



**Peach State Health Plan  
Outpatient Imaging Program  
Frequently Asked Questions (FAQs)**

**GENERAL**

- 1. Why is Peach State Health Plan implementing an outpatient imaging program?**

To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, PET Scan and OB Ultrasound procedures for our members.

- 2. Why did Peach State Health Plan select National Imaging Associates, Inc. (NIA) to manage its outpatient advanced imaging and OB Ultrasound services?**

An affiliate of Magellan Health Services, NIA was selected to partner with us because of its clinically driven program designed to effectively manage the quality, patient safety and ensure appropriate utilization of resources for Peach State Health Plan membership.

**IMPLEMENTATION**

- 3. What is the implementation date for this outpatient imaging program?**

Implementation will be August 2, 2010.

**SERVICES REQUIRING PRIOR AUTHORIZATION**

- 4. What radiology imaging services will require a provider to obtain a prior authorization?**

The following imaging procedures require prior authorization through NIA:

- CT/CTA
- MRI/MRA
- PET Scan
- OB Ultrasound (after the first two)

**PRIOR AUTHORIZATION-RELATED**

**5. When is prior authorization required?**

Prior authorization is required for outpatient, non-emergent CT/CTA, MRI/MRA, PET Scan and for the third and subsequent-OB Ultrasound procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed at an imaging facility.

Note: Emergency room, observation and inpatient imaging procedures do not require prior authorization through NIA.

**6. Is prior authorization necessary for sedation with an MRI?**

No, prior authorization is not required for sedation when performed with an MRI.

**7. Is an NIA authorization number needed for a CT-guided biopsy?**

No, prior authorization is not required for this procedure.

**8. Can a chiropractor order images?**

Yes.

**9. Are routine radiology services a part of this program?**

No. Routine radiology services such as x-ray or mammography are not part of this program and do not require a prior authorization through NIA. However, you will need to contact NIA for prior authorization for OB Ultrasound for Peach State Members as of August 2, 2010.

**10. How does the Obstetric Ultrasound Management Program work?**

The Obstetric Ultrasound Management Program is designed to clinically manage ultrasound usage so that these services are medically appropriate and efficiently used.

- Physicians are required to request pre-authorization of OB Ultrasounds
- The first two ultrasounds will require notification only. Notification is required in order for Peach State to keep a record of all ultrasounds for a pregnant member. There will be no clinical review required. The needs of most pregnancies will be met with these first two ultrasounds and the process is designed to be easy and quick for the ordering provider.
- Whenever the ordering provider believes that more than two ultrasounds are needed, additional information will be collected and reviewed, using NIA's clinical guidelines. It may be necessary to speak with an Initial Clinical Reviewer - ICR (such as a nurse) and/or a Physician Clinical Reviewer – PCR (a board certified Perinatologist) if additional information is needed.
- When a pregnancy has specific serious complications that meet our criteria, the pregnancy may receive a “Pre-Approved” status, which means a few more

**PRIOR AUTHORIZATION-RELATED (con't)**

ultrasounds will be allowed without prior authorization or clinical review, so that the complex issues can be monitored as clinically appropriate.

**11. Which CPT Codes should be billed in conjunction with the Obstetric Ultrasound Management Program?**

Ultrasound procedures should be billed as 76801, 76802, 76805, 76810, 76815 or 76817. Please refer to the current Peach State Health Plan/NIA Billable CPT<sup>®</sup> Codes Claim Resolution Matrix which contains all the CPT codes that NIA will be authorizing on behalf of Peach State Health Plan. If any of the other codes listed in the claim resolution matrix are required, the appropriate ICD-9 code that provides justification for the more specialized services will be required. This document can be located by going to the NIA website at [www.RadMD.com](http://www.RadMD.com)

**Important Note: Only Ultrasounds done for confirmed pregnancies will be covered. A pregnancy test should occur first to confirm the pregnancy. Ultrasounds used to confirm a pregnancy will not be approved.**

**12. Are inpatient advanced imaging procedures included in this program?**

No. Inpatient imaging procedures are not included in this program.

**13. Is prior authorization required for imaging studies performed in the emergency room?**

No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.

