



Radiology Benefit Management Program

Questions and Answers



Frequently Asked Questions

Q.1 Is prior authorization required for emergency situations?

A.1 No. Services rendered in an Emergency Room are exempt from prior authorization. It is not necessary for physicians or staff to call NIA retrospectively to authorize any imaging procedure performed during an Emergency Room visit.

Q.2 What kind of response time can ordering physicians expect for prior authorization?

A.2 NIA approves 70 to 75 percent of all authorization requests at the time of intake. Generally, if cases cannot be approved at intake, NIA makes a determination within 2 business days after receipt of request. In some cases, the review process can take longer if additional clinical information is required to make a determination. All non-urgent determinations must be made within 14 calendar days.

To increase the possibility of approval at the time of request, please have the following information available:

- Patient symptoms and their duration.
- Physical exam findings.
- Conservative treatment already completed.
- Preliminary procedures already completed (e.g., x-rays, CTs and lab work).
- Reason the study is being requested (e.g., further evaluation, rule out a disorder).

Q.3 Where can I find NIA's guidelines for clinical use of diagnostic imaging examinations?

A.3 NIA's clinical guidelines for use of examinations can be found on NIA's Web site at www.RadMD.com under Online Tools/Clinical Guidelines. The provider can drill down to procedure-specific guidelines by selecting the health plan, type of study and specific exam. NIA's clinical guidelines have been developed from practice experience, literature reviews, specialty criteria sets and empirical data. If you cannot find the applicable guideline on RadMD, you can request a copy of the specific criteria at the time of the determination.

Q.4 Can NIA handle multiple authorization requests per contact?

A.4 Yes. Upon contacting NIA via the Web site or telephone, NIA staff can provide authorizations for CareSource members as well as members covered by other health plans.

Q.5 Do physicians have to obtain authorization before they call to schedule an appointment?

A.5 Physicians should obtain authorization before scheduling the patient. The exact date of service is not required. NIA asks for an anticipated date of service and where the procedure will be performed.

Q.6 How long is an authorization number valid?

A.6 The authorization number is valid for 60 days from the date of the authorization.

- Q.7 What if my office staff forgets to contact NIA and schedules an imaging procedure requiring prior authorization?**
- A.7 It is important that office staff be educated on the prior authorization requirements for CareSource members beginning July 1, 2009. Claims for Computerized Axial Tomography (CT/CTA) Scans, Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA) and, Positron Emission Tomography (PET) Scan procedures that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization.
- Q.8 How long does it take to obtain authorization for an urgent study?**
- A.8 If feasible, please obtain prior authorization for urgent studies. NIA will make an authorization decision within 72 hours or as expeditiously as needed. If you are unable to obtain prior authorization, the ordering physician must contact NIA within one (1) business day to initiate the review process for medical necessity.
- Q.9 Is an NIA authorization number needed for a CT-guided biopsy or an MRI-guided procedure?**
- A.9 No. A CT-guided biopsy or an MRI-guided procedure does not require prior authorization.
- Q.10 Which PET scans require prior authorization?**
- A.10 All outpatient, non-emergent PET scans require authorization by NIA.
- Q.11 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?**
- A.11 The radiologist or rendering provider should proceed with the pelvic study. If this occurs, either the radiologist or rendering physician must call NIA to request the additional study with the clinical information to support the request. NIA will begin the review process and follow up with the ordering physician to complete the process; or the radiologist or rendering provider should notify the patient's ordering physician of the need for an additional test. The ordering physician should then call NIA within one (1) business day after the study is provided to initiate the review process for the additional test.
- Q.12 If a patient needs a CT in preparation for radiation therapy is prior authorization necessary?**
- A.12 No, these do not require authorization.
- Q.13 Can a chiropractor order images?**
- A.13 Yes.
- Q.14 How are procedures that do not require NIA prior authorization handled?**
- A.14 No prior authorization is required for any other radiology services. Claims for non-advanced services should be handled as they are today through CareSource.
- Q.15 If requesting authorizations through NIA's Web site and the request pends, what happens next?**
- A.15 You will receive a tracking number and NIA will contact you to complete the process.
- Q.16 Can RadMD be used to request retrospective or expedited authorization requests?**
- A.16 No, retrospective or expedited requests will need to be called into NIA's Call Center for processing.

Q.17 Can I speak directly with a Clinical Reviewer or Physician (Peer-to-Peer) Level Reviewer?

A.17 Once the initial intake process is complete, you may request to be transferred to a clinical reviewer. The initial intake process is necessary to obtain the information needed to determine member eligibility and to process the request.

Q.18 What steps will the ordering physician take when the authorization is not given during the initial intake process?

A.18 The case will be forwarded to NIA's clinical staff who will review the clinical information submitted. If needed, the clinical staff will request that you provide additional clinical information. You can fax this information to NIA through its dedicated clinical fax line. An ordering provider can also request a hot transfer to a nurse clinical reviewer during the initial request; however, this should only be requested if the office has a clinician who can speak with NIA's nurses and who has additional clinical information that would support the requested study.

If authorization is still pending at the end of the initial call, it is not necessary for the ordering physician's office to remain on the line. If the authorization request still does not meet clinical criteria at the nurse review level, it will be escalated to physician review. At that point, the NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

Q.19 If NIA denies prior authorization of an imaging study, do we have the option to appeal the decision?

A.19 If a physician does not agree with the medical necessity decision made by NIA, the physician may appeal the decision through CareSource. The appeals process is detailed in the denial letter sent to the physician.

Q.20 Can a facility access information on an approved authorization?

A.20 Yes, approved authorizations can be viewed after provider login on www.RadMD.com.

Q.21 How will NIA determine where to schedule an exam?

A.21 NIA is contracted with a network of freestanding facilities and can also utilize CareSource network radiology providers. Referral is determined by several considerations including physician request, clinical requirements, cost efficiency, continuity of care based on previous exams, and member preference. Typically, exams performed at freestanding outpatient facilities are less expensive than hospital outpatient sites and will be the preferred place of service.