National Imaging Associates
Medical Specialty Solutions
Frequently Asked Questions (FAQ's)
For Highmark Wholecare Providers

Question	Answer
GENERAL	
Why did Highmark Wholecare implement a Medical Specialty Solutions Program?	Highmark Wholecare implemented 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: • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • CCTA • Myocardial Perfusion Imaging (MPI) • Stress Echocardiography • Interventional Pain Management* • Inpatient and Outpatient Musculoskeletal Surgeries* • Physical Medicine Services (Physical, Occupational and Speech Therapy) * ***Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.**
Why did Highmark Wholecare select NIA to manage its Medical Specialty Solutions Program?	A subsidiary of Evolent Health LLC, NIA was selected to partner with Highmark Wholecare because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for Highmark Wholecare Medicare and Medicaid membership.
Which Highmark Wholecare members will be covered under this relationship and what networks will be used?	NIA's Medical Specialty Solutions for non-emergent outpatient Medical Specialty Solutions services for Highmark Wholecare membership will be managed through Highmark Wholecare contractual relationships.

PRIOR AUTHORIZATION	
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: • Diagnostic Imaging (CT/CTA, MRI/MRA PET Scan, CCTA, MUGA Scan, Myocardial Perfusion Imaging (MPI) and Stress 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).
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?	Yes.
Are routine Imaging services a part of this program?	No.
Are inpatient Diagnostic Imaging (CT/CTA, MRI/MRA PET Scan, CCTA, MUGA Scan, Myocardial Perfusion Imaging (MPI) and Stress Echocardiography) procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the Highmark Wholecare 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.

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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, RadMD.com or by calling NIA: **Medicaid:** • 1-800-424-4890 **Medicare:** • 1-800-424-1728

What information is required 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 website or calling NIA's call center (*Information is required.)
	▪ 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*
	   • 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
	
	   o Clinical notes
	   o X-ray reports
	   o Previous related test results
	   o 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 RadMD.com.

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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 alpha-numeric characters. In some cases, the ordering provider may receive a 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 prior authorization: • **Medicaid:** 1-800-424-4890 • **Medicare:** 1-800-424-1728
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 provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for 90 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 90-day period in which the examination must be completed.

Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Highmark Wholecare 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-authorizations?	Yes. However, it is important that the 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.
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 website at: RadMD.com.
Will the NIA authorization number be displayed on the Highmark Wholecare website?	No.
SCHEDULING SERVICES	
How will NIA determine where to schedule Medical Specialty Solutions Services for Highmark Wholecare members?	NIA will manage non-emergent outpatient advanced imaging procedures through Highmark Wholecare 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	Any provider who orders Medical Specialty Solution Services in an outpatient setting. Ordering providers

Specialty Solutions Services?	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

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 Highmark Wholecare member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers should check claims status via NaviNet or by contacting Highmark Wholecare.
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 Highmark Wholecare. 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;

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	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.
Where can a provider find NIA's Guidelines for Medical Specialty Solutions Services?	NIA's Clinical Guidelines can be found on NIA's website, 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.
What will the Member ID card look like? Will the ID card have both NIA and Highmark Wholecare information on it? Or will there be two cards?	The Highmark Wholecare 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 or contact NIA to request an OCR fax coversheet if their authorization request is not approved online or during the initial phone call to NIA by calling:
	• **Medicaid:**
	   1-800-424-4890
	• **Medicare:**
	   1-800-424-1728
	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.

RE-OPEN/RE-REVIEW AND APPEALS PROCESS	
Is a Re-Open/Re-Review process available for the Highmark Wholecare outpatient Medical Specialty Solutions services once a denial is received?	Once a denial determination has been made for a **Medicaid** member, 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. A re-review must be initiated within 30 calendar days from the date of denial and prior to submitting a formal appeal.

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	Medicare re-open is NOT allowed. 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. To initiate the peer-to-peer process please call: • **Medicaid:** 1-800-424-4890 • **Medicare:** 1-800-424-1728 These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorizations for outpatient imaging procedures.
How do I apply for RadMD access to initiate authorization requests?	User would go to our website www.radmd.com • Click on NEW USER. • Choose "**Physician's office that orders procedures**" from the drop-down box • Complete application with necessary information. • Click on Submit 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.
What is rendering provider access?	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.**

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	• User would go to our website www.RadMD.com • Select "Facility/Office where procedures are performed" • Complete application • Click on Submit Examples of a rendering facility that only need to view approved authorizations: • Hospital facility • Billing department • Offsite location Another user in location who is not interested in initiating authorizations
Which link on RadMD will I select to initiate an authorization request for outpatient imaging procedures?	Clicking the "**Request an exam or specialty procedure** (including Cardiac)" link will allow the user to submit a request for an outpatient imaging procedure.
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

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	communicate with your patients and progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	NIA defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case are sent to the email of the person submitting the initial authorization request. Users will be sent an email when determinations are made. • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI. Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance or technical support, please contact RadMDSupport@evolent.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: Lori Fink Provider Relations Manager 410-953-2621 lfink@evolent.com
Who can a provider contact at Highmark Wholecare if they have questions or concerns?	Contact Highmark Wholecare provider services: 1-800-685-5209. Providers may access the Highmark Wholecare portal: https://www.gatewayhealthplan.com/provider.

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