

**Frequently asked questions (for NWH website and RadMD)**

Effective October 1, 2014, Tufts Health Plan – Network Health will use NIA Magellan\* as its radiology benefit management vendor. Here are some frequently asked questions about the transition and the program:

**Q: Why is Tufts Health Plan – Network Health changing its radiology benefit management vendor?**

A: Tufts Health Plan – Network Health is changing vendors to streamline the process with Tufts Health Plan.

**Q: Why did Tufts Health Plan – Network Health select NIA to manage its outpatient advanced imaging services?**

A: Tufts Health Plan – Network Health selected NIA because of its clinically-driven program, designed to effectively manage quality, patient safety, and appropriate utilization.

**Q: What plans will be managed by NIA?**

A: All Tufts Health Plan – Network Health products (*Tufts Health Together, Tufts Health Unify, Tufts Health Forward, Tufts Health Extend, Tufts Health Direct, and Network Health Choice.*) will be managed by NIA.

**Q: When does the program go live?**

A: October 1, 2014

**Q: When should I start requesting authorization from NIA instead of MSI?**

A: You can get prior authorization from NIA beginning September 29, 2014, for all procedures with dates of service of October 1, 2014, and beyond.

**Q: What services require prior authorization through NIA?**

A:

- CT/CTA
- MRI/MRA
- PET scan
- CCTA
- Myocardial perfusion imaging
- MUGA scan

**Q: What services do not require prior authorization?**

A:

- Emergency room imaging
- Observation and inpatient imaging

**Q: Is prior authorization necessary for sedation with an MRI?**

\* NIA Magellan refers to National Imaging Associates, Inc.

A: No. Prior authorization is not required for sedation with an MRI, but we do require prior authorization for the actual MRI.

**Q: Is an NIA authorization number needed for a CT-guided biopsy?**

A: No. Prior authorization is not required for this procedure.

**Q: Are routine radiology services a part of this program?**

A: No. Routine radiology services, such as X-ray, ultrasound, or mammography, are not part of this program and do not require prior authorization.

**Q: Are inpatient advanced imaging procedures included in this program?**

A: No. Imaging procedures performed in an inpatient setting do not require prior authorization.

**Q: Is prior authorization required for imaging studies performed in the emergency room?**

A: No. Imaging studies performed in the emergency room do not require prior authorization.

**Q: How do I get a prior authorization from NIA?**

A: You can request a prior authorization online at RadMD.com or by calling NIA at 800-207-4209.

**Q: What information is required in order to receive prior authorization?**

A: The following information is needed to get prior authorization (\* denotes required information):

- Name and office phone number of ordering provider\*
- Member name and ID number\*
- Requested examination\*
- Name of network provider office or facility where the service will be performed\*
- Anticipated date of service (if known)
- Details justifying examination\*
  - Symptoms and their duration
  - Physical exam findings
  - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
  - Preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
  - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Out-of-network requests require separate authorization for the out-of-network vendor of the service\*

**Q: Can I request more than one procedure at a time for a member (e.g., CT of abdomen and CT of thorax)?**

A: Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.

**Q: Can I request more than one authorization at a time for multiple members (e.g., CT of abdomen and CT of thorax for two separate patients)?**

A: Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study and each patient that is authorized.

**Q: What kind of response time can I expect for prior authorization?**

A: NIA will make a decision generally within two business days after receiving your request and the appropriate clinical information. The review process may be extended if additional clinical information is required to make a determination.

**Q: What does the NIA authorization number look like?**

A: The NIA authorization number consists of eight or nine alphanumeric characters. In some cases, you may receive an NIA tracking number (not the same as an authorization number) if your authorization request is not approved initially. You can use either number to track the status of your request online or through the Interactive Voice Response (IVR) telephone system.

**Q: What happens if my request pends?**

A: If your request pends, you will receive a tracking number and NIA will contact you to complete the authorization process.

**Q: Can I use RadMD to request an expedited authorization request?**

A: No. You will need to call NIA at 800-207-4209 for an expedited authorization request.

**Q: What happens if my patient is authorized for a CT of the abdomen and the radiologist or rendering provider feels an additional study of the thorax is needed?**

A: If the radiologist or rendering provider feels that an additional study is needed, please call NIA at 800-207-4209 immediately with the appropriate clinical information for an expedited review.

**Q: Can the rendering facility get an authorization in the event of an urgent test?**

A: Yes. If an urgent clinical situation exists outside of a hospital emergency room, please call NIA at 800-207-4209 immediately with the appropriate clinical information for an expedited review.

