

Virginia Premier Health Plan

Radiology Utilization Management

Quick Reference Guide



Effective November 1, 2011

Virginia Premier Health Plan has selected National Imaging Associates, Inc. (NIA) to provide radiology network management services. NIA will provide utilization management services for outpatient CT, CTA, CCTA, MRI, MRA, PET Scan, and Nuclear Cardiology imaging procedures.

Procedures Requiring Prior Authorization Under Many Virginia Premier Health Plan Plans *

- CT/CTA/CCTA
- MRI/MRA
- PET Scan
- Nuclear Cardiology

*A separate authorization number is required for each procedure ordered.

The following services will not be impacted by this relationship:

- Inpatient advanced radiology services
- Emergency room advanced radiology services
- Observation setting radiology procedures
- Outpatient radiology services other than CT, CTA, CCTA, MRI, MRA, PET Scan, and Nuclear Cardiology imaging studies
- Virginia Premier Health Plan will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology)

If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call NIA at 1-800-642-7578 the next business day to initiate the normal review process.

Please refer to NIA's website, www.RadMD.com to obtain the Premier Health Plan/ NIA Billable CPT® Codes Claim Resolution Matrix for all of the CPT-4 codes that NIA authorizes on behalf of Virginia Premier Health Plan.

Prior Authorization Process

You may obtain prior authorization through the NIA Web site at www.RadMD.com or through the NIA Call Center at 1-800-642-7578 (toll-free).

To expedite the process, please have the following information ready before logging on to NIA's Web site or calling the NIA Utilization Management staff (*denotes required information):

- 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*

Prior Authorization Recommendations

To ensure that authorization numbers have been obtained, the following recommendations should be considered.

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the specified procedures under many plans.
- If a physician office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the referring physician has not obtained prior authorization when required, inform the physician of this requirement and advise him/her to obtain an authorization by visiting NIA's Web site at www.RadMD.com, or by calling NIA's toll-free number, 1-800-642-7578. You may elect to institute a time period in which to obtain the prior authorization number, e.g., one business day.

NIA's Diagnostic Clinical Guidelines can be found on NIA's Web site, www.RadMD.com. NIA's clinical guidelines for the use of imaging examinations have been developed from practice experience, literature review, specialty criteria sets and empirical data.

Quick Contacts

- Web Site: www.RadMD.com
- Toll-free Phone Number: 1-800-642-7578
- Call Center Hours: Mon-Fri 8 a.m. to 8 p.m. EST

Important Notes

- Authorizations are valid for 45 days from the date of service.
- The NIA authorization number consists of 9 digits beginning with 8 (i.e. 800000000). In some cases, you may instead receive an NIA tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial request. You can use either number to track the status of the request on the RadMD Web site or via NIA's Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter or EOB/EOP.
- It is the responsibility of the physician ordering the imaging examination to call for prior authorization.
- If the authorization is not given during the initial intake process (level 1), the case will be forwarded to NIA's clinical department who will review the clinical information. If additional information is requested, it can be faxed to NIA's dedicated clinical fax line. An ordering office may request an immediate transfer to a nurse clinical reviewer (level 2) during the initial request; however, this request should only be made if a clinician in the office is available to speak with NIA's nurses and provide additional clinical information that would support the requested study.
- If the 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 (level 3). At that point, the NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

Virginia Premier Health Plan will retain responsibility and control over claims adjudication and all medical policies and procedures while NIA will manage the precertification process using nationally revered clinical guidelines for imaging/radiology services.

Disclaimer: An authorization number is not always a guarantee of payment.