



National Imaging Associates (NIA)
Radiology Benefit Management Program
Questions and Answers

Frequently Asked Questions

Q.1 What product lines does this program apply to?

A.1 Beginning May 1, 2010 this program will apply to all PersonalCare fully insured and Medicare Advantra members. Self-funded groups are excluded at this time

Q.2 Is prior authorization required for emergency situations?

A.2 No. Patients who are directed to the Emergency Room or Urgent Care Facility are exempt from prior authorization. It is not necessary for anyone to call NIA retrospectively to authorize any imaging procedure performed during an Emergency Room visit.

Q.3 What kind of response time can ordering physicians expect for prior authorization?

A.3 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 70 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 review process can take longer if additional clinical information is required to make a determination.

Q.4 Where can I find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

A.4 NIA's Diagnostic Imaging Guidelines for clinical use of examinations can be found on NIA's Web site at www.RadMD.com.

Q.5 Can NIA handle multiple authorization requests per contact?

A.5 Yes.

Q.6 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?

A.6 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.

Q.7 How long is an authorization number valid?

A.7 The authorization number is valid for 90 days. 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.

Q.8 What if my office staff forgets to contact NIA and then goes ahead to schedule an imaging procedure requiring prior authorization?

A.8 It is important to notify office staff and educate them about this new policy. This policy will be effective May 1, 2010. Claims for CT/CTA/CCCTA, MRI/MRA, PET Scans, Stress Echo, Nuclear Cardiology and Diagnostic Nuclear Medicine procedures that are not prior authorized will not be paid, and the members must be held harmless. Please note that the rendering facility may refuse to schedule the study until an authorization has been obtained.

Q.9 Can the rendering facility obtain authorization in the event of an urgent test?

A.9 Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.

Q.10 What does the NIA authorization number look like?

A.10 The NIA authorization number consists of 8 or 9 alpha-numeric characters.

- Q.11 If two authorization numbers are associated with the patient encounter, which one should be printed on the claim?**
- A.11 Either of the two authorization numbers should appear on the claim form. The authorization number not entered on the claim form will be captured internally within the claims system.
- Q.12 Is an NIA authorization number needed for a CT-guided biopsy?**
- A.12 No, these do not require prior authorization.
- Q.13 Which PET scans require prior authorization?**
- A.13 All **outpatient** PET Scans require authorization by NIA.
- Q.14 What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?**
- A.14 The radiologist or rendering physician should proceed with the pelvic study. If this occurs, either the radiologist or rendering physician can call NIA with the information and clinical rationale to begin the process and NIA will follow-up with the ordering physician to complete the process or he/she should notify the patient's ordering physician of the additional test on the same day, as a matter of courtesy and appropriate medical procedure. The original ordering physician should then call NIA after the study is provided to proceed with the normal review process to get an additional authorization number.
- Q.15 If a patient needs a CT in preparation for radiation therapy, is prior authorization necessary?**
- A.15 No, these do not require authorization.
- Q.16 Is prior authorization necessary when PersonalCare is not the member's primary insurance?**
- A.16 Yes.
- Q.17 Can a chiropractor order an imaging study through NIA?**
- A.17 Yes.
- Q.18 How are procedures that do not require NIA prior authorization handled?**
- A.18 These should be handled as they are today. Please call Health Service Pre Authorization at 866-557-8748 for procedures that do not go through NIA.
- Q.19 If requesting authorizations through NIA's Web site and the request pends, what happens next?**
- A.19 You will receive a tracking number and NIA will contact you to complete the process.
- Q.20 Can RadMD be used to request retrospective or expedited authorization requests?**
- A.20 No, those requests will need to be called into NIA's Call Center for processing.
- Q.21 Can I speak directly with a Clinical Reviewer or Physician (Peer-to-Peer) Level Reviewer?**
- A.21 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.
- Q.22 What steps will the ordering physician take when the authorization is not given during the initial intake process (level 1)?**
- A.22 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 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 the authorization is still pending at the end of the initial call, it is not necessary for the ordering physician's 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.

Q.23 If NIA denies prior authorization of an imaging study do we have the option to appeal the decision?

A.23 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.

Q.24 Can a facility access information on an approved authorization?

A.24 Yes, approved authorizations can be viewed on www.RadMD.com. On the right side of the home page is a section where the facility may log on and check the status of the authorization. The facility may search based on the patient's ID number, patient name or if known, by the authorization number.

Q.25 Where can I direct questions about the PersonalCare Privileging Application and/or privileging process?

A.25 If providers have any questions regarding the PersonalCare Privileging Application or process, contact NIA's Provider Assessment Department toll-free at 888-972-9642 or at RADPrivilege@Magellanhealth.com.

Q.26 Is NIA able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the PersonalCare Privileging Application?

