



## Iowa Total Care Quick Reference Guide for Ordering Providers

**Effective: July 1, 2019**

Iowa Total Care has selected National Imaging Associates, Inc. (NIA) to implement a radiology benefit management program for outpatient advanced imaging services. This program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services.

NIA will manage the outpatient imaging services listed below through Iowa Total Care's existing contractual relationships.

**The ordering physician is responsible for obtaining a prior authorization for advanced imaging services.** It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures.

### Procedures Requiring Prior Authorization Under Iowa Total Care\*

\*A separate authorization number is required for each procedure ordered.

- CT/CTA
- MRI/MRA
- PET Scan
- CCTA (members 21 y/o or older)
- MUGA Scan (members 21 y/o or older)
- Myocardial Perfusion Imaging (MPI) (members 21 y/o or older)
- Stress Echocardiography (members 21 y/o or older)
- Echocardiography (members 21 y/o or older)

### The following services do not require authorization through NIA:

- Inpatient advanced imaging services
- Observation setting advanced imaging services
- Emergency room imaging services
- Iowa Total Care will continue to perform prior authorization of coverage for interventional imaging procedures (even those that utilize MR/CT technology). A complete list of services that require prior authorization is available on the Iowa Total Care website at [www.iowatotalcare.com](http://www.iowatotalcare.com).

Emergency room, observation and inpatient imaging 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. The number to call to obtain a prior authorization is 1-833-404-1061.

Please refer to NIA's website ([www.RadMD.com](http://www.RadMD.com)) to obtain the Iowa Total Care / NIA Billable CPT® Codes Claim Resolution Matrix for all of the CPT-4 codes that NIA authorizes on behalf of Iowa Total Care.

### **Prior Authorization Process**

There are two ways to obtain authorizations -- either through NIA's Web site at [www.RadMD.com](http://www.RadMD.com) or by calling 1-833-404-1061.

### **Information Needed to Obtain Prior Authorization**

To expedite the prior authorization process, please have the following information ready before logging into NIA's Web site or calling the NIA Call Center staff. (\*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 (if known)
- 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 fax the following information, if requested:
  - Clinical notes
  - X-ray reports
  - Specialist reports/evaluation
  - Ultrasound reports
  - Previous CT/MRI reports

### **Web Site Access**

- It is the responsibility of the **physician ordering the imaging procedure** to access NIA's Web site or call for prior authorization. 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.

- If requesting authorizations through NIA's Web site and your request is pended, you will receive a tracking number and NIA will contact you to complete the process.
- The NIA Web site cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-833-404-1061.

### **Telephone Access**

Call center hours of operation are Monday through Friday, 7 a.m. to 7 p.m. CST. You may obtain a prior authorization by calling 1-833-404-1061.

- NIA can accept multiple requests during one phone call.

### **Important Notes**

- Authorizations are valid for 30 days from the 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 Web site or via our Interactive Voice Response 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 Web site, [www.RadMD.com](http://www.RadMD.com) under Online Tools/Clinical Guidelines. NIA's guidelines for the use of imaging procedures 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.