

Welcome to the NIA Provider Handbook HealthAmerica Addenda!

These addenda are provided as your reference guide for navigating the requirements under the radiology benefits management agreement between NIA and HealthAmerica. **As a contracted provider, it is your responsibility to be familiar with and adhere to the policies outlined in these addenda.** Each section contains our philosophy, our policies and your responsibilities. These addenda will give you a helpful overview of the processes below:

1. Authorization Process
2. Claims Process
3. Electronic Claims Submission
4. Appeals Process

About the NIA/HealthAmerica Radiology Benefit Management Program:

HealthAmerica has entered into an agreement with National Imaging Associates (NIA) to provide Radiology Benefit Management Services for their members. Effective December 1, 2009, all fully insured Medicare and commercial products will begin utilizing NIA for radiology benefits management.

We hope you find these addenda helpful in working with NIA/HealthAmerica to provide quality care to members.

NIA appreciates your commitment to providing quality, affordable diagnostic imaging services to members, and we look forward to continuing to work with you!

National Imaging Associates, Inc. HealthAmerica Supplement to the NIA Imaging Provider Handbook

Authorization

Introduction

This document is specific to the claims policies and procedures for HealthAmerica and supersedes Section 3 – The Role of the Provider, Authorization, of the NIA Imaging Provider Handbook.

Our Philosophy

NIA defines medically necessary services as those that are 1) essential for the efficient diagnosis of a member's specific medical condition, 2) appropriate to the symptoms presented, 3) within generally accepted standards of practice, 4) not primarily for the convenience of the member, the member's physician or other providers, 5) performed in the most cost-effective setting and manner available, and 6) delivered in a manner that protects member safety.

To provide guidance in this regard, NIA publishes up-to-date written clinical guidelines covering the common reasons for requesting imaging studies. These guidelines have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data. The NIA clinical guidelines are regularly updated and can be accessed at www.RadMD.com.

Our Policy

Certain advanced diagnostic imaging services provided to members must be authorized by HealthAmerica/NIA prior to or at the time of service provision, in accordance with NIA and HealthAmerica's policies and procedures. Typically, ordering providers obtain authorization from HealthAmerica/NIA prior to referring members to imaging facilities. The imaging facilities in turn must verify the authorization on the secure website at www.RadMD.com or by phone. To obtain authorization telephonically, ordering physicians (or their staff) simply contact health services at HealthAmerica at 1-800-755-1135 who will connect you with NIA's experienced authorization representatives.

NIA's authorization-of-care decisions are based on clinical information relevant to the type and level of service being requested, utilizing

NIA's or customer-specific medical necessity criteria, medical policy or diagnostic imaging guidelines for pre-authorization.

Please note: Procedures performed that have not been properly authorized will not be reimbursed, and the member cannot be balance-billed.

Procedures Requiring Prior Authorization

The following procedural categories require prior authorization through the HealthAmerica/NIA agreement:

- CT/CTA/CCTA
- MRI/MRA
- PET Scan
- Stress Echo
- Nuclear Cardiology
- Diagnostic Nuclear Medicine

All other procedures will be adjudicated and paid by HealthAmerica per their payment policy.

Prior authorizations are valid for a period of 90 days from the date of request.

Please note that the above procedural categories do not require prior authorization from NIA if performed in an inpatient, observation, urgent care or emergency room setting.

Reviews After Services Have Been Rendered

Review of already-completed procedures must be initiated within one business day of the procedure being administered. Requests from HealthAmerica providers are evaluated to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining pre-authorization for the service. When permitted, claim dispute review requests from non-contracted providers are reviewed to determine whether medical necessity criteria were met. In all cases, if the service was authorized following the review, the claim is paid. If the service is denied, a non-authorization letter is sent to the rendering provider.