**Q: How long is the prior authorization number valid?**

A: The authorization number is valid for 90 days from the date of request. When a procedure is authorized, NIA will use the date of the initial request as the starting point for the 90-day period in which the examination must be completed.

**Q: If I get a prior authorization number, does that guarantee payment?**

A: No. An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and payment is contingent upon eligibility and benefits available on the date of the service. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

**Q: Can I verify an authorization number online?**

A: Yes. You can check the status of authorizations quickly and easily by going to RadMD.com.

**Q: Will the NIA authorization number display on the Tufts Health Plan – Network Health website?**

A: No.

**Q: How will NIA determine where to schedule an exam for a Tufts Health Plan – Network Health patient?**

A: NIA will manage nonemergent outpatient radiology services through Tufts Health Plan – Network Health’s contractual relationships.

**Q: Why does NIA ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before they call to schedule an appointment?**

A: 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. Providers should obtain authorization when scheduling the patient.

**Q: Which providers are affected by the outpatient imaging program?**

A: Any provider who orders or performs advanced imaging procedures in an outpatient setting is affected. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to ensure there is a prior authorization completed before billing for the service.

**Q: Where do I send claims for nonemergent advanced imaging services?**

A: The process for paying claims has not changed. For nonemergent and urgent imaging services, continue to send claims to Tufts Health Plan – Network Health, P.O. Box 8115, Park Ridge, IL 60068-8115. This address can be found on the back of the Tufts Health Plan – Network Health member ID card. You are also encouraged to follow your normal EDI claims process.

**Q: How can I check claims status?**

A: You can check claims status at Network-Health.org.

**Q: Who should I contact if I want to appeal a prior authorization or claims payment denial?**

A: You may request an appeal within **60 calendar days** of an adverse determination in the following ways:

- **Telephone** — call us at **888-257-1985**, Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays. We offer translation services in more than 200 languages
- **TTY/TTD** — people with hearing loss can call our TTY line at 888-391-5535, Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays.
- **Mail** — request an internal appeal by mail, by sending a copy of the notice of adverse determination and any additional information about the internal appeal to Tufts Health Plan – Network Health, Attn: Appeal and Grievance Team, 101 Station Landing, Fourth Floor, Medford, MA 02155.
- **Email** — request an internal appeal by email via the “Contact Us” section of our website at Network-Health.org.
- **Fax** — request an internal appeal by faxing us at 781-393-2643.
- **In person** — visit our 101 Station Landing (Medford, Mass.) address, Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays.

**Q: How is medical necessity defined?**

A: NIA and Tufts Health Plan – Network Health define medical necessity as services that:

- Meet generally accepted standards of medical practice; are appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;
- Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- Are appropriate to the intensity of service and level of setting;
- Provide unique, essential, and appropriate information when used for diagnostic purposes;
- Are 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
- Are not furnished primarily for the convenience of the patient or the attending provider.

**Q: Where can I find NIA’s guidelines for clinical use of diagnostic imaging examinations?**

A: NIA’s clinical guidelines can be found on RadMD.com under “Online Tools/Clinical Guidelines.” NIA’s guidelines for the use of imaging examinations have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data. To get started, go to RadMD.com, click the “New User” button, and submit a “RadMD Application for New Account.” Once the application has been processed and the password link is delivered by NIA via email, you will then be invited to create a new password. Ordering providers will find the link to the approved training/education documents on the “Menu Option” page. For rendering, provider links to the approved training/education documents are found on the “My Practice” page. If you are an imaging facility or hospital that performs imaging exams, an administrator must accept responsibility for creating and managing all logins to RadMD. Links to the approved training/education documents are found on the “My Practice” page for those providers logged in as “Ordering Provider.” Your RadMD login information should not be shared.

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**Q: What do member ID cards look like? Will the member ID card have both NIA and Tufts Health Plan – Network Health information on it? Or will there be two cards?**

A: Tufts Health Plan – Network Health member ID cards do not contain any NIA information on them. No additional card will be issued from NIA.

**Q: What is the benefit of an Optical Character Recognition (OCR) fax coversheet?**

A: The OCR fax coversheet automatically attaches incoming clinical faxes on the appropriate case in NIA's clinical system. NIA strongly recommends that the ordering provider print an OCR fax coversheet from RadMD.com or call NIA at 888-642-7649 to request an OCR fax coversheet if their authorization request is not approved online or during the initial phone call to NIA. NIA can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.

**Q: Who can I contact at NIA for more information?**

A: You can contact April Sidwa, provider relations manager, at 800-450-7281 ext. 31078.