



**National Imaging Associates, Inc. (NIA)
 Medical Specialty Solutions
 Frequently Asked Questions (FAQ's)
 For Home State Health Providers**

Question	Answer
GENERAL	
Why did Home State Health implement a Medical Specialty Solutions Program?	<p>We implemented a Medical Specialty Solutions Program to improve quality and manage the utilization of the following non-emergent procedures.</p> <ul style="list-style-type: none"> • CT/CTA • MRI/MRA • PET Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Echocardiography • Stress Echocardiography
Why did Home State Health select NIA to manage its Medical Specialty Solutions Program?	A subsidiary of Magellan Health, NIA was selected to partner with Home State Health because of their clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Home State Health membership.
Which Home State Health members will be covered under this relationship and what networks will be used?	NIA manages diagnostic imaging services (MR/CT/PET) for all Home State Health members through its contractual relationships with free standing facilities. Cardiology services are managed through Home State Health's contractual relationships.
PRIOR AUTHORIZATION	
What was the Implementation Date for the Medical Specialty Solutions Program?	Implementation date was July 1, 2012.

<p>What Medical Specialty Solutions Services require providers to obtain a prior authorization?</p>	<p>The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through NIA:</p> <ul style="list-style-type: none"> • Diagnostic Imaging (MRI/MRA, CT/CTA, PET Scan, CCTA, Myocardial Perfusion Imaging (MPI), Stress Echocardiography, and Echocardiography) <p>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.</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 Imaging services a part of this program?</p>	<p>No.</p>
<p>Are inpatient Diagnostic Imaging (MR, CT/CTA, PET) procedures included in this program?</p>	<p>No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Home State Health Medical Management Department.</p>
<p>Is prior authorization required for Medical Specialty Solutions services performed in the emergency room?</p>	<p>No. Medical Specialty Solutions services 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 a Medical Specialty Solutions outpatient service?</p>	<p>Providers are able to request prior authorization via the internet (www.RadMD.com) or by calling NIA at 1-800-308-2615.</p>
<p>What information is required in order to receive prior</p>	<p>To expedite the prior authorization process, please refer to the specific required</p>

<p>authorization for imaging procedures?</p>	<p>documentation for each Medical Specialty Solution. Have the appropriate information ready before logging into NIA’s Web site or calling NIA’s Call Center (*Information is required.)</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 ▪ 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, scoped procedures, referrals to specialist, specialist evaluation) • Reason the study is being requested (e.g., further evaluation, rule out a disorder) <p>▪ Please be prepared to provide the following information, if requested</p> <ul style="list-style-type: none"> ○ Clinical notes ○ X-ray reports ○ Previous related test results ○ Specialist reports/evaluation <p>*To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on www.RadMD.com.</p>
	<p style="text-align: center;">•</p>
<p>Can a provider request more than one service at a time for a member?</p>	<p>NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each service that is authorized.</p>

What kind of response time can ordering providers expect for prior authorization?	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.
What does the NIA authorization number look like?	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 Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number and NIA will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	No, expedited requests will need to be called into NIA's Call Center for processing.
What happens if a patient is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain prior authorization is 1-800-308-2615.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, NIA will follow-up with the ordering physician to complete the process.
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Home State Health is NOT the member's primary insurance?	No.

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?	Yes. However, it is important that rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility <u>should not</u> schedule services without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the NIA web site at www.RadMD.com .
Will the NIA authorization number be displayed on the Home State Health web site?	No.
SCHEDULING SERVICES	
How does NIA determine where to schedule Medical Specialty Solutions Services for Home State Health member?	NIA manages the Diagnostic Imaging Services (MR/CT/PET) through its contractual relationships with free standing facilities. NIA's Medical Specialty Solutions Cardiac Imaging are managed through Home State Health contractual relationships.
Why does NIA ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization before the services are rendered?	During 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 impacted by the Medical Specialty Solutions program?	Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers will need to request a prior authorization and the delivering/servicing

	<p>providers will need to ensure there is an authorization number in order to bill the service.</p> <ul style="list-style-type: none"> • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Medical Specialty Solutions Services at: <ul style="list-style-type: none"> ▪ Freestanding diagnostic facilities ▪ Ambulatory Surgical Centers ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
CLAIMS RELATED	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should continue to send claims to the address indicated on the back of the Home State Health member 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 Home State Health claim website at: http://www.homestatehealth.com
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Home State Health. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
PRIVILEGING FOR DIAGNOSTIC IMAGING	
Where can I direct questions about the NIA Privileging Application and/or privileging process?	If providers have any questions regarding the NIA Privileging Application or process, contact NIA's Provider Assessment Department toll-free at 1-888-972-9642 or at RADPrivilege@Magellanhealth.com .
Is NIA able to assist providers with questions specific to accreditation and / or about policies and procedures referenced in the NIA Privileging Application?	Yes. NIA's experienced staff is able to assist providers with questions specific to accreditation and/or policies and procedures referenced in the NIA Privileging Application (e.g. the components of a comprehensive Radiation Safety/ALARA Program). Providers may contact the Provider

	Assessment Department toll-free at 1-888-972-9642 with any questions.
How do I access the NIA Privileging Application?	To access the online application: Direct your Web browser to www.RadMD.com . Click on the link for the Diagnostic Imaging Provider Assessment Application (located under Online Tools). Enter your login in the “Login” box. (If you do not know your login, please contact NIA’s Provider Assessment Department toll-free at 1-888-972-9642).
How user friendly is NIA’s online Diagnostic Imaging Privileging Application?	NIA offers a user-friendly online application that can be quickly and easily completed by the user. It is a “smart” application which only will ask you questions that apply directly to your practice, based on the previous responses you provided. For example, if your office offers only MRI services, you will not be asked any questions regarding CT or other imaging modalities. If you need to step away from the computer, you can choose to save the application and return to complete it at a later time. The application will also “auto save” if you forget to save the application before completing and submitting it. 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), you may access your original application online, make the necessary modifications, and submit a revised application. It is important to note that you are able to revise an existing application rather than being forced to complete a whole new application. However, please note that a separate application is required for each practice location.
What is the difference between Privileging and Credentialing?	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 capabilities, physician and technologist education, training and certification, and facility management

	components such as radiation safety, ALARA (As Low as Reasonably Achievable).
MISCELLANEOUS	
How is medical necessity defined?	<p>NIA defines medical necessity as a service that:</p> <ul style="list-style-type: none"> • 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; • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Is appropriate to the intensity of service and level of setting; • Provides unique, essential, and appropriate information when used for diagnostic purposes; • Is 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 • Is not furnished primarily for the convenience of the member, the attending physician, or other provider.
Where can a provider find NIA’s Guidelines for Medical Specialty Solutions Services?	NIA’s Clinical Guidelines for the aforementioned Medical Specialty Solution Services can be found on NIA’s Web site at www.RadMD.com . The guidelines 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.
What does the Member ID card look like? Does the ID card have both NIA and Home State Health	The Home State Health Member ID card does not contain any NIA identifying information on it.

information on it? Or are there two cards?	
What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition (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 www.RadMD.com or contact NIA at 1-866-769-3085 to request an OCR fax coversheet if their authorization request is not approved on-line 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.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	<p>If you have a question or need more information about the Medical Specialty Solutions program, you may contact the NIA Provider Service Line at: 1-800-327-0641.</p> <p>You may also contact your dedicated NIA Provider Relations Manager:</p> <p>Leta Genasci 1-800-450-7281 ext.75518 or 1-314-387-5518 LJGenasci@magellanhealth.com</p>