

## NIA Frequently Asked Questions (FAQ's) For Magnolia Health Plan (Magnolia) Providers

Question	Answer
<b>GENERAL</b>	
<b>Why is Magnolia requiring prior authorization for outpatient imaging procedures?</b>	To improve quality and manage the utilization of non-emergent CT/CTA, CCTA, MRI/MRA and PET Scan procedures for our members.
<b>Why did Magnolia partner with National National Imaging Associates, Inc. (NIA) to manage its outpatient advanced imaging services?</b>	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 Magnolia membership.
<b>PRIOR AUTHORIZATION</b>	
<b>What radiology imaging services require provider's to obtain a prior authorization?</b>	The following imaging procedures require prior authorization through NIA: <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• CCTA</li> <li>• MRI/MRA</li> <li>• PET Scan</li> </ul>
<b>When is prior authorization required?</b>	Prior authorization is required for outpatient, non-emergent CT, MR and PET Scan procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed at an imaging facility. <u>Note:</u> Emergency room and observation, imaging procedures do not require prior authorization through NIA. Inpatient admissions will continue to be authorized through Medicaid's current vendor, HealthSystems of Mississippi.
<b>Is prior authorization necessary for sedation with an MRI?</b>	No, prior authorization is not required for sedation when performed with an MRI.
<b>Is an NIA authorization number needed for a CT-guided biopsy?</b>	No, prior authorization is not required for this procedure.
<b>Can a chiropractor order images?</b>	Yes.
<b>Are routine radiology services a part of this program?</b>	No. Routine radiology services such as x-ray, ultrasound or mammography are not part of this program and do not require a prior authorization through NIA.

<b>Are inpatient advanced imaging procedures included in this program?</b>	No. Inpatient procedures are included in the authorization for the inpatient stay. Inpatient admissions will continue to be authorized through Medicaid's current vendor, HealthSystems of Mississippi.
<b>Is prior authorization required for imaging studies performed in the emergency room?</b>	No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.
<b>How does the ordering provider obtain a prior authorization from NIA for an outpatient advanced imaging service?</b>	Providers will be able to request prior authorization via the NIA website <a href="http://www.RadMD.com">www.RadMD.com</a> or by calling the toll-free number, 1-866-912-6285.
<b>What information is required in order to receive prior authorization?</b>	<p>To expedite the process, please have the following information ready before logging on to the Web site or calling the NIA Utilization Management staff (*denotes required information):</p> <ul style="list-style-type: none"> <li>▪ Name and office phone number of ordering physician*</li> <li>▪ Member name and ID number*</li> <li>▪ Requested examination*</li> <li>▪ Name of provider office or facility where the service will be performed*</li> <li>▪ Anticipated date of service (if known)</li> <li>▪ Details justifying examination.* <ul style="list-style-type: none"> <li>• Symptoms and their duration</li> <li>• Physical exam findings</li> <li>• Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)</li> <li>• Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)</li> <li>• Reason the study is being requested (e.g., further evaluation, rule out a disorder)</li> </ul> </li> </ul>
<b>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?</b>	Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.
<b>What kind of response time can ordering providers expect for prior authorization?</b>	The best way to increase the possibility of having an authorization request approved on line through <a href="http://www.RadMD.com">www.RadMD.com</a> or at the time of the first call through the toll-free number, 1-866-912-6285, is to have knowledge of the case including:

	<ul style="list-style-type: none"> <li>• The patient’s history and diagnosis</li> <li>• Reason for the study</li> <li>• Findings on physical examination</li> <li>• Results of previous imaging studies, and</li> <li>• History of medical or surgical treatment</li> </ul> <p>Approximately 70 percent of the authorization 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.</p>
<b>What does the NIA authorization number look like?</b>	The NIA authorization number consists 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 can use either number to track the status of their request online or through NIA’s Interactive Voice Response (IVR) telephone system.
<b>If requesting authorization through RADMD and the request pends, what happens next?</b>	You will receive a tracking number and NIA will contact you to complete the process.
<b>Can RadMD be used to request retrospective or expedited authorization request?</b>	No, those requests will need to be called into NIA’s Call Center for processing.
<b>Can the rendering facility obtain authorization in the event of an urgent test?</b>	Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.
<b>How long is the prior authorization number valid?</b>	The authorization number is valid for 30 days from the date of the request.
<b>Is prior authorization necessary for an outpatient, advanced imaging service if Magnolia is NOT the member’s primary insurance?</b>	No prior authorization is not required when Magnolia is the secondary insurance.
<b>If a provider obtains a prior authorization number does that guarantee payment?</b>	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.

