

## NIA Frequently Asked Questions (FAQ's) For Highmark West Virginia Providers

Question	Answer
<b>GENERAL</b>	
<b>Why is Highmark West Virginia implementing an outpatient imaging program?</b>	To improve quality and manage the utilization of non-emergent CT/CTA/CCTA, MRI/MRA, PET Scans, Nuclear Cardiology/MPI and Stress Echo procedures for our members.
<b>Why did Highmark West Virginia select 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 Highmark West Virginia membership.
<b>IMPLEMENTATION</b>	
<b>What is the implementation date for changes to the outpatient imaging program?</b>	Implementation will be January 1, 2011.
<b>PRIOR AUTHORIZATION</b>	
<b>What radiology imaging services will require a provider to obtain a prior authorization?</b>	<p>The following imaging procedures require prior authorization through NIA:</p> <ul style="list-style-type: none"> <li>• CT/CTA/CCTA</li> <li>• MRI/MRA</li> <li>• PET Scan</li> <li>• Nuclear Cardiology/MPI</li> </ul> <p>The following imaging procedure requires prior notification only:</p> <ul style="list-style-type: none"> <li>• Stress Echo</li> </ul>
<b>When is prior authorization required?</b>	<p>Prior authorization is required for outpatient, non-emergent CT/CTA/CCTA, MRI/MRA, PET Scans and Nuclear Cardiology/MPI procedures. Prior notification is required for stress echo procedures. Ordering providers must obtain prior-authorization/prior-notification of these procedures prior to the service being performed at an imaging facility.</p> <p><u>Note:</u> Emergency room, observation, ambulatory surgery centers and inpatient imaging procedures do not require prior authorization through NIA.</p>
<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 imaging procedures are not included in this program.
<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/notification via the NaviNet Provider Portal) or by calling 1-800-344-5245 for commercial or 1-800-269-6389 for Medicare Advantage Freedom Blue.
<b>What information will NIA require 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 the examination*:</li> <li>• Symptoms and their duration (including cardiac symptoms, risk factors and related history when requesting cardiac services)</li> <li>• 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.)</li> <li>• Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)</li> <li>• Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped</li> </ul>



	<p>procedures, referrals to specialist and specialist evaluation). For 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"> <li>Reason the study is being requested (e.g., further evaluation, rule out a disorder)</li> </ul> <p>Please be prepared to fax the following information, if requested:</p> <ul style="list-style-type: none"> <li>Clinical notes</li> <li>Reports of previous procedures</li> <li>Specialist reports/evaluation</li> </ul>
<p><b>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?</b></p>	<p>Yes. NIA can handle multiple authorization/notification requests per contact. Separate authorization/notification numbers are issued by NIA for each study that is authorized.</p>
<p><b>What kind of response time can ordering providers expect for prior authorization?</b></p>	<p>The best way to increase the possibility of having an authorization request approved on line through NaviNet <i>or</i> at the time of the first call through the toll-free number, 1-800-344-5245 for commercial or 1-800-269-6389 for Medicare Advantage Freedom Blue is to have knowledge of the case including:</p> <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>
<p><b>What will the NIA authorization number look like?</b></p>	<p>The NIA authorization/notification number will consist of 8 or 9 alphanumeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the same as an authorization/notification 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>
<p><b>If requesting authorization through NaviNet and the request pends, what happens next?</b></p>	<p>You will receive a tracking number and NIA will contact you to complete the process.</p>

<p><b>Can NaviNet be used to request retrospective or expedited authorization request?</b></p>	<p>No, those requests will need to be called into NIA’s Call Center for processing.</p>
<p><b>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?</b></p>	<p>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.</p>
<p><b>Can the rendering facility obtain authorization in the event of an urgent test?</b></p>	<p>Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.</p>
<p><b>How long is the prior authorization number valid?</b></p>	<p>The authorization number is valid for 60 days from the date of final determination</p>
<p><b>Is prior authorization necessary for an outpatient, advanced imaging service if Highmark West Virginia is NOT the member’s primary insurance?</b></p>	<p>Yes.</p>
<p><b>If a provider obtains a prior authorization/notification number does that guarantee payment?</b></p>	<p>An authorization/notification number is not a guarantee of payment. Authorizations/notifications 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.</p>
<p><b>Does NIA allow retro-authorizations?</b></p>	<p>It is important that rendering facility staff be educated on the prior authorization/prior-notification requirements. Claims for CT/CTA/CCTA, MRI/MRA, PET Scans and Nuclear Cardiology/MPI procedures that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. Prior notification is required for stress echo procedures. 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.</p>

<p><b>What happens if I have a service scheduled for January 1, 2011?</b></p>	<p>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/notification is not obtained before the test is performed, facilities will be able to initiate a retro-authorization. NIA and Highmark West Virginia will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.</p>
<p><b>Can a provider verify an authorization number online?</b></p>	<p>Yes. Providers can check the status of member authorization quickly and easily by accessing NaviNet.</p>
<p><b>Will the NIA authorization/notification number be displayed on the Highmark West Virginia Web site?</b></p>	<p>No.</p>
<p><b>SCHEDULING EXAMS</b></p>	
<p><b>How will NIA determine where to schedule an exam for a Highmark West Virginia member?</b></p>	<p>Highmark West Virginia members will utilize the Highmark West Virginia network of radiology providers. Referral is determined by several considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.</p>
<p><b>Why does NIA ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization/notification before they call to schedule an appointment?</b></p>	<p>At the end of the authorization/notification 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/notification before scheduling the patient.</p>
<p><b>WHICH MEDICAL PROVIDERS ARE AFFECTED?</b></p>	
<p><b>Which medical providers are affected by the outpatient imaging program?</b></p>	<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/notification 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:</li> </ul>

	<ul style="list-style-type: none"> <li>• Freestanding diagnostic facilities</li> <li>• Hospital outpatient diagnostic facilities</li> <li>• Provider offices</li> </ul>
<b>CLAIMS RELATED</b>	
<b>Where do providers send their claims for outpatient, non-emergent advanced imaging services?</b>	<p>Highmark West Virginia network providers should continue to send claims directly to Highmark West Virginia.</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 Highmark West Virginia Web site.
<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.
<b>PRIVILEGING</b>	
<b>Where can I direct questions about the Highmark West Virginia Privileging Application and/or privileging process</b>	Information regarding the privileging process will be forwarded at a later date.
<b>What is the difference between Privileging and Credentialing?</b>	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).
<b>MISCELLANEOUS</b>	
<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</li> </ul>

	<p>when used for diagnostic purposes;</p> <ul style="list-style-type: none"> <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>How will referring/ordering providers know who NIA is?</b>	Highmark West Virginia and NIA will mail notification letters and educational materials to providers. Highmark West Virginia and NIA are also conducting educational trainings for providers.
<b>Will provider trainings be offered closer to the January 1, 2011 implementation date?</b>	NIA will conduct provider training sessions during September and October, 2010
<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.msbcbs.com">www.msbcbs.com</a> or NaviNet Plan Central. 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 NIA and Highmark West Virginia information on it? Or will there be two cards?</b>	The Highmark West Virginia Member ID card will not change and will not contain any NIA identifying information on it.
<b>CONTACT INFORMATION</b>	
<b>Who can a provider contact at NIA for more information?</b>	Providers can contact Kristy Over, Provider Relations Manager, at 1-410-953-2620.