



**National Imaging Associates, Inc. (NIA)  
Frequently Asked Questions (FAQ's)  
For Aetna's Physical Medicine Program  
Prior Authorization Change – Total Number of Units**

Question	Answer
<b>General</b>	
<b>When will authorizations be approved for total number of units?</b>	Beginning on November 9, 2020, providers will request authorization for services based on total number of units, rather than by specific interventions.
<b>How will authorizations for total number of units differ from the allowed billable groupings?</b>	This eliminates the need to pre-determine and track units into separate categories based on the specific interventions provided. Authorizations will be inclusive of all managed CPT codes that pertain to the respective treating discipline.
<b>Will the authorization look different?</b>	Authorizations will be issued in a total number of units for the select treating discipline (i.e. Physical Therapy, Occupational Therapy, Chiropractic Services and other providers) <u>without</u> treatment categories requesting the authorization.
<b>Will I need to submit multiple authorizations for additional CPT codes to be approved?</b>	No, one authorization will cover most commonly used CPT codes for each discipline. The CPT codes requiring an authorization remain the same. A list of these codes can be found on <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Where can I find a list of the approved CPT codes for each discipline?</b>	Full details of the program and scope limitations can be found in the "Health Plan Specific Educational Docs" section of RadMD.com under Aetna. For more information on how this change will affect you, a recorded webinar is also available on <a href="http://www.RadMD.com">www.RadMD.com</a> .
<b>Will this change to authorizations for total number of units impact the process of obtaining an authorization?</b>	Yes, providers will continue to obtain authorizations for the same services and patients through the same methods used previously with the Aetna/NIA Physical Medicine Prior Authorization Program. Instead of authorizations being obtained with a specific number of units in each treatment category, providers will receive a total number of units to be utilized.

<p><b>Has the process for submitting claims changed?</b></p>	<p>Providers will continue to submit claims as they have in the past. This change gives providers the ability to allocate units as they choose based on the care they have provided. Providers should select the CPT code from their discipline's list of the allowed CPT code that best matches the services they provided.</p>
<p><b>Who can a provider contact at NIA for more information?</b></p>	<p>Aetna providers can contact the NIA's Provider Services Line:</p> <ul style="list-style-type: none"> <li>• 1-800-327-0641</li> </ul> <p>Or their dedicated NIA Provider Relations Manager:</p> <ul style="list-style-type: none"> <li>• <b>New Jersey, New York, Pennsylvania and West Virginia</b> Seth Cohen PT, DPT 1-800-450-7281, ext. 32418 cohens@magellanhealth.com</li> <li>• <b>Delaware</b> Charmaine Everett 1-800-450-7281, ext. 32615 cseverett@magellanhealth.com</li> </ul>