NIA Frequently Asked Questions (FAQ's)
For IlliniCare Health Providers

Question	Answer
GENERAL	
Why did IlliniCare Health implement an outpatient imaging program.	To improve quality and manage the utilization of non-emergent CT/CTA/CCTA, MRI/MRA and PET Scan procedures for our members.
What is the post service review program?	Post Service Review (No Prior Authorization Required) ▪ *Physical, Occupational and Speech Therapy *Post service review: Beginning October 1, 2017, Physical, Occupational and Speech Therapy services claims will be reviewed by NIA peer consultants to determine whether the services met/meet IlliniCare Health's policy criteria for medically necessary and medically appropriate care. Effective October 1, 2017, Physical, Occupational and Speech Therapy services will NOT require prior authorization when provided by a participating provider.
Why did IlliniCare Health 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 the quality, patient safety and while ensuring appropriate utilization of resources for IlliniCare Health membership.
Which IlliniCare Health members are covered under this relationship and what networks are being used?	NIA manages non-emergent outpatient imaging services for IlliniCare Health membership through NIA's Free-Standing Imaging Facilities coupled with IlliniCare Health's in-office providers and hospitals. NIA's imaging and post service review program will apply to IlliniCare Health's Medicaid members.
PRIOR AUTHORIZATION	

What was the implementation date for this outpatient imaging program and what is the implementation date for the post service review program	Implementation date was May 1, 2011. Post service review will begin October 1, 2017,
What imaging services require providers to obtain a prior authorization?	The following imaging procedures require prior authorization through NIA: - CT/CTA - MR/MRA - PET Scan - CCTA Emergency room, observation and inpatient imaging procedures do not require prior authorization from NIA. 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.
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent CT/CTA/CCTA, MRI/MRA and PET Scan 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.
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.

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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 IlliniCare Health 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 are able to request prior authorization via the Internet (www.RadMD.com) or by calling NIA at 1-866-329-4701.

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)

Can a provider request more than one procedure at a	Yes. NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each study that is authorized.

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time for a member (i.e., CT of abdomen and CT of thorax)?	
What kind of response time can ordering providers expect for prior authorization?	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 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 1-866-329-4701.
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, in addition to the study already authorized, an additional study is needed, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-866-329-4701.
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 1-866-329-4701.

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How long is the prior authorization number valid?	The authorization number is valid for 30 days from the date of request. When a procedure is authorized, NIA will use the date of the initial request as the starting point for the 30 day period in which the examination must be completed.
Is prior authorization necessary for an outpatient, advanced imaging service if IlliniCare Health is NOT the member's primary insurance?	Yes. IlliniCare Health's prior authorization requirements apply when IlliniCare Health is the primary insurer and secondary. Please check the prior authorization requirements for the member's primary insurance.
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/CCTA, MRI/MRA and PET Scan procedures that are <u>not</u> properly authorized will <u>not</u> be reimbursed. The rendering facility <u>should not</u> schedule procedures without prior authorization.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the Website at www.RadMD.com.
Will the NIA authorization number be displayed on the IlliniCare Health's Website?	No.
SCHEDULING EXAMS	
How does NIA determine where to schedule an exam for an IlliniCare Health member?	IlliniCare Health members have access to NIA's Free-Standing Imaging Facilities coupled with IlliniCare Health's in-office providers and hospitals for CT/CTA/CCTA, MRI/MRA and PET Scan imaging procedures. Referral is determined by several considerations including physician request, clinical requirements, previous exams, continuity of care, member preference, cost and efficiency.

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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 IlliniCare Health 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 IlliniCare Health Website at www.IlliniCare.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.

MISCELLANEOUS

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How is medical necessity defined?	NIA defines medical necessity as services that:
	- 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; - Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; - Be appropriate to the intensity of service and level of setting; - Provide unique, essential, and appropriate information when used for diagnostic purposes; - 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 - Not furnished primarily for the convenience of the member, the attending physician, or other provider.
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 does the Member ID card look like? Does the ID card have both NIA	The IlliniCare Health Member ID card does not contain any NIA identifying information on it. No additional cards are issued from NIA.

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and IlliniCare Health information on it? Or are there two cards?	
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 1-888-642-7649 to request an OCR fax coversheet if their authorization request is not approved on-line 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, Leta Genasci, Provider Relations Manager, at 1-800-450-7281 ext. 75518 OR 314-387-5518

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