

Health America Quick Reference Guide for Ordering Physicians



Effective December 1, 2009

HealthAmerica, a Coventry Health Care Plan has selected National Imaging Associates, Inc. (NIA) to provide radiology network management services. NIA will provide utilization management services for outpatient MR, CT, PET, Nuclear Stress (MPI), CCTA, Echo Stress, Nuclear Cardiology and Diagnostic Nuclear Medicine imaging procedures. NIA will manage the provider network and the prior authorization for non-emergent, advanced imaging services rendered to **HealthAmerica** members.

The following services will not be impacted by this relationship:

- Inpatient high-tech radiology services
- Emergency Room radiology services
- **HealthAmerica** will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology)

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

Procedures Requiring Prior Authorization Under Many HealthAmerica Plans *

- CT/CIA
- MRI/MRA
- PET Scan
- Nuclear Stress (MPI)
- CCTA
- Echo Stress
- Nuclear Cardiology
- Diagnostic Nuclear Medicine

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

Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call NIA the next business day to proceed with the normal prior authorization process.

Prior Authorization Process

There are two ways to obtain authorizations -- either through NIA's Web site at **www.RadMD.com** or by calling HealthAmerica at 1-800-755-1135 to proceed with the normal prior authorization process.

Information Needed to Obtain Prior Authorization

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

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested examination*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
- Details justifying examination.*
 - Symptoms and their duration
 - Physical exam findings
 - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to fax the following information, if requested:
 - Clinical notes
 - X-ray reports
 - Previous CT/MRI reports
 - Specialist reports/evaluation
 - Ultrasound reports

Web Site Access

- It is the responsibility of the **physician ordering the imaging examination** to access NIA's Web site or call for prior authorization. Patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.
- Web site hours of operation are Monday through Friday, 5:00 a.m. to 12:00 a.m. EST and Saturday 8:00 a.m. to 1:00 p.m. EST. You can obtain prior authorizations through NIA's Web site at www.RadMD.com. To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to www.RadMD.com, click on the New User button and complete the application form.
- If you use RadMD for another Health Plan with NIA, you may use the same log on and password for HealthAmerica
- If requesting authorizations through NIA's Web site and your request is pended, you will receive a tracking number and NIA will contact you to complete the process.
- The NIA Web site cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling NIA.

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

Telephone Access

- Call center hours of operation are Monday through Friday, 8:30 a.m. to 5:00 p.m. EST. The toll-free number is: 1-800-755-1135.
- NIA can accept multiple requests during one phone call.

Frequently Asked Questions

In this section NIA addresses commonly asked questions received from providers

What kind of response time can ordering physicians expect for prior authorization?

The best way to increase the possibility of having a request approved *on line* through www.RadMD.com or at the time of the first call *through the toll-free number* is to have knowledge of the case including:

- The patient's history and diagnosis
- Reason for the study
- Findings on physical examination
- Results of previous imaging studies, and
- History of medical or surgical treatment

Approximately 60-65 percent of the requests are being approved *on line* or during the initial phone call. Generally, within 2 business days after receipt of request, a determination will be made. In certain cases, the prior authorization process can take longer if additional clinical information is required to make a determination.

Why is NIA asking for a date of service when authorizing a procedure? Do physicians have to obtain authorization before they call to schedule an appointment?

At the end of the authorization process, NIA 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.

Where can I find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on NIA's Web site at www.RadMD.com.

Is prior authorization necessary if HealthAmerica is not the member's primary insurance?

Yes. HealthAmerica's prior authorization requirements apply when HealthAmerica is the primary and secondary insurer.

What does the NIA authorization number look like?

The NIA authorization number consists of 8 or 9 alphanumeric characters (e.g., 1234X567). In some cases, the ordering physician may instead receive an NIA **tracking number** (not the same as an authorization number) if the physician's authorization request is not approved at the time of initial contact. Physicians can use either number to track the status of their request on the RadMD Web site or via our Interactive Voice Response telephone system.

For how long is an authorization number valid?

The authorization number is valid for 90 days from the date of request. When a procedure is authorized, NIA will use the date of the request as the starting point for the 90 day period in which the examination must be completed.

Can I speak directly with a Clinical Reviewer or Physician (Peer-to-Peer) Level Reviewer?

Once the initial intake process is complete, you may request to be transferred to the clinical level of review. Initial intake information is necessary to determine member eligibility and to process the request.

What steps will the ordering physician take when the authorization is not given during the initial intake process? (level 1)

The case will be forwarded to NIA's clinical departments who will review the clinical information submitted. If needed, the clinical staff will request via fax, additional clinical information. This information can be faxed to NIA's dedicated clinical fax line. An ordering office might request a hot

transfer to a nurse clinical reviewer (level 2) during the initial request, however, this should only be requested if the office has a clinician who can speak with NIA's nurses and who has additional clinical information that would support the requested study.

If authorization is still pending at the end of the initial call, it is not necessary for the ordering physicians' office to remain on the line. If the authorization request still does not meet clinical criteria at the nurse review level, it will be escalated to physician review (level 3). At that point, the NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

If NIA denies prior authorization of an imaging study, do we have the option to appeal the decision?

Yes, through normal appeal procedures as directed in the denial letter. If a physician does not agree with the decision made by NIA, the physician should request an appeal of the decision.

Who can I contact at NIA for questions and or concerns?

- To educate your staff on NIA procedures and to assist you with any provider issues or concern?
- Contact your NIA Area Provider Relations Manager.

Will out-of-area HealthAmerica members be able to use the NIA network when traveling out of state?

Yes, depending on their benefit plan.

What will the member ID card look like? Will it have both NIA and HealthAmerica information on the card? Or will there be two cards?

The **HealthAmerica** member ID card will not have NIA identifying information on it. **HealthAmerica** will redirect calls to NIA for advanced imaging .