<b>Does NIA allow retro- authorizations?</b>	It is important that rendering facility staff be educated on the prior authorization requirements. Claims for CT, MR and PET Scan procedures that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. The rendering facility <u>should not</u> schedule procedures without prior authorization.
<b>What happens if I have a service scheduled for January 1, 2011?</b>	An authorization should be obtained for all advanced radiology tests for dates of service January 1, 2011 and beyond. If for some reason an authorization is not obtained before the test is performed, facilities will be able to initiate a retro-authorization. NIA and Magnolia will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
<b>Can a provider verify an authorization number online?</b>	Yes. Providers can check the status of member authorization quickly and easily by going to the Web site at <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Will the NIA authorization number be displayed on the Magnolia Web site?</b>	No.
<b>SCHEDULING EXAMS</b>	
<b>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?</b>	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.
<b>WHICH MEDICAL PROVIDERS ARE AFFECTED?</b>	
<b>Which medical providers are affected by the outpatient imaging program?</b>	<p>Any provider who orders or performs advanced imaging procedures in an outpatient 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.</p> <ul style="list-style-type: none"> <li>• Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.</li> <li>• Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> <li>• Freestanding diagnostic facilities</li> <li>• Hospital outpatient diagnostic facilities</li> <li>• Provider offices</li> </ul> </li> </ul>

CLAIMS RELATED	
<b>Where do providers send their claims for outpatient, non-emergent advanced imaging services?</b>	<p>Magnolia network providers should continue to send claims directly to Magnolia:</p> <p style="text-align: center;">Magnolia Health Plan P. O. Box 3090 Farmington, MO 63640-3825</p> <p style="text-align: center;">Or</p> <p>Submit your claims electronically via Emdenon, SSI or Gateway EDI. For electronic submission Magnolia’s payor ID is 68062.</p> <p>Providers are encouraged to use EDI claims submission.</p>
<b>How can providers check claims status?</b>	Providers should continue to check claims status at the Magnolia Web site at <a href="http://www.MagnoliaHealthPlan.com">www.MagnoliaHealthPlan.com</a> .
<b>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</b>	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
MISCELLANEOUS	
<b>How is medical necessity defined?</b>	<p>NIA defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>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;</li> <li>Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>Be appropriate to the intensity of service and level of setting;</li> <li>Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>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</li> <li>Not furnished primarily for the convenience of the member, the attending physician, or other provider.</li> </ul>
<b>Where can a provider find NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?</b>	NIA’s Diagnostic Imaging Guidelines for clinical use of examination can be found on the Web site at <a href="http://www.RadMD.com">www.RadMD.com</a> . 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.
<b>What will the Member ID card look like? Will the ID card have both</b>	The Magnolia Member ID card will not contain any NIA identifying information on it.



**NIA and Magnolia information on it? Or will there be two cards?**



**Rx: US Script  
BIN:008019**

**Member Name: Jane Doe  
Medical ID#: XXXXXXXXXXX**

**PCP Name: John Doe  
PCP Number: XXX-XXX-XXXX**

**If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Magnolia for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Magnolia NurseWise® toll-free at 1-866-912-6285 (TDD/TTY 1-877-725-7753 or Mississippi Relay Services at 711). NurseWise is open 24 hours a day.**

**MEMBERS:**

Member Services line 1-866-912-6285  
TDD/TTY 1-877-725-7753  
Mississippi Relay Services 711  
24/7 NurseWise 1-866-912-6285  
Dental/Vision 1-866-912-6285

**Magnolia Address**  
111 East Capitol Street  
Suite 500  
Jackson, MS 39201

**PROVIDERS:**

IVR Eligibility inquiry - Prior Auth 1-866-912-6285  
US Script Help Desk 1-800-460-8988  
Behavioral Health 1-877-210-8513

**Medical claims:**

Magnolia  
Attn: CLAIMS  
PO Box 3090  
Farmington, MO 63640-3825

Provider/claims information via the web: [www.MagnoliaHealthPlan.com](http://www.MagnoliaHealthPlan.com).

**CONTACT INFORMATION**

**Who can a provider contact at NIA for more information?**

Providers can contact Charmaine Gaymon, Provider Relations Manager, at (410) 953-2615.