



FROM



**NIA**

**National Imaging Associates Inc. (NIA)  
Frequently Asked Questions (FAQ's)  
For Ambetter from Superior HealthPlan Providers**

| Question   | Answer  |
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| <b>GENERAL</b>   |   |
| <b>Why did Ambetter from Superior HealthPlan implement a Medical Specialty Solutions program?</b>                      | To improve quality and manage the utilization of non-emergent outpatient Medical Specialty Solutions services for our members.  |
| <b>Why did Ambetter from Superior HealthPlan select NIA to manage the program?</b>                                     | NIA was selected to partner with us because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Ambetter from Superior HealthPlan membership.   |
| <b>Which Ambetter from Superior HealthPlan members are covered under this relationship and what networks are used?</b> | NIA manages non-emergent outpatient procedures for Ambetter from Superior HealthPlan membership through Ambetter from Superior HealthPlan contractual relationships.  |
| <b>PRIOR AUTHORIZATION</b>   |   |
| <b>What Medical Specialty Solutions services require providers to obtain a prior authorization?</b>                    | <p>The following Medical Specialty Solutions services require prior authorization through NIA:</p> <ul style="list-style-type: none"> <li>▪ CT/CTA</li> <li>▪ CCTA</li> <li>▪ MRI/MRA</li> <li>▪ PET Scan</li> <li>▪ Myocardial Perfusion Imaging</li> <li>▪ MUGA Scan</li> <li>▪ Stress Echocardiography</li> <li>▪ Echocardiography</li> <li>▪ Interventional Pain Management-Spine (Spinal Epidural Injections, Paravertebral Facet Joint Injections or Blocks, Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis) *</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>▪ Physical Medicine Services (Physical, Occupational, and Speech Therapy) *</li> <li>▪ Genetic Testing *</li> </ul> <p><b>*Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.</b></p> <p>Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA. If an urgent/emergent emergency clinical situation exists outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review.</p> |
| <b>Is prior authorization necessary for sedation with an MRI?</b>                           | No, prior authorization is not required for sedation when performed with an MRI.   |
| <b>Is an NIA authorization number needed for a CT-guided biopsy?</b>                        | No, prior authorization is not required for this procedure.  |
| <b>Can a chiropractor order images?</b>   | Yes.   |
| <b>Are routine radiology services a part of this program?</b>                               | No. Routine radiology services such as x-ray, ultrasound or mammography are not part of this program and do not require a prior authorization through NIA.   |
| <b>Are inpatient advanced imaging procedures included in this program?</b>                  | No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Ambetter from Superior HealthPlan Medical Management Department.   |
| <b>Is prior authorization required for imaging studies performed in the emergency room?</b> | No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.   |
| <b>How does the ordering provider submit an authorization request?</b>                      | Providers are able to request prior authorization via the internet ( <a href="http://www.RadMD.com">www.RadMD.com</a> ) or by calling NIA at 1-877-687-1196.   |
| <b>What information is required in order to submit a prior authorization request?</b>       | <p>To expedite the process, please have the following information ready before logging on to the website or calling the NIA call center (*denotes required information):</p> <ul style="list-style-type: none"> <li>▪ Name and office phone number of ordering physician*</li> <li>▪ Member name and ID number*</li> </ul>   |



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|  | <ul style="list-style-type: none"> <li>▪ Requested examination*</li> <li>▪ Name of provider office or facility where the service will be performed*</li> <li>▪ Anticipated date of service (if known)</li> <li>▪ Details justifying examination. * <ul style="list-style-type: none"> <li>• Symptoms and their duration</li> <li>• Physical exam findings</li> <li>• Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)</li> <li>• Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)</li> <li>• Reason the study is being requested (e.g., further evaluation, rule out a disorder)</li> </ul> </li> </ul> |
| <b>Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and CT of thorax)?</b> | Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.   |
| <b>What kind of response time can ordering providers expect for prior authorization?</b>                             | 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.  |
| <b>What does the NIA authorization number look like?</b>   | The NIA authorization number consists of 11 alpha-numeric characters. In some cases, the ordering provider may instead 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.   |
| <b>If requesting authorization through RadMD and the request pends, what happens next?</b>                           | You will receive a tracking number and NIA will contact you to complete the process.   |
| <b>Can RadMD be used to request an expedited</b>   | No, those requests will need to be called into NIA’s call center for processing. The number to call to obtain a prior authorization is 1-877-687-1196.   |



