



## National Imaging Associates, Inc. (NIA), Health Net Health Plan of Oregon, Inc. and Health Net Life Insurance Company (Health Net) Frequently Asked Questions (FAQ's) For Health Net Providers

Question	Answer
<b>GENERAL</b>	
Why are Health Net implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, CCTA, MRI/MRA, PET scans, MPI, MUGA scan, echocardiography, and stress echo procedures for members.
Why did Health Net select NIA to manage its outpatient advanced imaging services?	NIA was selected to partner with Health Net because of its clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Health Net members.
Which Health Net members are covered under this relationship and what networks are used?	Effective January 1, 2018, NIA will manage non-emergent outpatient imaging services for Health Net members through Health Net's contractual relationships.
<b>PRIOR AUTHORIZATION</b>	
What is the implementation date for this outpatient imaging program?	Implementation is January 1, 2018.
What imaging services require providers to obtain a prior authorization?	The following imaging procedures require prior authorization through NIA: <ul style="list-style-type: none"> <li>▪ CT/CTA</li> <li>▪ CCTA</li> <li>▪ MRI/MRA</li> <li>▪ PET scan</li> <li>▪ Myocardial perfusion imaging (MPI)</li> <li>▪ MUGA scan</li> <li>▪ Stress echocardiography</li> <li>▪ Transthoracic echocardiography (TTE)</li> </ul>

	Emergency room, observation and inpatient procedures do not require prior authorization from NIA. If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review.
<b>When is prior authorization required?</b>	Prior authorization is required for outpatient, non-emergent CT/CTA, CCTA, MRI/MRA, PET Scans, MPI, MUGA scan, echocardiography, and stress echo procedures. Ordering providers must obtain prior authorization for these procedures prior to the service being performed at an imaging facility.
<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>	No.
<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 procedures are included in the authorization for the inpatient stay that is managed through the Health Net Medical Management Department.
<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 are able to request prior authorization via the Internet at <a href="http://www.RadMD.com">www.RadMD.com</a> or by calling NIA: Health Net of Oregon 1-800-424-4811 or Health Net Medicare Advantage Oregon 1-800-424-4813.
<b>What information is required in order to receive prior authorization?</b>	To expedite the process, please have the following information ready before logging in to the website or calling the NIA call center (*denotes required information):

	<ul style="list-style-type: none"> <li>▪ Name and office telephone 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 is performed*</li> <li>▪ Anticipated date of service</li> <li>▪ Details justifying examination.* <ul style="list-style-type: none"> <li>• Symptoms and their duration</li> <li>• Physical exam findings</li> <li>• Conservative treatment the member has already completed (such as physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, and medications)</li> <li>• Preliminary procedures already completed (such as X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, and specialist evaluation)</li> <li>• Reason the study is being requested (such as further evaluation, rule out a disorder)</li> </ul> </li> </ul>
<p><b>Can a provider request more than one service at a time for a member (such as CT of abdomen and CT of thorax)?</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>Generally, within 2 business days after receipt of request with full clinical documentation, 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 does the NIA authorization number look like?</b></p>	<p>The NIA authorization number consists of 10 alpha-numeric characters. In some cases, the ordering provider may 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. Providers can use either number to track the status of their request online or through an</p>

