



National Imaging Associates, Inc. (NIA) Frequently Asked Questions (FAQ's) For Magnolia Health (Magnolia) Providers

Question	Answer
GENERAL	
Why did Magnolia requiring prior authorization for outpatient imaging procedures?	To improve quality and manage the utilization of non-emergent CT/CTA, CCTA, MRI/MRA, PET Scan, Nuclear Cardiology/MPI and Stress Echocardiography procedures for our members.
Why did Magnolia partner with National Imaging Associates, Inc. (NIA) to manage its outpatient advanced imaging services?	A subsidiary of Magellan Healthcare, Inc, 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 Magnolia membership.
Which Magnolia members will be covered under this relationship and what networks will be used?	NIA manages non-emergent outpatient imaging services for Magnolia membership through Magnolia's contractual relationships.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	The outpatient imaging program implementation was January 1, 2011. The expanded cardiac implementation was January 1, 2014



<p>What radiology imaging services require provider's to obtain a prior authorization?</p>	<p>The following imaging procedures require prior authorization through NIA:</p> <ul style="list-style-type: none"> • CT/CTA • CCTA • MRI/MRA • PET Scan <p>Effective January 1, 2014, prior authorization will be required for the following non-emergent outpatient cardiac procedures:</p> <ul style="list-style-type: none"> • Nuclear Cardiology/MPI • Stress Echocardiography <p>Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA. If an emergency clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review.</p>
<p>When is prior authorization required?</p>	<p>Prior authorization is required for outpatient, non-emergent CT, MR, PET Scan, Nuclear Cardiology/MPI and Stress Echocardiography procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed at an imaging facility. <u>Note:</u> Emergency room and observation, imaging procedures do not require prior authorization through NIA.</p>
<p>Is prior authorization necessary for sedation with an MRI?</p>	<p>No, prior authorization is not required for sedation when performed with an MRI.</p>
<p>Is an NIA authorization number needed for a CT-guided biopsy?</p>	<p>No, prior authorization is not required for this procedure.</p>
<p>Can a chiropractor order images?</p>	<p>Yes.</p>
<p>Are routine radiology services a part of this program?</p>	<p>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.</p>
<p>Are inpatient advanced imaging procedures included in this program?</p>	<p>No. Inpatient procedures are included in the authorization for the inpatient stay.</p>



<p>Is prior authorization required for imaging studies performed in the emergency room?</p>	<p>No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.</p>
<p>How does the ordering provider obtain a prior authorization from NIA for an outpatient advanced imaging service?</p>	<p>Providers will be able to request prior authorization via the NIA website www.RadMD.com or by calling the toll-free number, 1-866-912-6285.</p>
<p>What information is required in order to receive prior authorization?</p>	<p>To expedite the process, please have the following information ready before logging on to the Web site or calling the NIA Utilization Management staff (*denotes required information):</p> <ul style="list-style-type: none"> ▪ 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* ▪ Anticipated date of service (if known) ▪ Details justifying examination.* <ul style="list-style-type: none"> • 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)
<p>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and pelvis)?</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>What kind of response time can ordering</p>	<p>The best way to increase the possibility of having an authorization request approved on line through www.RadMD.com or at the time of the first call</p>



<p>providers expect for prior authorization?</p>	<p>through the toll-free number, 1-866-912-6285, is to have knowledge of the case including:</p> <ul style="list-style-type: none"> • The patient’s history and diagnosis • Reason for the study • Findings on physical examination • Results of previous imaging studies, and • History of medical or surgical treatment <p>Generally, within 2 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>What does the NIA authorization number look like?</p>	<p>The NIA authorization number consists of 8 or 9 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. Providers can use either number to track the status of their request online or through NIA’s Interactive Voice Response (IVR) telephone system.</p>
<p>If requesting authorization through RADMD and the request pends, what happens next?</p>	<p>You will receive a tracking number and NIA will contact you to complete the process.</p>
<p>Can RadMD be used to request retrospective or expedited authorization request?</p>	<p>No, those requests will need to be called into NIA’s Call Center for processing.</p>
<p>Can the rendering facility obtain authorization in the event of an urgent test?</p>	<p>Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process.</p>
<p>How long is the prior authorization number valid?</p>	<p>The authorization number is valid for 30 days from the date of the request.</p>
<p>Is prior authorization necessary for an outpatient, advanced</p>	<p>No, prior authorization is not required when Magnolia is the secondary insurance.</p>



imaging service if Magnolia is NOT the member's primary insurance?	
If a provider obtains a prior authorization number does that guarantee payment?	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.
Does NIA allow retro- authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Claims for CT, MR, PET Scan, Nuclear Cardiology/MPI and Stress Echocardiography 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.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the Web site at www.RadMD.com .
Will the NIA authorization number be displayed on the Magnolia Web site?	No.
SCHEDULING EXAMS	
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 the patient.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
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 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. <ul style="list-style-type: none"> Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.