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| <b>authorization request?</b>   |   |
| <b>What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the thorax is needed?</b> | If the radiologist or rendering provider feels that, in addition to the study already authorized, an additional study 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 1-877-687-1196.      |
| <b>Can the rendering facility obtain authorization in the event of an urgent test?</b>  | Yes, if an urgent 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 1-877-687-1196.   |
| <b>How long is the authorization number valid?</b>  | The authorization number is valid for 30 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 30-day period in which the examination must be completed.  |
| <b>Is prior authorization necessary for a Medical Specialty Solutions service if Ambetter from Superior HealthPlan is NOT the member's primary insurance?</b>         | Yes. Authorization is required when Ambetter from Superior HealthPlan is the secondary insurance.   |
| <b>If a provider obtains a prior authorization number does that guarantee payment?</b>  | 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.                         |
| <b>Does NIA allow retro-authorizations?</b>   | Yes. However, it is important that rendering facility staff be educated on the prior authorization requirements. Claims for procedures that have <u>not</u> been properly authorized will <u>not</u> be reimbursed. The rendering facility <u>should not</u> schedule procedures without prior authorization. |



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| <b>Can a provider verify an authorization number online?</b>   | Yes. Providers can check the status of member authorization quickly and easily by going to the NIA website at <a href="http://www.RadMD.com">www.RadMD.com</a> .   |
| <b>Does the NIA authorization number display on the Ambetter from Superior HealthPlan website?</b>   | No.  |
| <b>SCHEDULING EXAMS</b>  |  |
| <b>How does NIA determine where to schedule an exam for an Ambetter from Superior HealthPlan member?</b>   | NIA manages Medical Specialty Solutions services through Ambetter from Superior HealthPlan contractual relationships.  |
| <b>Why does NIA ask for a date of service when authorizing a procedure? Do physicians have to obtain an authorization before they call to schedule an appointment?</b> | At the end of 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. Physicians should obtain authorization before scheduling the patient  |
| <b>WHICH MEDICAL PROVIDERS ARE AFFECTED?</b>   |  |
| <b>Which medical providers are affected by the Medical Specialty Solutions program?</b>  | <p>Any provider who orders or performs procedures in an outpatient setting. Ordering providers need to request a prior authorization and the delivering/servicing providers need to verify that a valid authorization number is in place in order to bill the service.</p> <ul style="list-style-type: none"> <li>• Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.</li> <li>• Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: <ul style="list-style-type: none"> <li>▪ Freestanding diagnostic facilities</li> <li>▪ Hospital outpatient diagnostic facilities</li> <li>▪ Provider offices</li> </ul> </li> </ul> |
| <b>CLAIMS RELATED</b>  |  |
| <b>Where do providers send their claims?</b>   | Providers should send claims to the address indicated on the back of the Ambetter from Superior HealthPlan member ID   |



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|   | card. Providers are also encouraged to follow their normal EDI claims process.   |
| <b>How can providers check claims status?</b>   | Providers should check claims status at the Ambetter from Superior HealthPlan website at <a href="https://ambetter.superiorhealthplan.com">https://ambetter.superiorhealthplan.com</a>   |
| <b>Who should a provider contact if they want to appeal a prior authorization or claims payment denial?</b> | Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.   |
| <b>MISCELLANEOUS</b>  |  |
| <b>How is medical necessity defined?</b>  | <p>NIA defines medical necessity as services that:</p> <ul style="list-style-type: none"> <li>• Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;</li> <li>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;</li> <li>• Be appropriate to the intensity of service and level of setting;</li> <li>• Provide unique, essential, and appropriate information when used for diagnostic purposes;</li> <li>• Be 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</li> <li>• Not furnished primarily for the convenience of the member, the attending physician, or other provider.</li> </ul> |
| <b>Where can a provider find NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?</b>      | NIA’s Clinical Guidelines can be found on NIA’s website, <a href="http://www.RadMD.com">www.RadMD.com</a> under Online Tools/Clinical Guidelines. NIA’s guidelines for the use of imaging examinations have been developed from practice experience, literature reviews, specialty criteria sets and empirical data. To get started, simply go to <a href="http://www.RadMD.com">www.RadMD.com</a> , click the New User button and submit a “RadMD Application for New Account.” Once the application has been processed and password link delivered by NIA via e-mail, you will then be invited to create a new password. Links to the approved training/education documents are found on the My Practice page for those  |



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|   | <p>providers logged in as Ordering Physician. If you are an Imaging Facility or Hospital that performs imaging exams, an administrator must accept responsibility for creating and managing all logins to RadMD. Your RadMD login information should not be shared.</p>   |
| <p><b>What does the member ID card look like? Does the ID card have both NIA and Ambetter from Superior HealthPlan information on it? Or are there two cards?</b></p> | <p>The Ambetter from Superior HealthPlan member ID card does not contain any NIA identifying information on it. No additional card will be issued from NIA.</p>   |
| <p><b>What is an OCR Fax Coversheet?</b></p>  | <p>By utilizing Optical Character Recognition 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 <a href="http://www.RadMD.com">www.RadMD.com</a> or contact NIA at 1-877-687-1196 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.</p> |
| <p><b>CONTACT INFORMATION</b></p>   |   |
| <p><b>Who can a provider contact at NIA for more information?</b></p>   | <p>Providers can contact, Gina Braswell, Provider Relations Manager, at <a href="mailto:gbraswell@Evolent.com">gbraswell@Evolent.com</a> or 1-800-450-7281 ext. 55726.</p>  |

