National Imaging Associates Inc. (NIA)
Frequently Asked Questions (FAQs)
for AmeriHealth Caritas Delaware Providers

Question	Answer
GENERAL	
Why is AmeriHealth Caritas Delaware implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, MRI/MRA, PET Scan, CCTA, MUGA Scan, and Myocardial Perfusion procedures for our members.
Why did AmeriHealth Caritas Delaware 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 AmeriHealth Caritas Delaware membership.
Which AmeriHealth Caritas Delaware members will be covered under this relationship and what networks will be used?	Effective January 1, 2018, NIA will manage non-emergent outpatient imaging procedures for AmeriHealth Caritas Delaware membership through AmeriHealth Caritas Delaware contractual relationships.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	Implementation will be January 1, 2018.
What imaging services require providers to obtain a prior authorization?	The following imaging procedures require prior authorization through NIA: ▪ CT/CTA ▪ CCTA ▪ MRI/MRA ▪ PET Scan ▪ MUGA Scan ▪ Myocardial Perfusion Imaging Emergency room, observation 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, MRI/MRA, PET Scan, CCTA, MUGA Scan, and Myocardial Perfusion 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?	Yes, but not as a member's PCP.
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 AmeriHealth Caritas Delaware 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 authorization from NIA for an outpatient advanced imaging service?	Providers will be able to request prior authorization via the Internet (www.RadMD.com) or by calling NIA at 1-800-424-4791.

NIA

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)
	▪ Digital images (e.g., DICOM files) from previous procedures will need to be included with the documentation submitted with cardiac catheterization requests. The image from a previous MPI, Stress Echo, Heart PET, or other cardiac catheterization is considered to be relevant and necessary clinical information.

Can a provider request more than one procedure at a time for a member (e.g., 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, a determination will be made within 2 business days after receipt of request with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

NIA

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 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 1-800-424-4791.
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 an additional study is needed, in addition to the study already authorized, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-800-424-4791.
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 1-800-424-4791.
How long is the prior authorization number valid?	The authorization number is valid for 6 months from date of approval. When a procedure is authorized, NIA will use the date of approval as the starting point for the 6-month period in which the examination must be completed.

NIA

Is prior authorization necessary for an outpatient, advanced imaging service if AmeriHealth Caritas Delaware is NOT the member's primary insurance?	No.
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. Beginning January 1, 2018, claims for CT/CTA, MRI/MRA, PET Scan, CCTA, MUGA Scan, and Myocardial Perfusion that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization.
Can a provider get an authorization prior to the January 1, 2018 implementation date?	No. An authorization should be obtained for all advanced imaging procedures for dates of service January 1, 2018 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 AmeriHealth Caritas Delaware website?	No.
SCHEDULING EXAMS	
How will NIA determine where to schedule an exam for an AmeriHealth Caritas Delaware member?	NIA will manage non-emergent outpatient advanced imaging procedures through AmeriHealth Caritas Delaware's contractual relationships.

NIA

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 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. ▪ 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 AmeriHealth Caritas Delaware 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 AmeriHealth Caritas Delaware website at amerihealthcaritasde.com
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.

NIA

MISCELLANEOUS	
How is medical necessity defined?	In accordance with the state of Delaware, NIA defines medical necessity as services that: • Are directly related to the prevention, diagnosis and treatment of a member's disease, condition, and/or disorder that results in health impairments and/or disability (the physical or mental functional deficits that characterize the member's condition), and are provided to the member only; • Are appropriate and effective to the comprehensive profile (e.g., needs, aptitudes, abilities, and environment) of the member and the member's family; • Are primarily directed to the diagnosed medical condition or the effects of the condition of the member, in all settings for normal activities of daily living (ADLs), but will not be solely for the convenience of the member, the member's family, or the member's provider; • Are timely, considering the nature and current state of the member's diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time; • Are the least costly, appropriate, available health service alternative, and represent an effective and appropriate use of funds; • Are the most appropriate care or service that can be safely and effectively provided to the member, and will not duplicate other services provided to the member; • Are sufficient in amount, scope and duration to reasonably achieve their purpose; • Are recognized as either the treatment of choice (i.e., prevailing community or Statewide standard) or common medical practice by the practitioner's peer group, or the functional equivalent of other care and services that are commonly provided; • Are rendered in response to a life threatening condition or pain, or to treat an injury, illness, or other diagnosed condition, or to treat the effects of a diagnosed condition that has resulted in or could result in a physical or mental limitation, including loss of physical or mental functionality or developmental delay. • For members enrolled in DSHP Plus LTSS, provide the opportunity for members to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

NIA

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 AmeriHealth Caritas Delaware information on it? Or will there be two cards?	The AmeriHealth Caritas Delaware 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 1-1-888-642-7649 to request an OCR fax coversheet if their authorization request is not approved online 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.
CONTACT INFORMATION	
Who can a provider contact at NIA for more information?	Providers can contact Charmaine Everett, Provider Relations Manager, at cseverett@magellanhealth.com or 1-800-450-7281, ext. 32615.

NIA