



Radiology Management Reference Guide

NIA TOLL-FREE TELEPHONE NUMBER:

1-877-642-0722

CALL CENTER HOURS:

Monday-Friday, 7 A.M.-7 P.M.

PRIOR AUTHORIZATION FACT SHEET

- A prior authorization program for outpatient diagnostic imaging procedures will be implemented beginning February 1, 2006. Providers will have from February 1 to May 1, 2006, to become familiar with the requirements of the program prior to the full implementation date of May 1, 2006. This correspondence serves as notice of changes to the Utilization Review Programs under your provider agreement.
- New prior authorization policy affects the following **outpatient services only**:

PROCEDURES REQUIRING PRIOR AUTHORIZATION *

- CT Scan
- MRI/MRA
- Nuclear Cardiology
- PET Scan

*A separate authorization number is required for each procedure ordered.

- Emergency room, observation department of a hospital and inpatient imaging procedures do not require prior authorization.
- These services will apply to all **Arkansas Blue Cross and Blue Shield** members, including those who access the True Blue PPO network, as well as all **Health Advantage** members. Customers of **BlueAdvantage Administrators of Arkansas** can elect to add this program on a group-by-group basis, which would be indicated on the member's ID card. These services do not apply to members of the Federal Employee Program (FEP) at this time. For purposes of this document, the above companies (in bold) are hereafter referred to as "the Companies."
- The **ordering physician** is responsible for obtaining the prior authorization number for the study requested. Patient symptoms, past clinical history and prior treatment information will be requested and should be available at the time of the call.
- **Call center hours of operation are Monday through Friday, 7 a.m. to 7 p.m.** You may obtain prior authorization by calling **1-877-642-0722**. (Studies ordered after normal business hours or on weekends should be conducted by the rendering facility as requested by the ordering physician. However, the ordering physician must contact NIA *within five business days* of the date of service and before the claim is submitted to obtain proper authorization for the studies, which will still be subject to review.)
- **Average calls are completed within five minutes.** Peak call volume occurs between the hours of 1 p.m. to 6 p.m.
- **NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations** can be found on their Web site: www.RadMD.com. They are presented in the form of a PDF file that may be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, speciality criteria sets and empirical data.

Prior authorization is not a guarantee of coverage, and services are subject to the member's eligibility and benefit plan provisions.



ORDERING PHYSICIAN

Prior Authorization Implementation Recommendations

PROCEDURES REQUIRING PRIOR AUTHORIZATION *

- CT Scan
- MRI/MRA
- Nuclear Cardiology
- PET Scan

*A separate authorization number is required for each procedure ordered.

Prior Authorization Process

- Call NIA's toll-free number: 1-877-642-0722.

To expedite the process, please have the following information ready before calling the NIA Utilization Management staff (*Information is required):

- Name and office telephone 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 already has completed (for example: physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (for example: X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (for example: further evaluation, rule out a disorder)
- Please be prepared to fax the following information, if requested:
 - Clinical notes
 - X-ray reports
 - Previous CT/MRI reports
 - Specialist reports/evaluation
 - Ultrasound reports

Important Notes:

- Emergency room, observation department of a hospital and inpatient imaging procedures do not require prior authorization.
- It is the responsibility of the physician ordering the imaging examination to call for prior authorization.

PARTICIPATING IMAGING FACILITIES

Prior Authorization Implementation Recommendations

As a participating provider of diagnostic imaging services that require prior authorization, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. The following recommendations are offered for your review and consideration in developing a procedure that will be effective for your facility. These recommendations are for informational purposes only.

It is the responsibility of the ordering physician to ensure that prior authorization is obtained. The rendering facility should not schedule procedures without prior authorization. For urgent tests, the rendering facility can begin the process, and NIA will follow up with the ordering physician to complete the process. Procedures performed that have not been properly authorized will not be reimbursed, and the member cannot be balance billed.

PROCEDURES REQUIRING PRIOR AUTHORIZATION *

- CT Scan
- Nuclear Cardiology
- MRI/MRA
- PET Scan

*A separate authorization number is required for each procedure ordered.

Emergency room, observation department of a hospital and inpatient imaging procedures do not require prior authorization. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call NIA at 1-877-642-0722 the next business day to proceed with the normal review process.

Prior Authorization Recommendations

To ensure that authorization numbers have been obtained, the following recommendations should be considered:

- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures.
- If a physician office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If they have not obtained prior authorization, inform them of this requirement and advise them to call NIA at the toll-free number, 1-877-642-0722. You may elect to institute a time period in which they need to obtain the authorization number (for example, one business day).
- If a patient calls to schedule an appointment for a procedure that requires prior authorization, and does not have the authorization number, the patient should be directed back to the referring physician who ordered the examination.



