National Imaging Associates, Inc. (NIA)
Frequently Asked Questions
Superior HealthPlan Genetic and Molecular Testing Program

Question	Answer
GENERAL	
Why is Superior HealthPlan (Superior) implementing a new genetic testing and molecular program?	Superior is implementing a new genetic and molecular testing prior authorization program to ensure clinically appropriate care and to decrease administrative burden on providers. Please note that this program manages at the level of the test or service provided. A payment policy was implemented to bring standardization to laboratory coding of tests, rather than managing CPT codes in an environment with highly variable coding practices.
Which Superior members will be impacted by this new program?	NIA's genetic and molecular testing program will apply to Superior Medicaid (STAR, STAR+PLUS, STAR Health and STAR Kids), CHIP, STAR+PLUS Medicare-Medicaid Plan (MMP), Ambetter from Superior (Marketplace) and Wellcare By Allwell (HMO and HMO DSNP) members.
What types of genetic and molecular tests are part of the program?	A full list of tests requiring prior authorization can be accessed at www.RadMD.com.
Which providers are affected by this new program?	All providers who order and/or render genetic or molecular tests.
PRIOR AUTHORIZATION	
What is the implementation date for the program?	Beginning October 24, 2022, in-network providers may contact NIA to request authorization for services on or after November 1, 2022.
Which genetic and molecular tests require prior authorization?	At this time, there are approximately 1,300 distinct tests that will be subject to prior authorization. A full list of tests requiring prior authorization may be accessed at: www.RadMD.com.
When does the prior authorization request need to be submitted?	Requests for prior authorization will be accepted up to ten business days after specimen collection and reviewed for medical necessity.

How does the ordering provider determine whether a genetic or molecular test requires prior authorization?	Please refer to the Genetic Test and Laboratory Matrix at www.RadMD.com for a list of all genetic and molecular tests that require prior authorization. To access current CPT codes for a test, please log into Concert Genetics portal (www.ConcertGenetics.com).
How does the ordering provider request a prior authorization from NIA for a genetic or molecular test?	We recommend utilizing www.RadMD.com as the preferred method for submitting prior authorization requests. If your request cannot be initiated through the RadMD portal, you may initiate a request by calling 1-800-642-7554 or fax your request to 1-800-784-6864.
What information is required to submit a prior authorization request?	Please have the information below ready before logging into NIA's website, calling NIA's Call Center, or submitting via fax: ▪ Member name, ID number and date of birth ▪ Ordering provider name, address, and National Provider Identifier (NPI) ▪ Name of requested genetic or molecular test and rendering/servicing provider name ▪ Rendering/Servicing provider address, Tax Identification Number (TIN) and NPI ▪ ICD-10 Code(s) ▪ Genetic Testing Unit (GTU) and CPT code(s) - OPTIONAL ▪ Clinical indications for testing: Member ethnicity and/or ancestry, relevant personal history, family history, history of relevant familial mutation(s) ▪ Rationale for test (e.g., drug therapy selection, carrier detection, etc.), results and/or reports of prior genetic test(s), other pertinent clinical documentation (if requested) Submission of clinical records may be requested for some tests due to the complexity of the test and specific medical necessity criteria that can only be met through documentation. ***To assist in collecting information for the authorization process, you may access the genetic testing checklist on www.RadMD.com.**
What kind of response time can providers expect for prior authorization?	NIA makes medical necessity decisions based on the clinical information supplied by ordering or rendering/servicing providers. Decisions are made as quickly as possible after submission of all requested clinical documentation. All decisions are rendered within state required timelines.