What You Need to Do

As a provider of diagnostic imaging services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. The following recommendations should be considered:

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above-listed procedures.
- If a physician office calls to schedule a patient for a procedure requiring a prior authorization, request the authorization number from the ordering provider.
- If a prior authorization is not in place, inform the ordering provider of this requirement and advise them to call HealthAmerica/NIA at 1-800-755-1135 or log onto www.RadMD.com.
- If a patient calls to schedule an appointment for a procedure that requires authorization, but does not have an authorization number, direct him or her back to the ordering provider.

To further comply with this policy, your responsibility is to:

- Contact HealthAmerica/NIA to obtain timely prior authorization or check on the status of an existing authorization for the ordered diagnostic services by either calling HealthAmerica/NIA at 800-755-1135 or by logging onto www.RadMD.com.
- Contact HealthAmerica/NIA if additional prior authorization is needed in conjunction with the current authorization.
- Not bill a member for services that have not been authorized by HealthAmerica/NIA, unless the member is informed that services will not be covered, and the member agrees to such services in writing, in accordance with your Participating Imaging Facility Agreement.

National Imaging Associates, Inc. HealthAmerica Supplement to the NIA Imaging Provider Handbook

Appeals

Introduction

This document is specific to the claims policies and procedures for HealthAmerica, and supersedes Section 3 – The Role of the Provider, Appeals, of the NIA Imaging Provider Handbook.

Our Philosophy

NIA supports the rights of members or their providers (on the member's behalf) to appeal a non-authorization determination, sometimes referred to as an adverse benefit determination.

Our Policy

HealthAmerica requirements, applicable state and federal laws, and accreditation standards govern NIA appeal policies. To appeal benefit determinations, please contact HealthAmerica as outlined fully in the determination correspondence that is sent to you.

What You Need to Do

To comply with this policy, your responsibility is to:

- Review your non-authorization letter or Explanation of Benefit (EOB)/Explanation of Payment (EOP) notification for:
 - The specific reason(s) for the adverse determination;
 - Appeal rights, including your right to dispute a determination on your own behalf;
 - Appeal procedures and submission timeframe; and,
 - Any specific documents required for submission in order to complete a review of your appeal.
- Follow the process described in the non-authorization letter of EOB/EOP determination notice to submit an appeal to HealthAmerica
- Submit all the appeal information to HealthAmerica in a timely manner.

National Imaging Associates, Inc. HealthAmerica Supplement To the NIA Imaging Provider Handbook

Claims Filing Requirements

Introduction

This document is specific to the claims policies and procedures for HealthAmerica and supersedes Section 5 – Provider Reimbursement, Claims Filing Requirements, of the NIA Imaging Provider Handbook.

Our Philosophy NIA strives to inform providers of claims processing requirements in order to avoid administrative denials that delay payment and require resubmission of claims.

Our Policy Claims for services rendered to HealthAmerica covered members should be submitted to HealthAmerica for payment.

What You Need to Do To comply with this policy your responsibility is to:

- Rendering providers/imaging providers should continue to send their claims directly to the address indicated on the back of the Coventry member's ID card.
- Complete all required fields on the CMS-1500 form or UB-04 form accurately.
- Submit claims within 90 days (3 months) of the provision of covered services or per HealthPlan policies and procedures
- Include only those services authorized on the claim.
- Comply with NIA's multiple procedure discount policy.
- Providers are strongly encouraged to use EDI claims submission with the Coventry payer ID number found on the back of the member ID card.

National Imaging Associates, Inc. HealthAmerica Pennsylvania Supplement To the NIA Imaging Provider Handbook

Electronic Claims Submission

Introduction

This document is specific to the claims policies and procedures for HealthAmerica, and supersedes Section 5 – Provider Reimbursement, Electronic Claims Submission, of the NIA Imaging Provider Handbook.

Our Philosophy

To support providers' submission preferences, providers can submit claims electronically. This enhances the ability to pay providers in a timely and accurate manner.

Our Policy

HealthAmerica /NIA encourages providers to submit claims electronically.

What You Need to Do

- Submit electronic claims directly to HealthAmerica using the Coventry payer identification number located on the back of the member's ID card.