

# Louisiana Healthcare Connections Quick Reference Guide For Providers

Effective February 1, 2012  
Revised March 1, 2018

Louisiana Healthcare Connections has entered into an agreement with National Imaging Associates, Inc. (NIA), to manage a suite of Medical Specialty Solutions. The program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care.

## **Post Service Therapy Review Program for Physical, Occupational and Speech Therapy Services**

**Effective March 1, 2018**, Louisiana Healthcare Connections is implementing a post therapy review program for Physical, Occupational and Speech Therapy (PT, OT and ST) services. This program will be managed by NIA and replaces the current prior authorization process for therapy services provided by a participating provider.

As of March 1, 2018, PT, OT and ST services will NOT require prior authorization when provided by a participating provider. PT, OT and ST claims will be reviewed by NIA peer consultants to determine whether the services met/meet Louisiana Healthcare Connections' policy criteria for medically necessary and medically appropriate care.

## **Prior Authorization for Non-Emergent Outpatient Diagnostic Imaging**

NIA will continue to manage the authorization process for non-emergent outpatient diagnostic imaging authorizations (MR, CT, PET, Nuclear Cardiology/MPI, MUGA Scan, Stress Echo, Echocardiography).

Please refer to NIA's website to obtain the Louisiana Healthcare Connections/NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of Louisiana Healthcare Connections.

NIA manages the Medical Specialty Solutions Services through NIA's contractual relationships with providers.

## **Obtaining Authorizations**

The ordering physician is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.

**The following services do not require prior authorization through NIA:**

The Medical Specialty Solutions Services performed in the following settings do not require authorization through NIA:

- Inpatient
- Observation
- Emergency room/urgent care facility

**Urgent/Emergent Care**

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. The number to call to obtain a prior authorization is 1-866-326-6301.

**Prior Authorization Process**

There are two ways to obtain authorizations: either through NIA’s website at [www.RadMD.com](http://www.RadMD.com) or by calling 1-866-326-6301.

**Information Needed to Obtain Prior Authorization**

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service.\* Have the appropriate information ready before logging into NIA’s website or calling NIA’s Call Center. (\*Information is required).

- Name and office phone number of ordering physician\*
- Member name and ID number\*
- Requested procedure\*
- Name of provider office or facility where the service will be performed\*
- Anticipated date of service
- Details justifying procedure\*
  - 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)
- Please be prepared to provide the following information, if requested
  - Clinical notes
  - X-ray reports
  - Specialist reports/evaluation
  - Ultrasound reports
  - Previous related test results

**\*To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists on [www.RadMD.com](http://www.RadMD.com).**

### Website Access

- It is the provider's responsibility when **ordering Medical Specialty Solutions Services** to access NIA's website or call for prior authorization. Information regarding patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.
- You can request prior authorization at [www.RadMD.com](http://www.RadMD.com). RadMD is available 24/7, except when maintenance is performed once every other week after business hours. To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to [www.RadMD.com](http://www.RadMD.com), click on the New User button and complete the application form.
- You can check on the status of patients' authorizations quickly and easily by going to the NIA website, [www.RadMD.com](http://www.RadMD.com). After sign-in, visit the My Exam Requests tab to view all outstanding authorizations.
- To get started, go to [www.RadMD.com](http://www.RadMD.com), click the New User button and submit a "RadMD Application for New Account." If you are a rendering provider or hospital that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.
- If requesting authorizations through NIA's website and your request is pended, you will receive a tracking number and NIA will contact you to complete the process.
- The NIA website cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-866-326-6301.

Access Provider Self-service at:  
[www.RadMD.com](http://www.RadMD.com)

### Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization by calling 1-866-326-6301.

- NIA can accept multiple requests during one phone call.

### Submitting Claims

Claims are submitted directly to Louisiana Healthcare Connections. Providers must submit all original claims (first time claims) and encounters to Louisiana Healthcare Connections within 365 calendar days of the date of service. Within five business days of receipt of a claim, Louisiana Healthcare Connections will perform an initial screening, and either reject the claim or assign a unique control number and enter it into the system for processing and adjudication. Louisiana Healthcare Connections will fully adjudicate (pay or deny) all pended claims within 60 calendar days of the date of receipt.

For electronic submission, Louisiana Healthcare Connections' Payor ID number is 68069. For more information about electronic filing and the clearinghouses that Louisiana Healthcare Connections has partnered with, call 1-800-225-2574, ext. 25525, or email [EDIBA@centene.com](mailto:EDIBA@centene.com).

Paper claims should be submitted to the address below:

**Louisiana Healthcare Connections**  
**Attention: Claims**  
**P.O.Box 4040**  
**Farmington, MO 63640-3800**

## Important Notes

- The validity period is 30 days from date of request.
- The NIA authorization number consists of eight or nine alpha/numeric characters. 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 contact. You can use either number to track the status of the request on the RadMD website or via our Interactive Voice Response (IVR) telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- NIA's Clinical Guidelines can be found on NIA's website, [www.RadMD.com](http://www.RadMD.com) under Online Tools/Clinical Guidelines. NIA's guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).