National Imaging Associates, Inc.
Medical Specialty Solutions
Frequently Asked Questions for providers

Question	Answer
General	
Why is Blue Cross Complete implementing a Medical Specialty Solutions program?	Blue Cross Complete is implementing a Medical Specialty Solutions program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergency outpatient advanced imaging services: • CT/CTA • MRI/MRA • PET scan • CCTA • Myocardial perfusion imaging • MUGA scan
Why did Blue Cross Complete select NIA to manage its Medical Specialty Solutions program?	A subsidiary of Magellan Health, NIA was selected to partner with Blue Cross Complete because of its clinically driven program, designed to effectively manage quality and member safety while ensuring appropriate utilization of resources for Blue Cross Complete membership.
Which Blue Cross Complete members will be covered under this relationship and what networks will be used?	NIA's Medical Specialty Solutions for non-emergency outpatient Medical Specialty Solutions services for Blue Cross Complete Medicaid membership will be managed through Blue Cross Complete contractual relationships.
Prior authorization	
What is the implementation date for the Medical Specialty Solutions program?	Implementation will be May 1, 2022. Providers may begin obtaining authorization from NIA on April 26, 2022, via RadMD.com or NIA's Call Center for services rendered on or after May 1, 2022.

What Medical Specialty Solutions services require providers to obtain a prior authorization?	The following non-emergency, outpatient Medical Specialty Solutions services require prior authorization through NIA, effective May 1, 2022: • CT/CTA • MRI/MRA • PET scan • CCTA • Myocardial perfusion imaging • MUGA scan Emergency room, observation and inpatient procedures don't require prior authorization from NIA. If an urgent or emergency clinical situation exists outside of a hospital emergency room, contact NIA immediately with the appropriate clinical information for an expedited review (excluding spine surgery).
When is prior authorization required?	Prior authorization is required for outpatient, non-emergency procedures. Ordering providers must obtain prior authorization prior to the service being performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization isn't required for sedation when performed with an MRI.
Is an NIA authorization number needed for a CT-guided biopsy?	No, prior authorization isn't required for this procedure.
Can a chiropractor order images?	Yes.
Are routine imaging services a part of this program?	No.
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	No. Inpatient advanced imaging procedures aren't included in this program.
Is prior authorization required for Medical Specialty Solutions services performed in the emergency room?	No. Medical Specialty Solutions services performed in the emergency room aren't included in this program and don't require prior authorization through NIA.

How does the ordering provider obtain a prior authorization from NIA for a Medical Specialty Solutions outpatient service?	Providers can request prior authorization online at RadMD.com*or by calling NIA at **1-800-424-5351**.

What information is required in order to receive prior authorization?	To expedite the prior authorization process, refer to the specific required documentation for each Medical Specialty Solution. Have the appropriate information ready before logging into NIA's website RadMD.com* or calling NIA's Call Center ([+]information required).
	
	■ Name and office phone number of ordering provider[+]
	■ Member name and ID number[+]
	■ Requested examination[+]
	■ Name of provider office or facility where the service will be performed[+]
	■ Anticipated date of service[+]
	■ Details justifying examination[+]
	   • Symptoms and their duration
	   • Physical exam findings
	   • Conservative treatment that member 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, scoped procedures, referrals to specialist, specialist evaluation)
	   • Reason the study is being requested (e.g., further evaluation, rule out a disorder)
	■ Be prepared to provide the following information, if requested
	   o Clinical notes
	   o X-ray reports
	   o Previous related test results
	   o Specialist reports/evaluation
	
	To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on RadMD.com.*

Can a provider request more than one service at a time for a member?	NIA can handle multiple authorization requests per contact. Separate authorization numbers are issued by NIA for each service authorized.
What kind of response time can ordering providers expect for prior authorization?	A determination will be made, generally, within two 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.
What does the NIA authorization number look like?	The NIA authorization number consists of alpha-numeric characters. In some cases, the ordering provider may receive an NIA tracking number (not the same as an authorization number) if the provider's authorization request isn't 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 telephone system.
If requesting authorization through RadMD.com and the request pends, what happens next?	You'll receive a tracking number and NIA will contact you to complete the process.
Can RadMD.com be used to request an expedited authorization request?	RadMD.com may only be used for expedited requests that occur after normal business hours. Expedited requests that occur during normal business hours must go through NIA's Call Center for review and processing.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If the provider feels that an additional service is needed, contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain prior authorization is **1-800-424-5351**.
Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, NIA will follow up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for **60 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 **60-day** period in which the examination must be completed.