**14. How does the ordering provider obtain a prior authorization from NIA for an outpatient advanced imaging or OB Ultrasound service?**

Providers will be able to request prior authorization via the Internet ([www.RadMD.com](http://www.RadMD.com)) or by calling 800-704-1483.

**15. What information will NIA require in order to receive prior authorization?**

To improve the prior authorization process, ordering providers should have the following information readily available (Information required\*):

- Provider name and office phone number\*
- Member name and ID number\*
- Requested examination\*
- Name of provider office/facility where procedures will be performed\*
- Anticipated date of service (if known)

- Details justifying examination\*

**PRIOR AUTHORIZATION-RELATED (con't)**

- Symptoms and their duration
- Physical exam findings
- Conservative treatment already completed (i.e. physical therapy, hot pads, ice packs, medications)
- Preliminary procedures already completed (i.e., x-rays, CTs, lab work, ultrasound, referrals to specialists, etc.)
- Reason the procedure is being requested (i.e., further investigation, rule out a disorder, etc.)
- If the request is for an OB Ultrasound, provide estimated delivery date.

**16. Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?**

Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.

**17. What kind of response time can ordering providers expect for prior authorization?**

The best way to increase the possibility of having a request approved *on line* through [www.RadMD.com](http://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' 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.

**18. What will the NIA authorization number look like?**

The NIA authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

**19. If requesting authorization through NIA's Web site and the request pends, what happens next?**

You will receive a tracking number and NIA will contact you to complete the process.

**20. Can RadMD be used to request retrospective or expedited authorization request?**

No, those requests will need to be called into NIA's Call Center for processing.

**21. 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?**

If the radiologist or rendering physician feels that, in addition to the study already authorized, an additional study is needed, either the radiologist or rendering provider should proceed with the additional study and contact NIA the next business day. NIA will direct the provider on the appropriate process to follow.

**22. Can the rendering facility obtain authorization in the event of an urgent test?**

If an urgent clinical situation exists outside of a hospital emergency room, the radiologist or rendering provider should proceed with the study and contact NIA the next business day. NIA will direct the provider on the appropriate process to follow.

**23. How long is the prior authorization number valid?**

The authorization number is valid for 30 days from the date of the request. When a procedure is authorized, NIA will use the date of the request as the starting point for the 30-day period in which the examination must be completed. For a small number of pregnancies with specific medical conditions, an authorization may be valid through the entire pregnancy.

**24. Is prior authorization necessary for an outpatient, advanced imaging service if Peach State Health Plan is NOT the member's primary insurance?**

Peach State Health Plan's prior authorization requirements apply when Peach State Health Plan is either the primary or secondary insurer.

**25. If a provider obtains a prior authorization number does that guarantee payment?**

An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits

may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

**26. Does NIA allow retro-authorizations?**

It is important that rendering facility staff be educated on the prior authorization requirements. Beginning August 2, 2010, claims for CT/CTA, MRI/MRA, PET Scan and OB Ultrasound procedures that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.

**27. Can a provider get an authorization prior to the August 2, 2010 implementation date?**

Providers should continue to follow their current process for obtaining authorizations prior to the August 2nd implementation date.

**28. What happens if I have a service scheduled for August 2, 2010?**

An authorization should be obtained for all advanced radiology and OB Ultrasounds for dates of service August 2, 2010 and beyond. If for some reason an authorization is not obtained before the test is performed, facilities may be able to initiate a retro-authorization. NIA and Peach State Health Plan will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required for dates of service beginning August 2, 2010.

**29. Can a provider verify an authorization number online?**

Yes. Providers can check the status of member authorization quickly and easily by going to the NIA Web site at [www.RadMD.com](http://www.RadMD.com).

**30. Will the NIA authorization number be displayed on the Peach State Health Plan Web site?**

No.

**SCHEDULING EXAMS**

**31. How will NIA determine where to schedule an exam for a Peach State Health Plan member?**

Peach State Health Plan members will utilize the NIA network of radiology providers for advanced imaging services. Referral is determined by several

considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.

**32. Why does NIA ask for a date of service when authorizing a procedure? Do physicians have to obtain an 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.

