



Optima Health Medical Specialty Solutions Quick Reference Guide For Ordering and Rendering Providers

Effective September 18, 2023

Optima Health has entered into an agreement with National Imaging Associates, Inc. (NIA), to manage a suite of Medical Specialty Solutions services. The program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services.

Effective September 18, 2023, the program will require prior authorization from NIA for non-emergent outpatient Medical Specialty Solutions. Providers may begin contacting NIA on September 18, 2023, to obtain prior authorization for procedures and devices below scheduled on or after September 18, 2023.

- MR, CT/CCTA, PET, MUGA Scan, Nuclear Cardiology/MPI, Stress Echo, Echocardiography
- Left Heart Catheterization
- Cardiac Resynchronization Therapy (CRT)
- Pacemaker Insertion

Please see the specific FAQ for each of the Medical Specialty Solutions Program Services.

Please refer to NIA's website to obtain the Optima Health NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of Optima Health.

NIA will manage the Medical Specialty Solutions Services through Optima Health's contractual relationships with providers.

Medical Specialty Solutions Services performed in the following settings do not require authorization through NIA:

- Inpatient
- Observation
- Emergency room

Urgent/Emergent Care

- 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. NIA's website <https://www.RadMD.com> cannot be used for urgent/emergent clinical situations during normal business hours. For prior authorization of urgent/emergent care during normal business hours contact NIA at 1-800-424-1663.

Obtaining Authorizations

The ordering provider is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to:

- Ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.
- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under Optima Health.
- For commercial self-funded plans, please confirm if the member's plan has opted into the NIA program.
 - Authorization requests for members of self-funded groups that chose to **opt in** should submit authorization requests through NIA.
 - Submit authorization requests directly to Optima Health for members of self-funded groups which decided to **opt out** of the NIA program.
- If a provider office calls to schedule a member for a procedure requiring prior authorization, request the authorization number.
- If the referring provider has not obtained prior authorization when required, inform the provider of this requirement, and advise him/her to obtain an authorization.
- If a member calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the member should be directed back to the referring provider who ordered the procedure.

Prior Authorization Process

There are two ways to obtain authorizations -- either through NIA's website at <https://www.RadMD.com> (preferred method) or by calling NIA: Call center hours of operation are Monday through Friday, 8 AM to 8 PM ET.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service. 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 procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service
- Details justifying procedure*
 - 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, 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 provide the following information, if requested
 - Clinical notes
 - X-ray reports
 - Specialist reports/evaluation
 - Ultrasound reports
 - Previous related test results

Note: To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists and Tip Sheets at <https://www.RadMD.com>.

Website Access

- It is the responsibility of the **provider ordering the Medical Specialty Solutions Services** to access NIA’s website or call for prior authorization.
- **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 12 AM – 3 AM ET.
- **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.
- **Authorization 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.

Access Provider Self-service at:
<https://www.RadMD.com>

Submitting Claims

Submit claims directly to Optima Health. Please send your claims for services to the following address:

Medical Claims
P.O. Box 5028
Troy, MI 48007-5028

For electronic submission, the Optima Health payor ID number is 54154.

Important Notes

- Authorizations are valid for 90 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 telephone system.
- NIA’s Clinical Guidelines can be found on NIA’s website, <https://www.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.

- 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 the services are provided, and any pre-existing condition exclusions referenced in the member's benefit plan.
- Authorization approved by the Health Plan prior to September 18, 2023, will be honored.
- For assistance, please contact RadMDSupport@Evolent.com or call 1-800-327-0641.
- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager.
- The Optima Health member ID card does not have NIA identifying information on it. Optima Health redirects calls to NIA for Medical Specialty Solutions Services.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).

** On July 1, 2023, Optima Health Plan assumed the rights and obligations of the Virginia Premier provider agreements which remain in effect. We will continue to serve former Virginia Premier Medicaid members now known as "Optima Health, Group Number: VP" as well as Virginia Premier Advantage Elite (D-SNP) members.

For additional details about this merger, please visit <https://www.optimahealth.com/providers/provider-support/transitioning-providers/transitioning-virginia-premier-providers>.

The D-SNP health plan administered by the plan formerly known as Virginia Premier, branded as Virginia Premier Advantage Elite, remains effective through December 31, 2023. All processes and procedures addressed during today's training will also apply to this plan.