# NIA Frequently Asked Questions (FAQ's)
# For Medica Providers

| Question | Answer |
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| **GENERAL** | |
| **Why does Medica utilize an outpatient imaging program?** | To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, PET Scans and Nuclear Cardiology procedures for our members. |
| **Why did Medica select National Imaging Associates, Inc. (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 the quality, patient safety and ensure appropriate utilization of resources for Medica membership. |
| **PRIOR AUTHORIZATION** | |
| **What radiology imaging services will require a provider to obtain a prior authorization?** | The following imaging procedures require prior authorization through NIA: <br><br> CT/CTA <br> MRI/MRA <br> PET Scans <br> Nuclear Cardiology |
| **When is prior authorization required?** | Prior authorization is required for outpatient, non-emergent CT/CTA, MRI/MRA, PET Scans and Nuclear Cardiology imaging procedures. Ordering providers must obtain prior-authorization of these procedures prior to the service being performed at an imaging facility. <br> Note: Emergency room, observation, and inpatient imaging procedures do not require prior authorization through NIA. |
| **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 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 imaging procedures are not included in this program. |

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| **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 authorization from NIA for an outpatient advanced imaging service?** | Providers can request prior authorization via the NIA website www.RadMD.com or by calling the NIA toll-free number 1-866-307-9729. |
| **What information will NIA require in order to receive prior authorization?** | To expedite the process, please have the following information ready before logging on to the Web site or calling the NIA Utilization Management staff (*denotes required information):<br><br>    Name and office phone number of ordering physician*<br>    Member name and ID number*<br>    Requested examination*<br>    Name of provider office or facility where the service will be performed*<br>    Anticipated date of service (if known)<br>    Details justifying the examination*:<br>    Symptoms and their duration (including cardiac symptoms, risk factors and related history when requesting cardiac services)<br><br>- Physician exam findings (including findings applicable to the requested services, e.g. for cardiac services, include BMI, blood pressure, whether or not patient is a smoker, history of diabetes or hypertension, family history, etc.)<br>- Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)<br>- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation). For cardiac services, include total cholesterol, ECG results, HDL level, problems with exercise capacity and results of previous cardiac evaluation procedures (e.g. stress test, echocardiogram, catheterization, etc.)<br>- Reason the study is being requested (e.g., further evaluation, rule out a disorder) |
| | Please be prepared to fax the following information, if requested:<br>- Clinical notes<br>- Reports of previous procedures<br>- Specialist reports/evaluation |

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| **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?** | The best way to increase the possibility of having an authorization request approved on line through [www.RadMD.com](http://www.RadMD.com) *or* at the time of the first call through the toll-free number, 1-866-307-9729 is to have knowledge of the case including:<br><br>        The patient's history and diagnosis<br>        Reason for the study<br>        Findings on physical examination<br>        Results of previous imaging studies, and<br>        History of medical or surgical treatment<br><br>Approximately 70 percent of the authorization requests are being approved on line or during the initial phone call. Generally, within 2 business days after receipt of request, 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 will the NIA authorization number look like?** | The NIA authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an 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 will be able to 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 retrospective or expedited authorization request?** | No, those requests will need to be called into NIA's Call Center for processing. |
| **What happens if a patient is authorized for a CT of the thorax, and the radiologist or rendering physician feels an additional study of the abdomen is needed?** | The radiologist or rendering physician should contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-866-307-9729. |

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| **Can the rendering facility obtain authorization in the event of an urgent test?** | Yes, if they begin the process NIA will follow-up with the ordering physician to complete the process. |
| **How long is the prior authorization number valid?** | The authorization number is valid for 90 days from the date of initial request. |
| **Is prior authorization necessary for an outpatient, advanced imaging service if Medica 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?** | It is important that rendering facility staff be educated on the prior authorization requirements. Claims for CT/CTA, MRI/MRA, PET Scans and Nuclear Cardiology 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. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met. |
| **Can a provider verify an authorization number online?** | Yes. Providers can check the status of member authorization quickly and easily by going to the Web site at www.RadMD.com. |
| **Will the NIA authorization number be displayed on the Medica Web site?** | No. |
| **SCHEDULING EXAMS** | |
| **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?** | |

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| **Which medical providers are affected by the outpatient imaging program?** | Any provider who orders or performs advanced imaging procedures in an outpatient setting. Ordering providers 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.<br><br>● Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers.<br>● Delivering/Servicing providers who perform diagnostic advanced imaging procedures at:<br>　◦ Freestanding diagnostic facilities<br>　◦ Hospital outpatient diagnostic facilities<br>　◦ Provider offices |
| **CLAIMS RELATED** | |
| **Where do providers send their claims for outpatient, non-emergent advanced imaging services?** | Medica network providers should continue to send claims directly to Medica.<br><br>Providers are encouraged to use EDI claims submission |
| **How can providers check claims status?** | Providers should continue to check claims status at the Medica Web site. |
| **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 Benefits (EOB) notification. |
| **MISCELLANEOUS** | |
| **How is medical necessity defined?** | NIA defines medical necessity as services that:<br><br>• 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;<br>• Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;<br>• Be appropriate to the intensity of service and level of setting;<br>• Provide unique, essential, and appropriate information when used for diagnostic purposes;<br>• 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<br>• Not furnished primarily for the convenience of the member, the attending physician, or other provider. |

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| **Where can a provider find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?** | NIA's Diagnostic Imaging Guidelines for clinical use of examination can be found on the Web site at [www.RadMD.com](http://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 empirical data. |
| **What will the Member ID card look like? Will the ID card have both NIA and Medica information on it? Or will there be two cards?** | The Medica Member ID card will not contain any NIA identifying information on it. |
| **CONTACT INFORMATION** | |
| **Who can a provider contact at NIA for more information?** | Providers can contact Leta Genasci, Provider Relations Manager, at 314-387-5518 |