**WHICH MEDICAL PROVIDERS ARE AFFECTED?**

**33. Which medical providers are affected by the outpatient imaging program?**

Any provider who orders or performs advanced imaging and/or OB Ultrasound procedures in an outpatient/office-setting. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to be sure there is a prior authorization number in order to bill the service.

- Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.
- Delivering/Servicing providers who perform diagnostic advanced imaging procedures at:
  - Freestanding diagnostic facilities
  - Hospital outpatient diagnostic facilities
  - Provider offices

**CLAIMS RELATED**

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

Providers should continue to send claims to the address indicated on the back of the Peach State Health Plan member ID card. Providers are also encouraged to follow their normal EDI claims process.

**35. How can providers check claims status?**

Providers should continue to check claims status at the Peach State Health Plan Web site at [www.pshpgeorgia.com](http://www.pshpgeorgia.com).

**36. Who should a provider contact if they want to appeal a prior authorization or claims payment denial?**

Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.

## **MISCELLANEOUS**

### **37. How is medical necessity defined?**

NIA defines medical necessity as services that:

- Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;
- Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- Be appropriate to the intensity of service and level of setting;
- Provide unique, essential, and appropriate information when used for diagnostic purposes;
- Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and
- Not furnished primarily for the convenience of the member, the attending physician, or other provider.

### **38. How will referring/ordering providers know who NIA is?**

NIA has conducted extensive provider outreach in the Georgia market and most providers are currently familiar with their processes. In addition, Peach State Health Plan will be mailing notification letters to providers on May 12<sup>th</sup>, 2010. Peach State Health Plan and NIA are also conducting education trainings for providers throughout the month of June.

### **39. Will provider trainings be offered closer to the August 2, 2010 implementation date?**

Yes. NIA will conduct provider training sessions throughout the month of June.

### **40. Where can a provider find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?**

NIA's Diagnostic Imaging Guidelines for clinical use of examination can be found on NIA's Web site at [www.RadMD.com](http://www.RadMD.com). They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

### **41. What is the foundation for OB Management approval criteria?**

The program is based on guidelines provided by the American College of Gynecology (ACOG)

**42. What will the Member ID card look like? Will the ID card have both NIA and Peach State Health Plan information on it? Or will there be two cards?**

The Peach State Health Plan Member ID card will not change and will not contain any NIA identifying information on it.

**43. What is an OCR Fax Coversheet?**

By utilizing Optical Character Recognition 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](http://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 anytime 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.

**PRIVILEGING**

**44. What do imaging providers need to do to participate in the program?**

If you perform CT/CTA, MRI/MRA or PET Scans, you must complete a Privileging Application to be reimbursed for these procedures. A critical component of the program is to ensure that all imaging providers meet minimum standards for the technical and professional components of these services.

**45. Where can I direct questions about the Peach State Health Plan Privileging Application and/or privileging process?**

If providers have any questions regarding the Peach State Health Plan Privileging Application or process, contact NIA's Provider Assessment Department toll-free at 888-972-9642 or at [RADPrivilege@Magellanhealth.com](mailto:RADPrivilege@Magellanhealth.com)

**46. Is NIA able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the Peach State Health Plan Privileging Application?**

Yes. NIA's experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the Peach State Health Plan Privileging Application (e.g. the components of a comprehensive Radiation

## **PRIVILEGING (con't)**

Safety/ALARA Program). Providers may contact the Provider Assessment Department toll-free at 888-972-9642 with any questions.

### **47. How do I access the Peach State Health Plan Privileging Application?**

To access the online application:

- Direct your Web browser to [www.RadMD.com](http://www.RadMD.com)
- Click on the link for the **Centene** Privileging Application located on the bottom of the home page under “More Online Tools” 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).

### **48. How user friendly is NIA’s online Diagnostic Imaging Privileging Application?**

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.

However, please note that a separate application is required for each practice location.

### **49. I have additional practice locations. Do I need to complete additional applications?**

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

## **PRIVILEGING (con't)**

additional login(s). This will allow you to go online to complete an application for each location.

### **50. What is the difference between Privileging and Credentialing?**

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).

## **CONTACT INFORMATION**

### **51. Who can a provider contact for more information?**

Providers can contact Tony Salvati, Manager-Provider Relations 314-387-5537.