Ascension Complete

NIA

National Imaging Associates, Inc. (NIA) Medical Specialty Solutions Frequently Asked Questions (FAQ's) For Ascension Complete Providers	
Question	**Answer**
GENERAL	
Why is Ascension Complete implementing a Medical Specialty Solutions Program?	We are implementing a Medical Specialty Solutions Program to improve quality and manage the utilization of the following non-emergent procedures. • CT/CTA • MRI/MRA • PET Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Muga Scans • Echocardiography • Stress Echocardiography
Why did Ascension Complete select NIA to manage its Medical Specialty Solutions Program?	A subsidiary of Magellan Health, NIA was selected to partner with Ascension Complete because of their clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Ascension Complete membership.
Which Ascension Complete members will be covered under this relationship and what networks will be used?	NIA manages the Diagnostic Imaging Services (MR/CT/PET) and Cardiac procedures for Ascension Complete members through Ascension Complete contractual relationships.
PRIOR AUTHORIZATION	
What is the Implementation Date for the Medical Specialty Solutions Program?	Implementation will be January 1, 2020.

What Medical Specialty Solutions Services require providers to obtain a prior authorization?	The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through NIA: Effective January 1, 2020: • Diagnostic Imaging (MR, CT/CTA, CCTA, PET Scans, Myocardial Perfusion Imaging (MPI), Muga Scans, Stress Echo, Echocardiography) 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 (excluding spine surgery).
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an NIA authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes.
Are routine Imaging services a part of this program?	No.
Are inpatient Diagnostic Imaging (MR, CT/CCTA, PET) procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Ascension Complete Medical Management Department.
Is prior authorization required for Medical Specialty Solutions Services performed in the emergency room?	No. Medical Specialty Solutions Services performed in the emergency room are not included in this program and do not require prior authorization through NIA.
How does the ordering provider obtain a prior authorization from NIA for a Medical Specialty Solutions outpatient service?	Providers will be able to request prior authorization via the internet (www.RadMD.com) or by calling NIA at: • Florida 1-833-603-2971 • Illinois 1-833-293-5966 • Kansas 1-833-816-6623

NIA

| What information is required in order to receive prior authorization? | To expedite the prior authorization process, please refer to the specific required 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.)
▪ 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. *
   • 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)

▪ Please be prepared to provide the following information, if requested

   ○ Clinical notes
   ○ X-ray reports
   ○ Previous related test results
   ○ Specialist reports/evaluation

*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. |

NIA

Can a provider request more than one service at a time for a member?	NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each service that is authorized.
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: • Florida 1-833-603-2971 • Illinois 1-833-293-5966 • Kansas 1-833-816-6623
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.

NIA

Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Ascension Complete 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.
What happens if I have a service scheduled for January 1, 2020?	An authorization can be obtained for all Medical Specialty Solutions for dates of service January 1, 2020 and beyond, beginning December 23, 2019. NIA and Ascension Complete will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
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 Ascension Complete web site?	No.
SCHEDULING SERVICES	

NIA

How will NIA determine where to schedule Medical Specialty Solutions Services for Ascension Complete member?	NIA manages the Diagnostic Imaging Services (MR/CT/PET) and Cardiac procedures through Ascension Complete 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, with the exception of Interventional Pain Management. Physicians should obtain authorization before scheduling the patient.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Medical Specialty Solutions Services?	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 providers will need to ensure there is an authorization number in order to bill the service. • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Medical Specialty Solutions Services at**:** ▪ Freestanding diagnostic facilities ▪ Ambulatory Surgical Centers ▪ Hospital outpatient diagnostic facilities ▪ Provider offices ▪ Radiation Treatment Facilities
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 Ascension Complete member ID card. Providers are also encouraged to follow their normal EDI claims process.

NIA

How can providers check claims status?	Providers should check claims status at the Ascension Complete claim website at: http://florida.ascensioncomplete.com http://Illinois.ascensioncomplete.com http://kansas.ascensioncomplete.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 Ascension Complete. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
MISCELLANEOUS	
How is medical necessity defined?	NIA defines medical necessity as a service that: • 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

NIA

	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 will the Member ID card look like? Will the ID card have both NIA and Ascension Complete information on it? Or will there be two cards?	The Ascension Complete Member ID card will not contain any NIA identifying information on it.
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 1-866-500-7656 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?	Providers can contact, Leta Genasci, Provider Relations Manager, at 1-800-450-7281 ext. 75518 or ljgenasci@magellanhealth.com .

NIA