



## NIA Frequently Asked Questions (FAQ's) For Blue Cross of Northeastern Pennsylvania Providers

Question	Answer
<b>GENERAL</b>	
<b>Why is Blue Cross of Northeastern Pennsylvania 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 and Stress Echo procedures for our members.
<b>Why did Blue Cross of Northeastern Pennsylvania 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 Blue Cross of Northeastern Pennsylvania membership.
<b>IMPLEMENTATION</b>	
<b>What is the implementation date for this outpatient imaging program?</b>	Implementation is November 1, 2011.
<b>PRIOR AUTHORIZATION</b>	
<b>What radiology imaging services will require a provider to obtain a prior authorization?</b>	The following imaging procedures require prior authorization through NIA: <ul style="list-style-type: none"> <li>● CT/CTA/CCTA</li> <li>● MRI/MRA</li> <li>● PET Scan</li> <li>● Nuclear Cardiology</li> <li>● Stress Echo</li> </ul>
<b>When is prior authorization required?</b>	Prior authorization is required for outpatient, non-emergent CT/CTA/CCTA, MRI/MRA, PET Scans, Nuclear Cardiology and Stress Echo imaging procedures. Ordering providers must obtain prior authorization of these procedures before the service is performed at an imaging facility. <u>Note:</u> Imaging procedures performed in the following settings do not require prior authorization through NIA: emergency room, observation, inpatient and urgent care centers.
<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>Are routine radiology services a part of this</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.



program?	
<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>	<p>Providers will be able to request prior authorization online via NaviNet at <a href="http://www.navinet.net">www.navinet.net</a> or by calling:</p> <p>FPH HMO/CHIP—1.800.962.5353  FPLIC Traditional—1.800.638.0505  FPLIC PPO—1.866.262.5623  FPLIC EPO—1.888.345.2360</p> <p><b>NOTE: NaviNet ( <a href="http://www.navinet.net">www.navinet.net</a> ) will not be available until early November 2011 to process authorization requests. Please use the applicable call center number above until NaviNet is available for these transactions.</b></p>
<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 NaviNet 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*: <ul style="list-style-type: none"> <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 procedures, referrals to specialist and specialist evaluation).</li> </ul> </li> </ul>



	<p>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 requests per contact. Separate authorization 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 online at <a href="http://www.navinet.net">www.navinet.net</a> or at the time of the first call to the toll-free numbers below, is to know:</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</li> <li>● History of medical or surgical treatment</li> </ul> <p>FPH HMO /CHIP—1.800.962.5353 FPLIC Traditional—1.800.638.0505 FPLIC PPO—1.866.262.5623 FPLIC EPO—1.888.345.2360</p> <p>Approximately 70 percent of the authorization requests are being approved online or during the initial phone call. Generally, within two 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 number will consist of 9 or 10 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.</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 expedited</b></p>	<p>No, expedited requests must be called into the Call Center for processing.</p>



# BlueCross of Northeastern Pennsylvania

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<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>	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. 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.
<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 final determination.
<b>Is prior authorization necessary for an outpatient, advanced imaging service if Blue Cross of Northeastern Pennsylvania is NOT the member’s primary insurance?</b>	Yes for First Priority Health No for all other BCNEPA lines of business/products (i.e. FPLIC).
<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/CTA/CCTA, MRI/MRA, PET scans, nuclear cardiology and stress echo 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 November 1, 2011?</b>	An authorization should be obtained for all advanced radiology tests for dates of service November 1, 2011 and later. NIA and Blue Cross of Northeastern Pennsylvania will be working with providers on an ongoing basis to educate providers about required authorizations.
<b>Can a provider verify an authorization number online?</b>	Yes. Providers can check the status of member authorization quickly and easily through NaviNet at <a href="http://www.navinet.net">www.navinet.net</a> .
<b>Will the NIA authorization number be displayed on the Blue Cross of Northeastern Pennsylvania website?</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>	Any provider who orders or performs advanced imaging procedures in an outpatient setting is affected by the outpatient imaging program. 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. Impacted medical providers are: <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>
<b>CLAIMS RELATED</b>	
<b>Where do providers send their claims for outpatient, non-emergent advanced imaging services?</b>	Blue Cross of Northeastern Pennsylvania network providers should continue to send claims as is their normal course of business.  Providers are encouraged to use EDI claims submission
<b>How can providers check claims status?</b>	BCNEPA NaviNet-enabled providers should continue to check claims status via NaviNet at <a href="http://www.navinet.net">www.navinet.net</a> . Providers who do not have NaviNet access may contact BCNEPA Customer Service at:  FPH HMO /CHIP - 1 800 822 8752 FPLIC Traditional - 1 800 827 7117 FPLIC PPO - 1 866 262 5635 FPLIC EPO - 1 888 345 2353
<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 Blue Cross of Northeastern Pennsylvania Privileging Application and/or privileging process</b>	If providers have any questions regarding the Blue Cross of Northeastern Pennsylvania Privileging Application or process, contact NIA's Provider Assessment Department toll-free at 1.888.972.9642 or at <a href="mailto:RADPrivilege@Magellanhealth.com">RADPrivilege@Magellanhealth.com</a> .