	interactive voice response (IVR) telephone system.
<b>If requesting authorization through RadMD and the request pends, what happens next?</b>	You will receive a tracking number and NIA will contact you to complete the process.
<b>Can RadMD be used to request an expedited authorization request?</b>	No. Expedited requests must be called into NIA's call center for processing. The number to call to obtain a prior authorization for Health Net of Oregon is 1-800-424-4811 or Health Net Medicare Advantage Oregon is 1-800-424-4813.
<b>What happens if a member is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the thorax is needed?</b>	If the radiologist or rendering provider feels that, in addition to the study already authorized, an additional study is needed, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization for Health Net of Oregon is 1-800-424-4811 or Health Net Medicare Advantage Oregon is 1-800-424-4813.
<b>Can the rendering facility obtain authorization in the event of an urgent test?</b>	Yes. If an urgent clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization for Health Net of Oregon is 1-800-424-4811 or Health Net Medicare Advantage Oregon is 1-800-424-4813.
<b>How long is the prior authorization number valid?</b>	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 or date of final determination as the starting point for the 90 day period in which the examination must be completed.
<b>Is prior authorization necessary for an outpatient, advanced imaging service if Health Net is NOT the member's primary insurance?</b>	No.
<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 are determined when the claim is received for processing.
Does NIA allow retro- authorizations?	It is important that the rendering facility staff be educated on the prior authorization requirements. Effective January 1, 2018, claims for CT/CTA, CCTA, MRI/MRA, PET scans, MPI, MUGA scan echocardiography, 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 services without prior authorization.
Can a provider get an authorization prior to the January 1, 2018 implementation date?	No. An authorization should be obtained for all advanced imaging procedures for dates of service on and after January 1, 2018.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the website at <a href="http://www.RadMD.com">www.RadMD.com</a> .
Will the NIA authorization number be displayed on the Health Net website?	No.
<b>SCHEDULING EXAMS</b>	
How will NIA determine where to schedule an exam for a Health Net member?	NIA manages non-emergent outpatient advanced imaging procedures through Health Net's contractual relationships.
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?	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 an appointment for the member.
<b>AFFECTED MEDICAL PROVIDERS</b>	
Which medical providers are affected by the outpatient imaging program?	Any provider who orders or performs advanced imaging procedures in an outpatient setting. Ordering providers must request a prior authorization and the delivering/servicing providers must ensure there is a prior

	<p>authorization number in order to bill the service.</p> <ul style="list-style-type: none"> <li>• Ordering providers, including primary care physicians (PCPs) and specialty care providers.</li> <li>• Delivering/servicing providers who perform diagnostic advanced imaging services 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>RELATED CLAIMS</b>	
Where do providers send their claims for outpatient, non-emergent advanced imaging services?	Providers should continue to send claims to the address indicated on the back of the Health Net member identification (ID) card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status at the Health Net website at: <a href="http://provider.healthnet.com">provider.healthnet.com</a> .
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	Providers are asked to follow the appeal instructions given on their non-authorization letter or explanation of payment (EOP) notification.
<b>MISCELLANEOUS</b>	
How is medical necessity defined?	<p>NIA defines medical necessity as a service that:</p> <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards.</li> <li>• Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome.</li> <li>• Is appropriate to the intensity of service and level of setting.</li> </ul>

	<ul style="list-style-type: none"> <li>• Provides 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.</li> <li>• Not furnished primarily for the convenience of the member, the attending physician or other provider.</li> </ul>
<p><b>Where can a provider find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?</b></p>	<p>NIA's Clinical Guidelines can be found on NIA's website at <a href="http://www.RadMD.com">www.RadMD.com</a> 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, simply go to <a href="http://www.RadMD.com">www.RadMD.com</a>, select the New User button and submit a RadMD Application for New Account. Once the application has been processed and password link delivered by NIA via email, you will be invited to create a new password. Links to the approved training/education documents are found on the My Practice page for those providers logged in as Ordering Physician. 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. Your RadMD login information should not be shared.</p>
<p><b>What will the member ID card look like? Will the ID card have both NIA and Health Net information on it? Or will there be two cards?</b></p>	<p>The Health Net member ID card does not contain any NIA identifying information on it. No additional card will be issued from NIA.</p>
<p><b>What is an Optical Character Recognition (OCR) fax coversheet?</b></p>	<p>By utilizing OCR technology, NIA can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from <a href="http://www.RadMD.com">www.RadMD.com</a> or contact NIA: Health Net of</p>

	<p>Oregon 1-800-424-4811 or Health Net Medicare Advantage Oregon 1-800-424-4813 to request an OCR fax coversheet if their authorization request is not approved online or during the initial telephone 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.</p>
<b>CONTACT INFORMATION</b>	
<p><b>Who can a provider contact at NIA for more information?</b></p>	<p>Providers can contact, Kevin Apgar, Provider Relations Manager, at (916) 859-5080.</p>