	<ul style="list-style-type: none"> • Delivering/Service providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> • Freestanding diagnostic facilities • Hospital outpatient diagnostic facilities • Provider offices
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CLAIMS RELATED

Where do providers send their claims for outpatient, non-emergent advanced imaging services?	<p>Magnolia network providers should continue to send claims directly to:</p> <p>Magnolia P. O. Box 3090 Farmington , MO 63064-3800 Mississippi CHIP Program</p> <p>Or</p> <p>For Mississippi CHIP Program: Magnolia MS CHIP P. O. Box 5040 Farmington, MO 63640</p> <p style="text-align: center;">Or</p> <p>Submit your claims electronically via Emdenon, SSI or Gateway EDI. For electronic submission Magnolia’s payor ID is 68062.</p> <p>Providers are encouraged to use EDI claims submission.</p>
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How can providers check claims status?	<p>Providers should continue to check claims status at the Magnolia Web site at www.MagnoliaHealthPlan.com.</p>
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Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	<p>Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.</p>
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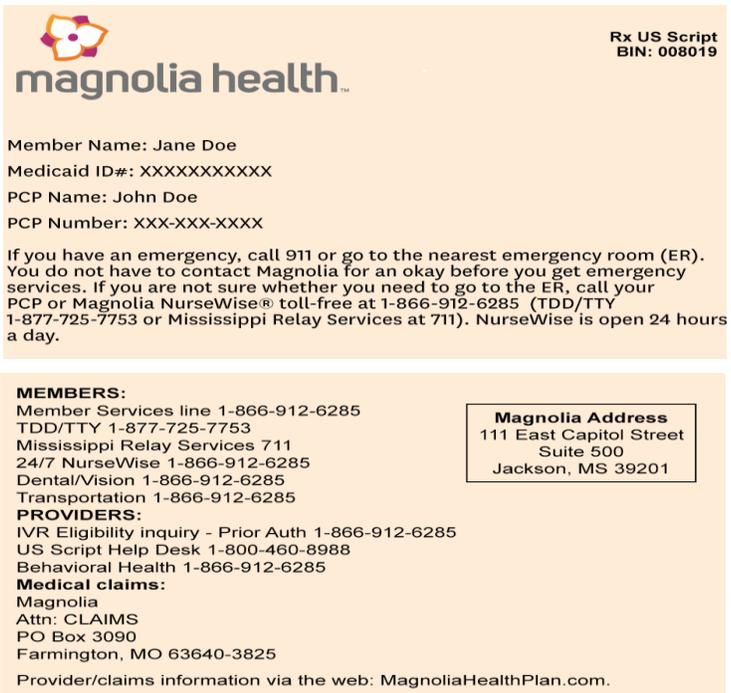
MISCELLANEOUS

How is medical necessity defined?	<p>NIA defines medical necessity as services that:</p> <ul style="list-style-type: none"> • 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;
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	<ul style="list-style-type: none"> • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting; • Provide unique, essential, and appropriate information when used for diagnostic purposes; • 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 • Not furnished primarily for the convenience of the member, the attending physician, or other provider.
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Where can a provider find NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?	NIA’s Diagnostic Imaging Guidelines for clinical use of examination can be found on the Web site at www.RadMD.com . 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.
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What will the Member ID card look like? Will the ID card have both NIA and Magnolia information on it? Or will there be two cards?	<p>The Magnolia Member ID card will not contain any NIA identifying information on it.</p> <div style="border: 1px solid black; padding: 10px; background-color: #f9f9f9;">  <p>The image shows a sample Magnolia Health Member ID card. At the top left is the Magnolia Health logo. At the top right, it says 'Rx US Script BIN: 008019'. Below the logo, it lists member information: Member Name: Jane Doe, Medicaid ID#: XXXXXXXXXXXX, PCP Name: John Doe, and PCP Number: XXX-XXX-XXXX. A paragraph of emergency instructions follows. At the bottom, there are sections for 'MEMBERS' (listing various service lines and phone numbers), 'PROVIDERS' (listing IVR and help desk numbers), and 'Medical claims' (listing the address and website for claims information).</p> </div>
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CONTACT INFORMATION

Who can a provider contact	Providers can contact Charmaine Everett, Sr. Provider Relations Manager, at (410) 953-2615.
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at NIA for more information?	
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