FREQUENTLY ASKED QUESTIONS

Q.1. Is prior authorization from NIA required for all radiological procedures?

A.1. No. Only outpatient CT, MRI/MRA, PET and Nuclear Cardiology procedures require prior authorization.

Q.2. Who is responsible for obtaining prior authorization from NIA?

A.2. The ordering physician always is responsible for obtaining authorization from NIA prior to scheduling procedures.

Q.3. Are there situations that do not require prior authorization from NIA?

A.3. Yes, there are three situations that do not require prior authorization from NIA when billed with the applicable location code:

- When the procedure is ordered as part of emergency room services.
- When the procedure is ordered as part of an observation bed stay.
- When the procedure is ordered as part of an inpatient stay.

Q.4. Is prior authorization required for emergency situations?

A.4. No. Patients who are directed to the emergency room are exempt from prior authorization. It is not necessary for anyone to call NIA retrospectively to authorize any imaging procedure performed during an emergency room visit.

Q.5. How is Observation/Rapid Treatment handled?

A.5. Imaging services that occur in the Observation/Rapid Treatment area of a hospital do not require prior authorization nor do these services require the physician to contact NIA within the next business day of rendering the service. These services are easily identifiable in the Companies' claims systems and will be paid without an authorization from NIA.

Q.6. What information does the ordering physician need to expedite a prior authorization call to NIA?

A.6. To expedite the process, please have the following information ready before calling the NIA Utilization Management staff (*Information is required):

- Name and office telephone 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

FREQUENTLY ASKED QUESTIONS (cont.)

- Physical exam findings
- Conservative treatment patient already has completed (for example: physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
- Preliminary procedures already completed (for example: X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
- Reason the study is being requested (for example: further evaluation, rule out a disorder)

Q.7. What kind of response time can ordering physicians expect for prior authorization?

A.7. In many cases, especially when the caller requesting the review has sufficient clinical documentation, authorization can be obtained during the first telephone call. In general, approximately 60-65 percent of the requests will be approved during the initial telephone call. Generally, within two business days after receipt of request, a determination will be made. In certain cases, the review process may take longer if additional clinical information is required to make a determination.

Q.8. Can NIA handle multiple authorization requests per telephone call?

A.8. Yes.

Q.9. What is the process for obtaining prior authorization from NIA for CT, MRI/MRA, PET or Nuclear Cardiology procedures ordered outside of normal business hours?

A.9. The rendering facility should proceed with the study. The ordering physician should contact NIA *within five business days* from the date of service and before the claim is submitted and proceed with the authorization process.

Q.10. What is the process for obtaining prior authorization from NIA for emergency procedures ordered at a location other than a hospital emergency room?

A.10. The authorization process will be the same. Studies conducted outside an emergency room setting will require prior authorization.

Q.11. Do physicians have to obtain authorization before they call to schedule an appointment?

A.11. Yes. Physicians should obtain authorization before scheduling the patient.



FREQUENTLY ASKED QUESTIONS (cont.)

Q.12. Does NIA ask for a date of service when authorizing a procedure?

A.12. At the end of the authorization process, the NIA authorization representative asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required.

Q.13. How long is an authorization number valid?

A.13. The authorization number is valid for 60 days. When a procedure is authorized, NIA will use the date of determination as the starting point for the 60-day period in which the examination must be completed.

Q.14. What if my office staff forgets to call NIA and then goes ahead to schedule an imaging procedure requiring prior authorization?

A.14. It is important to notify office staff and educate them about this new policy. This policy is effective February 1, 2006. Claims for CT, MRI/MRA, PET and Nuclear Cardiology procedures that are not prior authorized will not be paid, and the members must be held harmless if service is provided by a participating provider.

Q.15. Can the participating rendering facility obtain authorization in the event of an urgent test?

A.15. Yes, if they begin the process, NIA will follow up with the ordering physician to complete the process.

Q.16. Who will receive the prior authorization number from NIA?

A.16. On completion of the authorization process, NIA will notify the ordering physician of the authorization status. If the ordering physician is able to provide sufficient clinical and demographic information at the time of the initial call, a verbal authorization number will be issued. If the authorization request requires additional review, NIA will provide an authorization tracking number that will serve as a means of tracking the status of the process. Once a final determination has been reached, NIA will notify the ordering physician of the decision verbally or in writing (fax or letter). If the ordering physician does not complete the prior authorization process, the status will be "transaction denied for prior authorization non-compliance, no member liability."