A.26 Yes. NIA's experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the PersonalCare Privileging Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the Provider Assessment Department toll-free at 888-972-9642 with any questions.

Q.27 How do I access the PersonalCare Privileging Application?

A.27 To access the online application: Direct your Web browser to www.RadMD.com. Click on the link for the PersonalCare Privileging Application located on the right side of the home page and click "Login". Enter your login in the "Login" box. (If you do not know your login, please contact NIA's Provider Assessment Department toll-free at 888-972-9642).

Q.28 How user friendly is NIA's online Diagnostic Imaging Privileging Application?

A.28 NIA offers a very user-friendly online application that can be quickly and easily completed by the user. It is a "smart" application which only will ask you questions that apply directly to your practice, based on the previous responses you provided. For example, if your office offers only MRI services, you will not be asked any questions regarding CT or other imaging modalities.

If you need to step away from the computer, you can choose to save the application and return to complete it at a later time. The application will also "auto save" if you forget to save the application before completing and submitting it.

If there are changes to the practice information after the initial application has been submitted (e.g. practice obtained an additional piece of equipment or achieved accreditation), you may access your original application online, make the necessary modifications, and submit a revised application. It is important to note that you are able to revise an existing application rather than being forced to complete a whole new application.

Please note that a separate application is required for each practice location.

Q.29 I have additional practice locations. Do I need to complete additional applications?

A.29 A separate application must be completed for each practice location at which diagnostic imaging services are performed. Facilities do not always perform the same imaging services at each of their locations. Imaging equipment can also be different at each site. To ensure we have accurate information for each location we require a separate application be completed for each additional locations. Please contact NIA's Provider Assessment Department at 888-972-9642 to obtain additional login(s). This will allow you to go online to complete an application for each location.

Q.30 What is the difference between Privileging and Credentialing?

A.30 Privileging is separate and distinct from credentialing. Credentialing places emphasis on primary source verification of a physician's education, licensure and certification. Privileging focuses on facility accreditation, equipment capabilities, physician and technologist education, training and certification, and facility management components such as radiation safety, ALARA (As Low as Reasonable Achievable).

Q.31 What is an OCR Fax Coversheet?

A.31 By utilizing Optical Character Recognition (OCR) technology, NIA can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from www.RadMD.com if their authorization request is not approved on-line or during the initial phone call to NIA. NIA can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.

Q.32 What is Facility Selection Support?

A.32 Facility Selection Support is part of PersonalCare's ongoing commitment to improve health care by helping patients and providers make more informed health care decisions. Through Facility Selection Support, NIA educates about different options for receiving diagnostic imaging services ordered by physicians and provides cost information if the initial facility selected is potentially more expensive and NIA will even help schedule the test.

Q.33 What is the difference between the facility the physician recommended and the one NIA is suggesting?

A.33 Both the facility the doctor suggested and the facility that NIA is suggesting are in-network. Through the network process, all facilities are reviewed to determine whether they meet certain standards to provide these types of services. If they meet these standards, they are then reviewed for cost. The facilities NIA is suggesting do meet quality privileging standards and are considered to be cost effective. NIA can work with members to identify other convenient, cost effective in-network facilities.

Q.34 Why does Stress Echocardiography require prior authorization when it is not considered an "advanced" imaging modality?

A.34 By requiring prior-authorization for Stress Echocardiography, the program is able to utilize a network of providers who have participated in a quality assessment process and meet quality standards for these services. The quality assessment standards are established and refined with consideration of guidelines from the American College of Radiology (ACR), the Intersocietal Accreditation Committee (IAC), American College of Cardiology (ACC) and other accreditation bodies' requirements. Standards also incorporate cardiac imaging best practices, updated literature review and new technology assessments.

Prior authorization of Stress Echo also allows us to monitor the continuum of care and ensure that the right test is being given to the right patient at the right time.

Q.35 When will PersonalCare be listed as a selectable health plan for providers on RadMD?

A.35 Clients are not available for selection until their go live date.

Q.36 Must each representative in an ordering provider's office create their own user profile and add all providers to their practice even if they were added by another user?

A.36 Yes. An ordering provider on RadMD must represent exactly one individual person. This is part of our HIPAA policies and we **strongly** discourage people from ever filling out the application for other people.

Q.37 Where do providers send their claims for outpatient, non-emergent advanced imaging services?

A.37 Claims will continue to go directly to PersonalCare. For specific claims address information refer to the back of the ID Card. Providers are also encouraged to follow their normal EDI claims process. PersonalCare's Electronic Payor ID is 25133.

Q.38 How can providers sign up for electronic Funds Transfer (EFT)?

A.38 To register for Electronic Funds Transfer (EFT) go to PersonalCare Web site www.PersonalCare.org and select the link Services & Support, Providers, Document Library, Electronic Fund Transfer Form.