



CareSource Medical Specialty Solutions Quick Reference Guide For Ordering and Rendering Providers

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CareSource 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.

This program requires prior authorization from NIA for non-emergent outpatient Medical Specialty Solutions: Providers are to contact NIA to seek prior authorization for the procedures below:

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- Myocardial Perfusion Imaging (MPI)**
- MUGA Scan**
- Echocardiography (Transthoracic and Transesophageal Echocardiography)**
- Stress Echocardiography**

** Ohio CFC and ABD members will require a notification only for these services.

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

NIA manages the Medical Specialty Solutions Services through CareSource 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 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 1-800-424-4884.

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 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 CareSource.
- 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 www.RadMD.com (preferred method) or by calling NIA: Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (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

*To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists and Tip Sheets on 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 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 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 9 p.m. – 12 a.m. Pacific Time (PT).

Access Provider Self-service at:
www.RadMD.com

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.

Submitting Claims

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

CareSource
Attn: Claims Department
P.O. Box 8703
Dayton, OH 45401-8730

For electronic submission, CareSource payor ID number is 31114.

Important Notes

- Authorizations are valid for 60 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, 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 of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- 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 CareSource member ID card does not have NIA identifying information on it. CareSource 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).

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