If a prior authorization request is pending what happens next?	You will receive a tracking number and NIA will contact you within the state regulated timeframe to complete the process.
How long is the prior authorization number valid?	When the authorization is approved, the authorization timeframe will be listed on the authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of prior authorizations quickly and easily at www.RadMD.com.
What will the NIA authorization number look like?	The NIA authorization number consists of at least eleven alpha-numeric characters. In some cases, the ordering provider may receive an NIA tracking number if the provider's authorization request is not approved at the time of initial contact. A tracking number is not the same as a prior authorization number. Providers will be able to use either number to track the status of their request online or through the Interactive Voice Response (IVR) telephone system at 1-800-642-7554.
Can a provider request more than one genetic or molecular test at the same time?	No. NIA will only review one test at a time.
If Superior is NOT the member's primary insurance, is prior authorization still required for genetic and molecular tests?	Yes.
Will the NIA authorization numbers be viewable on the Superior secure provider portal?	No. NIA prior authorization information is only available through www.RadMD.com or by contacting NIA.
CLAIMS	
Where do providers send their claims for genetic and molecular tests?	Providers should continue to send claims to Superior. For additional information, please reference Superior's provider manuals located at SuperiorHealthPlan.com/ProviderManuals. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding, and billing practices.
How can providers check claims status?	Providers may check claim status through Superior's Secure Provider Portal at: Provider.SuperiorHealthPlan.com.
Who should a provider contact for claim appeals?	Contact Superior Provider Services at: - 1-877-391-5921 (STAR, CHIP, STAR+PLUS, STAR Health, STAR Kids, MMP and Wellcare By Allwell) - 1-877-687-1196 (Ambetter).

APPEALS PROCESSES	
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 the denial letter.
Are peer-to-peer discussions available?	Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines prior to denial. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided. For peer-to-peer after an adverse determination has been made, follow the instructions on the denial letter.
RADMD ACCESS	
How do I request access to RadMD to initiate prior authorization requests for genetic and molecular tests?	Go to www.RadMD.com. • Click on "**New User**" • Select the appropriate provider description 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 of 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.
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 or calling 1-800-642-7554.
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**" 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.
Can I share my RadMD access with my coworkers?	Yes, our shared access 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 communicate with your patients if you are not available.

How can I receive notifications electronically instead of paper?	NIA defaults communications including final authorization determinations to paperless/electronic. Correspondence for each test is sent to the email of the person submitting the initial authorization request. Providers who prefer paper communication will be given the option to receive communications via fax.
What is rendering/servicing provider access?	Rendering/Servicing provider access allows users the ability to view all approved authorizations for genetic and molecular tests. If a provider is interested in signing up for rendering access, you will need to **designate the user an administrator.** • User would go to our website www.RadMD.com • Select the appropriate provider description from the drop-down box • Complete application • Click on Submit Examples of a rendering provider that only needs to view approved authorizations for genetic and molecular tests: • Laboratory • Hospital facility • Billing department • Another user in the same location who is not interested in initiating authorizations
How can I confirm what clinical information has been uploaded or faxed to NIA?	Clinical Information that has been received via upload to RadMD 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.
CLINICAL GUIDELINES	
What clinical guidelines will be used for prior authorization and medical necessity reviews?	NIA utilizes evidence-based clinical policies to determine medical necessity for requested genetic and molecular testing.
Where can a provider find clinical guidelines for the genetic and molecular testing program?	NIA's Genetic and Molecular Testing Guidelines can be found at www.RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and evidence-based research.

CONTACT INFORMATION	
Who can I contact if we need RadMD support?	For assistance, please contact RadMDSupport@Evolent.com or call 1-800-327-0641. RadMD is available 24 hours a day, seven days a week, except when maintenance is performed every third Thursday of the month from 11PM – 2AM (CST).
Who can a provider contact at NIA for more information?	You may contact your dedicated NIA Provider Relations Manager: Gina Braswell, OTR/L Senior Manager, Provider Relations 1-800-450-7281, ext. 55726 gbraswell@Evolent.com
Who can a provider contact at Superior if they have questions or concerns?	Contact Superior Provider Services at: - 1-877-391-5921 (STAR, CHIP, STAR+PLUS, STAR Health, STAR Kids, MMP and Wellcare By Allwell) - 1-877-687-1196 (Ambetter). Providers may access the Superior website at: www.SuperiorHealthPlan.com.