

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

Question	Answer
GENERAL	
Why is Windsor Health Plan implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA/CCTA, MRI/MRA, PET Scans and Nuclear Cardiology procedures for our members.
Why did Windsor Health Plan select National Imaging Associates, Inc. (NIA) to manage its outpatient advanced imaging 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 Windsor Health Plan membership.
IMPLEMENTATION	
What is the implementation date for this outpatient imaging program?	Implementation will be February 1, 2011.
PRIOR AUTHORIZATION	
What radiology imaging services will require a provider to obtain a prior authorization?	The following imaging procedures require prior authorization through NIA: <ul style="list-style-type: none"> • CT/CTA/CCTA • MRI/MRA • PET Scan • Nuclear Cardiology
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent CT/CTA/CCTA, MRI/MRA, PET Scans and Nuclear Cardiology imaging 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, observation, and inpatient imaging procedures do not require prior authorization through NIA. However, the observation or inpatient admission itself will continue to require authorization through Windsor Health Plan.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.

<p>Is an authorization needed for a CT-guided biopsy?</p>	<p>Yes, please contact Windsor Health Plan for authorization for this service. 1-866-270-5223. NIA will not process the authorization request for this procedure.</p>
<p>Are routine radiology services a part of this program?</p>	<p>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.</p>
<p>Are inpatient advanced imaging procedures included in this program?</p>	<p>Inpatient imaging procedures are not included in this program. Authorization is required through Windsor Health Plan for the observation and/or inpatient admission.</p>
<p>Is prior authorization required for imaging studies performed in the emergency room?</p>	<p>No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.</p>
<p>How does the ordering provider obtain a prior authorization from NIA for an outpatient advanced imaging service?</p>	<p>Providers will be able to request prior authorization via the NIA website www.RadMD.com or by calling the NIA toll-free number 1-800-642-2798.</p>
<p>What information will NIA require in order to receive prior authorization?</p>	<p>To fast track 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"> • 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 the examination*: • Symptoms and their duration (including cardiac symptoms, risk factors and related history when requesting cardiac services) • Physician exam findings (including findings applicable to the requested services, e.g. for cardiac services, include BMI, blood pressure, whether or not patient is a smoker, history of diabetes or hypertension, family history, etc.) • Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication) • Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation). For



	<p>cardiac services, include total cholesterol, ECG results, HDL level, problems with exercise capacity and results of previous cardiac evaluation procedures (e.g. stress test, echocardiogram, catheterization, etc.)</p> <ul style="list-style-type: none"> Reason the study is being requested (e.g., further evaluation, rule out a disorder) <p>Please be prepared to fax the following information, if requested:</p> <ul style="list-style-type: none"> Clinical notes Reports of previous procedures Specialist reports/evaluation
<p>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?</p>	<p>Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.</p>
<p>What kind of response time can ordering providers expect for prior authorization?</p>	<p>The best way to increase the possibility of having an authorization request approved on line through www.RadMD.com or at the time of the first call through the toll-free number, 1-800-642-2798 is to have knowledge of the case including:</p> <ul style="list-style-type: none"> 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 <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>
<p>What will the NIA authorization number look like?</p>	<p>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.</p>

If requesting authorization through RADMD and the request pends, what happens next?	You will receive a tracking number and NIA will contact you to complete the process.
Can RadMD be used to request retrospective or priority (same day) authorization request?	No, those requests will need to be called into NIA’s Call Center for processing.
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?	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.
Can the rendering facility obtain authorization in the event of an urgent test?	Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 30 days from the date of initial request.
Is prior authorization necessary for an outpatient, advanced imaging service if Windsor Health Plan is NOT the member’s primary insurance?	No. When Windsor is the secondary payor no authorization is required, if the primary payor covers the indicated service.
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.
Does NIA allow retro-authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Claims for CT/CTA/CCTA, MRI/MRA, PET Scans and Nuclear Cardiology 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. 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.
What happens if I have a service scheduled for February 1, 2011?	An authorization should be obtained for all advanced radiology tests for dates of service February 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, as long as there is no record of a denied claim on file with the Health Plan for the services requested and the requesting provider is in-network with the Health Plan. NIA and Windsor Health Plan will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required. Windsor Health Plan will process requests until January 31, 2011, midnight. After that time requests will be forwarded to NIA for processing.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the Web site at www.RadMD.com .
Will the NIA authorization number be displayed on the Windsor Health Plan Web site?	No.
SCHEDULING EXAMS	
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?	
Which medical providers are affected by the outpatient imaging program?	<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"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> • Freestanding diagnostic facilities • Hospital outpatient diagnostic facilities • Provider offices

CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent advanced imaging services?	Windsor Health Plan network providers should continue to send claims directly to Windsor Health Plan. Providers are encouraged to use EDI claims submission.
How can providers check claims status?	Providers should continue to check claims status at the Windsor Health Plan Web site.
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 Benefits (EOB) notification.
MISCELLANEOUS	
How is medical necessity defined?	NIA defines medical necessity as services that: <ul style="list-style-type: none"> 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 care setting; Provide unique, essential, and appropriate information when used for diagnostic purposes;
Will provider trainings be offered closer to the February 1, 2011 implementation date?	NIA will conduct provider training sessions during January, 2011.
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 the Web site at 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.
What will the Member ID card look like? Will the ID card have both NIA and Windsor Health Plan information on it? Or will there be two cards?	The Windsor Health Plan Member ID card will not change and will not contain any NIA identifying information on it.



CONTACT INFORMATION

Who can a provider contact at for more information?

Windsor Health Plan Provider Help Desk 866-270-5223