</i>	<ul style="list-style-type: none"> ❖ 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 e-mail.

Case Management Referral Request Form is available on following page.

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

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 check appropriate reason box below and clearly indicate supporting reason in Referral Reason/Notes section below*):

- | | |
|--|--|
| <input type="checkbox"/> Treatment/Medications needed at this time | <input type="checkbox"/> Inappropriate utilization of services |
| <input type="checkbox"/> Needs/Issues identified following a hospital discharge or emergency room (ER) visit | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Needs coordination of finances to meet health needs | <input type="checkbox"/> High cost ongoing injury or illness |
| <input type="checkbox"/> Premature/delayed discharge from appropriate level of care | <input type="checkbox"/> Lack of family/social support |
| <input type="checkbox"/> Current disease/illness process | <input type="checkbox"/> Exhaustion of benefits |
| <input type="checkbox"/> Temporary or permanent onset of new disability | <input type="checkbox"/> Transition of Care with completed application |
| <input type="checkbox"/> Clinical trials | <input type="checkbox"/> Transplant (Potential/Actual) |
| <input type="checkbox"/> High-risk OB (HROB) | <input type="checkbox"/> Other General Case Management request |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Complex Case Management request |

Clearly Indicate Referral Reason/Notes:

Health Net Commercial Members Nurse Advice Line



OUR 24/7 NURSE ADVICE LINE IS A FREE HEALTH INFORMATION PHONE LINE

Nurses are available to answer questions about your health and get help for you.
If you are a caregiver or provider, you may call on the member's behalf.

Contact our 24/7 Nurse Advice Line if you need:

- Help knowing if you should see your PCP
- Help caring for a sick child
- Help knowing if you should go to the Emergency Room
- Help with answers to questions about your health



APPEALS & GRIEVANCES

PROVIDER CONTACT INFORMATION

Phone: Fax: Mailing Address:		Health Net Commercial
		1-888-802-7001
		1-800-782-2352
		Health Net Member Appeals and Grievances P.O. Box 10342 Van Nuys, CA 91410-0342

CLAIMS DISPUTES

PROVIDER CONTACT INFORMATION

Mailing Address:		Health Net Commercial
		Commercial Provider Disputes P.O. Box 9040 Farmington, MO 63640-9040

Additional Provider Resources can be found at: [Health Net Provider Resources](#)