National Imaging Associates Inc. (NIA) Frequently Asked Questions (FAQ's) For MeridianHealth Michigan Providers

Question	Answer
GENERAL	
Why is MeridianHealth Michigan implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, CCTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography, and Echocardiography procedures for our Medicaid members.
Why did MeridianHealth Michigan select NIA to manage its outpatient advanced imaging services?	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 MeridianHealth Michigan membership.
Which MeridianHealth Michigan members will be covered under this relationship and what networks will be used?	Effective April 1, 2021 NIA will manage non-emergent outpatient imaging procedures for MeridianHealth Michigan membership through MeridianHealth Michigan contractual relationships. This will include MeridianHealth Michigan members.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	Implementation will be April 1, 2021.
What imaging services require provider's to obtain a prior authorization?	The following imaging procedures require prior authorization through NIA: ▪ CT/CTA ▪ CCTA ▪ MRI/MRA ▪ PET Scan

	- Myocardial Perfusion Imaging - MUGA Scan - Stress Echocardiography - Echocardiography Emergency room 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.
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent CT/CTA, CCTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography, and Echocardiography 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 radiology services a part of this program?	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.
Are inpatient advanced imaging procedures included in this program?	No. Inpatient procedures are included in the authorization for the inpatient stay that is managed through the MeridianHealth Michigan Medical Management Department.
Is prior authorization required for imaging studies performed in the emergency room?	No. Imaging studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.
How does the ordering provider obtain a prior	Providers will be able to request prior authorization via the Internet (www.RadMD.com) or by calling NIA at 1-866-842-1767

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authorization from NIA for an outpatient advanced imaging service?	

What information is required in order to receive prior authorization?	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):
	
	▪ Name and office phone number of ordering physician*
	▪ Member name and ID number*
	▪ Requested examination*
	▪ Name of provider office or facility where the service will be performed*
	▪ Anticipated date of service (if known)
	▪ Details justifying examination*
	    • 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)

Can a provider request more than one procedure at a time for a member (i.e., CT of abdomen and CT of thorax)?	Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study 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 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the

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	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?	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 1-866-842-1767.
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?	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 1-866-842-1767.
Can the rendering facility obtain authorization in the event of an urgent test?	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 1-866-842-1767.
How long is the prior authorization number valid?	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 request as the starting point for the 30 day period in which the examination must be completed.
Is prior authorization necessary for an outpatient, advanced imaging service if MeridianHealth Michigan is NOT the member's primary insurance?	Yes
If a provider obtains a prior authorization	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

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number does that guarantee payment?	subject to limitations and/or qualifications and will be determined when the claim is received for processing.
Does NIA allow retro-authorizations?	It is important that rendering facility staff be educated on the prior authorization requirements. Beginning **April 1, 2021** claims for CT/CTA, CCTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Stress Echocardiography, and Echocardiography 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.
Can a provider get an authorization prior to the April 1, 2021? implementation date?	No. An authorization should be obtained for all advanced imaging procedures for dates of service **April 1, 2021** and beyond.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to the Website at www.RadMD.com.
Will the NIA authorization number be displayed on the MeridianHealth Michigan Website?	No.
SCHEDULING EXAMS	
How will NIA determine where to schedule an exam for a MeridianHealth Michigan member?	NIA will manage non-emergent outpatient advanced imaging procedures through MeridianHealth Michigan's contractual relationships.
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?	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.
WHICH MEDICAL PROVIDERS ARE AFFECTED?	
Which medical providers are affected	Any provider who orders or performs advanced imaging procedures in an outpatient setting. Ordering providers

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by the outpatient imaging program?	will need to request a prior authorization and the delivering/servicing providers will need to be sure there is a prior authorization number in order to bill the service. • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform diagnostic advanced imaging procedures at: ▪ Freestanding diagnostic facilities ▪ Hospital outpatient diagnostic facilities ▪ Provider offices
CLAIMS RELATED	
Where do providers send their claims for outpatient, non-emergent advanced imaging services?	Providers should send claims to the address indicated on the back of the MeridianHealth Michigan 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 at the Meridian Michigan Website.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.
MISCELLANEOUS	
How is medical necessity defined?	NIA defines medical necessity as services that: • 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; • Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Be appropriate to the intensity of service and level of setting;

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	• Provide unique, essential, and appropriate information when used for diagnostic purposes; • 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 • Not furnished primarily for the convenience of the member, the attending physician, or other provider.
Where can a provider find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?	NIA's Clinical Guidelines can be found on NIA's website, www.RadMD.com 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 www.RadMD.com, 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 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.
What will the Member ID card look like? Will the ID card have both NIA and MeridianHealth Michigan information on it? Or will there be two cards?	The MeridianHealth Michigan Member ID card will not contain any NIA identifying information on it. No additional card will be issued from NIA.
What is an OCR Fax Coversheet?	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 www.RadMD.com or contact NIA at 1-866-842-1767 to request an OCR fax coversheet if their

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	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.
RE-REVIEW AND APPEALS PROCESS	
Is the Re-review process available for the outpatient imaging program once a denial is received?	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. A re-review must be initiated within 10 calendar days from the date of denial and prior to submitting a formal appeal. NIA has a specialized clinical team focused on outpatient imaging procedures. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines or can call 1-866-842-1767 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on the clinical information provided.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate authorizations for outpatient imaging procedures	If the user already has access to RadMD, RadMD will allow you to submit an authorization for any procedures managed by NIA.
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

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	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.** • 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.

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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
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 once every other week after business hours.
Who can a provider contact at NIA for more information?	Providers can contact, Meghan Murphy, Provider Relations Manager, at 410-953-1042 or mmurphy@evolent.com

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