



Wellcare Quick Reference Guide for Ordering Providers

April 1, 2021

Wellcare 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 to manage the increasing utilization of these services. NIA will manage the outpatient imaging services listed below through Wellcare'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 is 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 Wellcare *:

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging
- MUGA Scan
- Stress Echocardiography
- Echocardiography

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

The following services do not require authorization through NIA:

- Inpatient advanced imaging services
- Emergency room imaging services

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: **1-800-424-5388**.

Prior Authorization Process

There are two ways to obtain authorizations: either through NIA's website at <https://www.RadMD.com> or by calling 1-800-424-5388.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please have the following information ready before logging onto NIA's website 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

Website Access

- It is the responsibility of the **physician ordering the imaging procedure** to access NIA's website 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 contact.
- **To get started**, go to <https://www.RadMD.com>, click the New User button and submit a RadMD Application for New Account by selecting "**Physician's office that orders procedures.**" Your RadMD login information should not be shared.
- If a user already has access to RadMD to initiate authorizations, RadMD access will allow users to submit an authorization for any procedures/products managed by NIA.
- You can request prior authorization at <https://www.RadMD.com> by clicking the "**Request an exam or specialty procedure including cardiac**" link which is a part of your main menu options. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 pm – midnight PST.

- **Pended requests:** If you are requesting prior authorizations through the NIA website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorizations status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by NIA, users can view links to case-specific communication to include requests for additional information and determination letters.
- The “Track an Authorization” feature allows 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.

Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m., Eastern time. You may obtain a prior authorization by calling 1-800-424-5388. NIA can accept multiple requests during one phone call.

Important Notes

- Authorizations are valid for 60 days from the date of request.
- The NIA authorization number consists of 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 website or via our Interactive Voice Response (IVR) telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- NIA’s Clinical Guidelines can be found at <https://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.