



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

Question	Answer
GENERAL	
<p>Why is Fidelis Care implementing a Medical Specialty Solutions Program?</p>	<p>Fidelis Care is implementing a Medical Specialty Solutions program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient Medical Specialty Solutions services:</p> <ul style="list-style-type: none"> • CT/CTA • CCTA • MRI/MRA • PET Scan • Myocardial Perfusion Imaging (MPI) • Myocardial Perfusion Imaging • MUGA Scan • Echocardiography • Stress Echocardiography • Radiation Oncology Services* • Physical Medicine Services (Physical, Occupational and Speech Therapy) - Medicare* <p>*Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.</p>
<p>Why did Fidelis Care select NIA to manage its Medical Specialty Solutions Program?</p>	<p>A subsidiary of Magellan Health, NIA was selected to partner with Fidelis Care because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Fidelis Care membership.</p>
<p>Which Fidelis Care members will be covered under this relationship and what networks will be used?</p>	<p>National Imaging Associates, Inc. (NIA) will work with Fidelis Care's contracted providers to administer a utilization management program for Medical Specialty Solutions services for Fidelis Care members with Medicaid, Medicare, Dual Advantage, CHP, and Qualified Health plans.</p>
PRIOR AUTHORIZATION	

What is the Implementation Date for the Medical Specialty Solutions Program?	Implementation will be October 1, 2021. NIA will begin accepting authorization requests on September 20, 2021 for services rendered on or after October 1, 2021.
What Medical Specialty Solutions Services require providers to obtain a prior authorization?	<p>The following non-emergent, outpatient, Medical Specialty Solutions services require prior authorization through NIA effective October 1, 2021:</p> <ul style="list-style-type: none"> • Diagnostic Imaging (CT/CTA, CCTA, MRI/MRA, PET scans, Nuclear Cardiology/MPI, MUGA scans, Stress Echo, Echocardiography) • Radiation Oncology Services • Physical Medicine Services (Physical, Occupational and Speech Therapy; Chiropractic Care): <p>Emergency room, observation status, 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).</p>
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
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?	No
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 Fidelis Care Utilization Management Department.

<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 will be able to request prior authorization via RadMD.com or by calling NIA at:</p> <ul style="list-style-type: none"> ▪ 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) ▪ 1-800-424-5390 (Medicare and Dual Advantage plans)
<p>What information is required in order to receive prior authorization?</p>	<p>To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solution. Please have the appropriate information ready before logging into NIA’s website or calling NIA’s call center (*Information is required.)</p> <ul style="list-style-type: none"> ▪ Name and office phone number of ordering provider* ▪ 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 member 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 <ul style="list-style-type: none"> • Clinical notes • X-ray reports

	<ul style="list-style-type: none"> • 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 RadMD.com.</p>
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, a determination will be made within 2 - 3 business days after receipt of request with full clinical documentation. 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 12 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?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into NIA's call center for review and processing.
What happens if a member 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 a prior authorization is:

	<ul style="list-style-type: none"> ▪ 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) ▪ 1-800-424-5390 (Medicare and Dual Advantage plans)
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If the rendering facility initiates the process, NIA will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 60 days from the date of request. When a procedure is authorized, NIA will use the date of the initial request as the starting point for the 60 day period in which the examination must be completed.
Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Fidelis Care is NOT the member's primary insurance?	Yes.
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-authorization?	<p>Providers have up to 1 business day from the date of service to submit their authorization request. If entered in a timely manner, NIA can backdate the authorization to cover the start date of service.</p> <p>Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility should not schedule services without prior authorization.</p>
What happens if I have a service scheduled for October 1, 2021?	An authorization can be obtained for all Medical Specialty Solutions for dates of service October 1, 2021 and beyond, beginning September 20, 2021. NIA and Fidelis Care 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 a member's authorization quickly and easily by going to RadMD.com .
Will the NIA authorization number be displayed on the Fidelis Care website?	No
SCHEDULING SERVICES	
How will NIA determine where to schedule Medical Specialty Solutions Services for Fidelis Care members?	NIA manages the Medical Specialty Solutions services for Radiation Oncology, Cardiac Imaging, and Diagnostic Imaging Services (MR/CT/PET) through Fidelis Care's contractual relationships.
Why does NIA ask for a date of service when authorizing a procedure? Do providers 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. Providers should obtain authorization before scheduling the member.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected by the Medical Specialty Solutions Services?	<p>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.</p> <ul style="list-style-type: none"> • Ordering providers include 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 ▪ Rehab facilities
CLAIMS RELATED	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	<p>Providers should continue to send claims to Fidelis Care.</p> <p>We strongly encourage electronic claims submission. Payor ID Number is 11315.</p>
How can providers check claims status?	<p>Providers may check claims status at the Fidelis Care website at:</p> <p>https://providers.fideliscare.org/Login?returnurl=%2f</p>