Is prior authorization necessary for a Medical Specialty Solutions outpatient service if Blue Cross Complete isn't the member's primary insurance?	No.
If a provider obtains a prior authorization number, does that guarantee payment?	**An authorization number isn't a guarantee of payment.** Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and qualifications and will be determined when the claim is received for processing.
Does NIA allow retro-authorizations?	Yes. However, it's important the rendering facility staff be educated on the prior authorization requirements. Claims won't be reimbursed if they haven't been properly authorized. The rendering facility **shouldn't** schedule services without prior authorization.
What happens if I have a service scheduled for May 1, 2022?	An authorization can be obtained for all Medical Specialty Solutions for dates of service May 1, 2022, and beyond, beginning **April 26, 2022**. NIA and Blue Cross Complete will be working with providers on an ongoing basis to educate them that authorizations are required.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the NIA website at RadMD.com.*
Will the NIA authorization number be displayed on the Blue Cross Complete website?	No.

*Our website is **mibluecrosscomplete.com**. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.

Scheduling services	
How will NIA determine where to schedule Medical Specialty Solutions services for Blue Cross Complete members?	NIA manages the Medical Specialty Solutions services through the health plan's contractual relationships.
Why does NIA ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?	During the authorization process, NIA asks where the procedure is being performed and the anticipated date of service. The exact date of service isn't required. Providers should obtain authorization before scheduling the member.

Which medical providers are affected?	

Which medical providers are affected by the Medical Specialty solutions services?	All providers who order Medical Specialty Solution services in an outpatient setting are affected. Ordering providers need to request a prior authorization; rendering providers need to ensure there is an authorization number to bill the service.
	
	• Ordering providers, including primary care providers and specialists
	• Rendering providers who perform Medical Specialty Solutions services at**:**
	  ▪ Freestanding diagnostic facilities
	  ▪ Hospital outpatient diagnostic facilities
	  ▪ Provider offices

Claims	
Where do providers send their claims for Medical Specialty Solutions outpatient services?	Providers should continue to send claims to the address on the back of the Blue Cross Complete member ID card. Providers are also encouraged to follow their normal EDI claims process.
How can providers check claims status?	Providers can status claims using the Blue Cross Complete's provider portal, NaviNet.net.*
Who should providers contact if they want to appeal a prior authorization or claims payment denial?	In the event of a prior authorization or claims payment denial, providers may appeal the decision through Blue Cross Complete. Providers should follow the instructions on their non-authorization letter or Explanation of Payment notification.

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Miscellaneous	
How is medical necessity defined?	NIA defines medical necessity as a service that: • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards • Is appropriate to the illness or injury for which it's performed as to type of service and expected outcome • Is appropriate to the intensity of service and level of setting • Provides unique, essential and appropriate information when used for diagnostic purposes • Is the lowest-cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness • Isn't furnished primarily for the convenience of the member, the attending provider, or other provider
Where can a provider find NIA's Guidelines for Medical Specialty Solutions services?	NIA's clinical guidelines can be found on NIA's website, RadMD.com* under *Online Tools/Clinical Guidelines*. NIA's guidelines for Medical Specialty Solutions services are developed from practice experience, literature reviews, specialty criteria sets and empirical data.
Will the Blue Cross Complete member ID card change with the implementation of this Medical Specialty Solutions program?	No. The Blue Cross Complete member ID card won't contain any NIA information on it and the member ID card won't change with the implementation of this program.
What is an OCR fax cover sheet?	By utilizing optical character recognition, or OCR, technology, NIA can automatically attach incoming clinical faxes to the appropriate case in our clinical system. Blue Cross Complete encourages ordering providers to print an OCR fax cover sheet from RadMD.com* or call NIA at **1-800-424-5351** to request an OCR fax cover sheet if their authorization request