Q.17. How can the NIA authorization number be identified?

A.17. The NIA authorization number consists of 11 alphanumeric characters (for example: NYMMDD####).

FREQUENTLY ASKED QUESTIONS (cont.)

Q.18. If two authorization numbers are associated with the patient encounter, which one should be printed on the claim?

A.18. Any of the two authorization numbers should appear on the claim form. The authorization number not entered on the claim form will be captured internally within the claims system.

Q.19. Which provider(s) are responsible for putting the prior authorization number on the claim(s)?

A.19. The rendering facility/clinic and the provider who reads the test.

Q.20. Is an NIA prior authorization number needed for a CT-guided biopsy?

A.20. No.

Q.21. Which PET scans require prior authorization?

A.21. All PET scans performed in physician offices or on an outpatient basis (non-ER or observation departments) require prior authorization by NIA.

Q.22. What happens if a patient is prior authorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?

A.22. The radiologist or rendering physician should proceed with the pelvic study. If this occurs, he/she should notify the patient's ordering physician of the additional test the same day, as a matter of courtesy and appropriate medical procedure. The original ordering physician should call NIA after the study is provided to proceed with the normal review process to get an additional authorization number.

Q.23. If a patient needs a CT in preparation for radiation therapy, is prior authorization necessary?

A.23. No.

Q.24. After receiving prior authorization from NIA, can the ordering physician change the planned procedure, the servicing facility or the date of the procedure?

A.24. Yes, but the NIA Call Center must be contacted if the planned procedure or the servicing provider changes. The date of the procedure can take place on any date within the 60 days that the authorization number is valid. If the date of service is rescheduled beyond the 60 days, the NIA Call Center must be contacted.



FREQUENTLY ASKED QUESTIONS

Q.25. Is prior authorization necessary when Arkansas Blue Cross, Health Advantage or BlueAdvantage (if applicable) is not the member's primary insurance?

A.25. Yes.

Q.26. How are procedures that do not require NIA prior authorization handled?

A.26. These procedures should be handled as they are today.

Q.27 Can I speak directly with a clinical reviewer or physician-level reviewer (peer-to-peer)?

A.27 Once the initial intake process is complete, you may request to be transferred to the clinical level of review. Initial intake information is necessary to determine member eligibility and to process the request.

Q.28 What steps will the ordering provider take when the authorization is not given during the initial intake process (level 1)?

A.28 The case will be forwarded to NIA's clinical departments who will review the clinical information submitted. If needed, the clinical staff will request additional clinical information via fax. This information can be faxed to NIA's dedicated clinical fax line. An ordering office can request a hot transfer to a nurse clinical reviewer (level 2) during the initial request. However, this should only be requested if the office has a clinician who can speak with our nurses and who has additional clinical information that would support the requested study.

Q.29. If NIA denies prior authorization of an imaging study, does a provider have the option to appeal the decision?

A.29. Yes, through normal appeal procedures as directed in the denial letter. If NIA makes the decision to deny the request at the end of the telephone call, and the physician does not agree with the decision made by NIA, the physician should request an appeal of the decision from NIA.

Q.30. Is there a way to bypass the NIA recorded announcement?

A.30. When dialing into the toll-free number, you will hear a seven-second system greeting that identifies the NIA Imaging Authorization Service. The announcement will instruct you to press option one to initiate a new request for authorization on an imaging exam or option two for the status of a case that was previously called in for authorization. The announcement also will provide information that emergency procedures do not require prior authorization. The

entire greeting may be bypassed by immediately pressing the desired option whenever the announcement starts to play.

Q.31. If NIA approves prior authorization of an imaging study, does this guarantee that the Companies will pay the claim?

A.31. No. Prior authorization does not guarantee payment or ensure coverage; it means only that the information furnished to NIA at the time indicates that the imaging study that is the subject of the prior authorization meets the Primary Coverage Criteria. A claim receiving prior authorization still must meet all other coverage terms, conditions and limitations. Coverage for any such prior authorized claim still may be limited or denied if, when the claimed imaging study is completed and the Companies receive the post-service claim(s), investigation shows that a benefit exclusion or limitation applies, that the Covered Person ceased to be eligible for benefits on the date imaging study services were provided, that coverage lapsed for non-payment of premium, that out-of-network limitations apply, or any other basis specified in the patient's health plan applies to limit or exclude payment of the claim.

Q.32. What is the toll-free telephone number and hours of operation for the NIA Call Center?

A.32. You can reach the NIA Call Center by calling the toll-free number 1-877-642-0722, Monday through Friday, from 7 a.m. to 7 p.m.