<p>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</p>	<p>In the event of a prior authorization or claims payment denial, providers may appeal the decision through Fidelis Care. Providers should call Fidelis Care or follow the instructions on their determination letter or Remittance Advice (RA) notification.</p>
<p>MISCELLANEOUS</p>	
<p>How is medical necessity defined?</p>	<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 provider, or other provider.
<p>Where can a provider find NIA’s Guidelines for Medical Specialty Solutions Services?</p>	<p>NIA’s Clinical Guidelines can be found on NIA’s website, 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.</p>
<p>What will the Member ID card look like? Will the ID card have both NIA and Fidelis Care information on it? Or will there be two cards?</p>	<p>The Fidelis Care Member ID card will not contain any NIA identifying information on it.</p>

<p>What is an OCR Fax Coversheet?</p>	<p>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 RadMD.com or contact NIA at 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans) to request an OCR fax coversheet if their authorization request is not approved online 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.</p>
<p>RE-REVIEW/RE-OPEN AND APPEALS PROCESS</p>	
<p>Is the Re-review/ Re-Open process available for the outpatient Medical Specialty Solutions services once a denial is received?</p>	<p>Once a denial determination has been made, if the office has new or additional information to provide, a re-review can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. Re-reviews must be initiated within 60 calendar days for Medicaid members, 1 year for Medicare and Dual Advantage members, and 180 calendar days for Essential, CHP, and Qualified Health plans from the date of the denial. Re-reviews must be submitted prior to a formal appeal.</p> <p>NIA has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. The peer-to-peer process can be initiated by calling 1-800-424-4952 (Medicaid, Essential, CHP, and Qualified Health plans) or 1-800-424-5390 (Medicare and Dual Advantage plans). These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.</p>
<p>Who should a provider contact if they want to appeal a prior authorization decision?</p>	<p>Providers are asked to call Fidelis Care or follow the appeal instructions given on their determination letter or Remittance Advice (RA).</p>
<p>RADMD ACCESS</p>	

<p>What option should I select to receive access to initiate authorizations?</p>	<p>Selecting “Physician’s office that orders procedures” will allow you access to initiate authorizations for outpatient imaging procedures.</p>
<p>How do I apply for RadMD access to initiate authorization requests?</p>	<p>User would go to our website www.RadMD.com.</p> <ul style="list-style-type: none"> • Click on NEW USER. • Choose “Physician’s office that orders procedures” from the drop-down box • Complete application with necessary information. • Click on Submit <p>Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.</p>
<p>What is rendering provider access?</p>	<p>Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to designate an administrator.</p> <ul style="list-style-type: none"> • User would go to our website www.RadMD.com • Select “Facility/Office where procedures are performed” • Complete application • Click on Submit <p>After signing in, visit the My Treatment Requests tab to view all outstanding authorizations.</p> <p>Examples of a rendering facility that only need to view approved authorizations:</p> <ul style="list-style-type: none"> • Hospital facility • Billing department • Offsite location • Another user in location who is not interested in initiating authorizations
<p>Which link on RadMD will I select to initiate an authorization request for outpatient imaging procedures?</p>	<p>Clicking the “Request an exam or specialty procedure” (including Cardiac) link will allow the user to submit a request for an outpatient imaging procedure.</p>

How can providers check the status of an authorization request?	Providers can check on the status of an authorization by using the “View Request Status” link on RadMD’s main menu.
How can I confirm what clinical information has been uploaded or faxed to NIA?	Clinical Information that has been received via upload or fax can be viewed by selecting the member on the View Request Status link from the main menu. On the bottom of the “Request Verification Detail” page, select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from NIA?	Links to case-specific communication to include requests for additional information and determination letters can be found via the View Request Status link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The “Track an Authorization” feature will allow users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.
Can I share my RadMD access with my coworkers?	Yes, through our shared access process. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed.
Who can a provider contact at NIA for more information?	You may contact your dedicated NIA Provider Relations Manager: Seth Cohen PT, DPT Senior Provider Relations Manager 1-800-450-7281, ext.32418 cohens@magellanhealth.com

Who can a provider contact at Fidelis Care if they have questions or concerns?	Contact Fidelis Care provider services at 1-888-FIDELIS (1-888-343-3547). Providers may access the Fidelis Care portal: https://providers.fideliscare.org/Login .
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