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	isn't approved online or during the initial phone call to NIA. NIA can fax this cover sheet to the provider during authorization intake or at any time during the review process. By prefacing clinical faxes to NIA with an OCR fax cover sheet, the ordering provider can ensure a timely and efficient case review.
Rereview and appeals process	
Is the rereview process available for the outpatient Medical Specialty Solutions services once a denial is received?	Once a denial determination has been made, if the office has new or additional information to provide, a rereview can be initiated by uploading via RadMD.com or faxing (using the case specific, fax cover sheet) additional clinical information to support the request. A rereview must be initiated within five business days from the date of denial and prior to submitting a formal appeal. NIA has a specialized clinical team focused on Medical Specialty Solutions services. Peer-to-peer discussions are offered for any request that doesn't meet medical necessity guidelines; call NIA at **1-800-424-5351** to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided.
Who should providers contact if they want to appeal a prior authorization decision?	Providers should follow the appeal instructions given on their non-authorization letter or remittance notification.
RadMD.com access	
What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow providers access to initiate authorizations for outpatient imaging procedures.
How do I apply for access to initiate authorization requests on RadMD.com?	User would go to NIA's website, RadMD.com.* • Click *New User* in the *Sign In* area. • Select "***Physician's office that orders procedures***" from the description drop-down. • Complete new account application with necessary information. • Click *Submit* when finished.

	Within a few hours of submission, the user will receive an email from the RadMD.com support team with an approved username and a temporary passcode. Call the RadMD.com Support Team at **1-800-327-0641** if you don't receive a response within 72 hours.
What is rendering provider access?	Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you'll need to **designate an administrator.** • User would go to NIA's website, [RadMD.com.](RadMD.com)* • Select "*Facility/Office where procedures are performed.*" • Complete application. • Click *Submit.* Examples of a rendering facility that only needs to view approved authorizations: • Hospital facility • Billing department • Offsite location Another user in location that isn't interested in initiating authorizations.
Which link on RadMD.com will I select to initiate an authorization request for outpatient imaging procedures?	Clicking *"[Request an exam or specialty procedure (including cardiac)"](#)* will allow the user to submit a request for an outpatient imaging procedure.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by using the "*View Request Status*" link on RadMD's main menu.
How can I confirm what clinical information has been uploaded or faxed to NIA?	Clinical information received by upload or fax can be viewed by selecting the member on the *View Request Status* link from the main menu on RadMD.com. On the bottom of the "*Request Verification Detail*" page, select the appropriate link for the upload or fax.

Where can providers find their case-specific communication from NIA?	Links to case-specific communication to include requests for additional information and determination letters can be found via the *View Request Status* link on RadMD.com.
If I didn't submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	The "*Track an Authorization*" feature allows users who didn't submit the original request to view the status of an authorization, as well as upload clinical information on RadMD.com. This option is also available as a part of your main menu options using the "*Search by Tracking Number*" feature. A known tracking number is required.
Can I share my RadMD.com access with my coworkers?	Yes. NIA has a shared access process. The process allows providers to view authorization requests initiated by other RadMD.com users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you aren't available.
Paperless notification: **how can I receive notifications electronically instead of paper?**	NIA defaults communications, including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request. Users will receive an email when determinations are made. • No PHI will be contained in the email. • The email will contain a link that requires the user to log in to RadMD.com to view PHI. Providers who prefer paper communication will be given the option to opt out and receive their communications by fax.

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Contact information	
Who can I contact if we need RadMD.com support?	For assistance or technical support, email [RadMDSupport@MagellanHealth.com*](mailto:RadMDSupport@MagellanHealth.com) or call NIA at **1-800-327-0641**. RadMD.com is available 24 hours a day, seven days a week except when maintenance is being performed.
Who can a provider contact at NIA for more information?	NIA Provider Relations Manager Meghan Murphy **1-800-450-7281, ext. 31042** [mamurphy@magellanhealth.com*](mailto:mamurphy@magellanhealth.com)
Who can providers contact at Blue Cross Complete if they have questions or concerns?	Contact Blue Cross Complete Provider Services at **1-800-228-8554** or **mibluecrosscomplete.com**.

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