<p><b>Is NIA able to assist providers with questions specific to accreditation and/or about policies and procedures referenced in the Blue Cross of Northeastern Pennsylvania Privileging Application?</b></p>	<p>Yes. NIA’s experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the Blue Cross of Northeastern Pennsylvania Privileging Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the NIA Provider Assessment Department toll-free at 1.888.972.9642 with any questions.</p>
<p><b>How do providers access the Blue Cross of Northeastern Pennsylvania Privileging Application?</b></p>	<p>To access the online application:</p> <ul style="list-style-type: none"> <li>● Visit <a href="http://www.RadMD.com">www.RadMD.com</a></li> <li>● Click on the link for the “Blue Cross of Northeastern Pennsylvania Privileging Application” (located under Online Tools) and click “Login”. Enter your login information. (If the provider does not know their login, have them contact NIA’s Provider Assessment Department toll-free at 1.888.972.9642).</li> </ul>
<p><b>How user friendly is NIA’s online Diagnostic Imaging Privileging Application?</b></p>	<p>NIA offers a very user-friendly online application that can be quickly and easily completed by the user. It is a “smart” application which only will ask questions that apply directly to the practice, based on the previous responses provided. For example, if the office offers only MRI services, no questions will be asked regarding CT or other imaging modalities.</p> <p>If the provider needs to step away from the computer, they can choose to save the application and return to complete it at a later time. The application will also “auto save” if they forget to save the application before completing and submitting it.</p> <p>If there are changes to the practice information after the initial application has been submitted (e.g. practice obtained an additional piece of equipment or achieved accreditation), they may access their original application online, make the necessary modifications and submit a revised application. It is important to note that the provider is able to revise an existing application rather than completing a whole new application.</p> <p>However, please note that a separate application is required for each practice location.</p>
<p><b>If the provider has additional practice locations, how do they complete additional applications?</b></p>	<p>A separate application must be completed for each practice location at where diagnostic imaging services are performed. Facilities do not always perform the same imaging services at each of their locations. Imaging equipment can also be different at each site. To ensure we have accurate information for each location NIA requires a separate application be completed for each additional location. Please contact NIA’s Provider Assessment Department at 1-888-972-9642 to obtain additional login(s). This will allow the provider to go online to complete an application for each location.</p>
<p><b>What is the difference between Privileging and</b></p>	<p>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</p>

<b>Credentialing?</b>	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 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>How will referring/ordering providers know who NIA is?</b>	Blue Cross of Northeastern Pennsylvania will notify referring/ordering providers about the NIA outpatient imaging program via the BCNEPA Provider Bulletin and additional educational materials that will be available at <a href="http://www.BCNEPA.com/providers">www.BCNEPA.com/providers</a> . Blue Cross of Northeastern Pennsylvania and NIA are also conducting educational trainings for providers.
<b>Will provider trainings be offered closer to the November 1, 2011 implementation date?</b>	NIA will conduct provider training sessions during October 2011.
<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 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 NIA and Blue Cross of Northeastern Pennsylvania information on it? Or will there be two cards?</b>	The Blue Cross of Northeastern Pennsylvania Member ID card will not change and will not contain any NIA identifying information on it.



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**CONTACT INFORMATION**

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

Providers can contact Lori Fink, Provider Relations Manager, at 1.410.953.2621.

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