National Imaging Associates, Inc. (NIA) Frequently Asked Questions (FAQ's) For Wellcare Providers

Question	Answer
GENERAL	
Why is Wellcare implementing an outpatient imaging program?	To improve quality and manage the utilization of non-emergent CT/CTA, CCTA, MRI/MRA, PET Scans, Myocardial Perfusion Imaging, MUGA Scan, Echocardiography, and Stress Echocardiography procedures for our members.
Why did Wellcare select NIA to manage its outpatient advanced imaging services?	NIA was selected to partner with Wellcare because of its clinically driven program designed to effectively manage quality and patient safety, while ensuring appropriate utilization of resources for Wellcare membership.
Which Wellcare members will be covered under this relationship, and what networks will be used?	Effective January 1, 2022, NIA will manage non-emergent outpatient imaging procedures for Wellcare membership through Wellcare contractual relationships. This will include Wellcare Medicare members.
PRIOR AUTHORIZATION	
What is the implementation date for this outpatient imaging program?	Implementation will be January 1, 2022.

Question	Answer
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 ▪ Myocardial Perfusion Imaging ▪ MUGA Scan ▪ Stress Echocardiography ▪ Echocardiography Emergency room 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, CCTA, MRI/MRA, PET Scans, Myocardial Perfusion Imaging, MUGA Scan, Echocardiography, and Stress Echocardiography 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 prior authorization needed for a CT-guided biopsy?	No, prior authorization is not required for a CT-guided biopsy.
Can a chiropractor order images?	No.
Are routine radiology services 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 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 Wellcare Medical Management Department.

Question	Answer
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 on the NIA website RadMD.com or by calling NIA at: 1-800-424-5388.

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 (*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 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.

Question	Answer
What kind of response time can ordering providers expect for prior authorization?	Generally, a determination will be made 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 to make a determination.
What does the NIA authorization number look like?	The NIA authorization number consists of 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 the Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	You will receive a tracking number. NIA will then contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	No, those requests need to be called into NIA's Call Center for processing. The number to call to obtain an expedited prior authorization is: 1-800-424-5388.
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 further 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 an expedited prior authorization is: 1-800-424-5388.
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 an expedited prior authorization is: 1-800-424-5388.
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.

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Question	Answer
Is prior authorization necessary for an outpatient, advanced imaging service if Wellcare is NOT the member's primary insurance?	No.
Does getting a prior authorization number 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, 2022, claims for CT/CTA, CCTA, MRI/MRA, PET Scan, Myocardial Perfusion Imaging, MUGA Scan, Echocardiography, and Stress Echocardiography that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization.
Can prior authori-zation be requested before the January 1, 2022 implementation date?	Starting January 1, 2022, prior authorization can be obtained for all medical specialty solutions for dates of service scheduled on or after January 1, 2022.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorization quickly and easily by going to RadMD.com.
Will the NIA authorization number be displayed on the Wellcare website?	No.
SCHEDULING EXAMS	
How will NIA determine where to schedule an exam for a Wellcare member?	NIA will manage non-emergent outpatient advanced imaging procedures through Wellcare's contractual relationships.

Question	Answer
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 is affected. 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	
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 Wellcare 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 Wellcare Website at provider.wellcare.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	

Question	Answer
How is medical necessity defined?	NIA defines medical necessity as services that: • Meet generally accepted standards of medical practice; are appropriate for the symptoms, consistent with diagnosis, and are otherwise in accordance with sufficient evidence and professionally recognized standards • Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome • Are appropriate to the intensity of service and level of setting • Provide unique, essential, and appropriate information when used for diagnostic purposes • Are the lowest cost alternative that effectively address and treat the medical problem • Are rendered for the treatment or diagnosis of an injury or illness • Are 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 at 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 RadMD.com, click the New User button, and submit a "RadMD Application for New Account." Once the application has been processed and you have received your password link via e-mail, you will be invited to create a new password and finish setting up your account. Links to the approved training/education documents are found on the "My Practice" page for those providers logged in as an 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 Wellcare information on it? Or will there be two cards?	The Wellcare Member ID card will not contain any NIA identifying information on it. No additional card will be issued from NIA.

7— Wellcare Frequently Asked Questions

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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 cover sheet from RadMD.com or contact NIA at 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.
PEER-TO-PEER PROCESS	
What is the Peer-to-Peer process?	NIA has a specialized clinical team focused on outpatient imaging procedures. Peer-to-peer discussions are offered for any request, prior to determination that does not meet medical necessity guidelines. Please call 1-888-642-7649 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the patient based on the clinical information provided. If a determination has been made, a peer-to-peer discussion would be for consultation only, and the ordering provider should refer to instructions on the denial letter.
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.
RADMD ACCESS	
If I currently have RadMD access, will I need to apply for additional access to initiate prior authorization requests for outpatient imaging procedures?	If the user already has access to RadMD, the site will allow you to submit an authorization for any procedures managed by NIA.

Question	Answer
What option should I select to receive access to initiate prior authorization requests?	Selecting "Physician's office that orders procedures" will allow you access to initiate authorizations for outpatient imaging procedures.
How do I apply for RadMD access to initiate authorization requests?	- Visit RadMD.com - Click on New User. - Choose "Physician's office that orders procedures" from the drop-down box - Complete application with necessary information - Click on Submit Once an application is submitted, the user will receive an email from our RadMD support team within a few hours. This email will contain an approved username and a temporary passcode. Follow the instructions to set up your permanent password. If you do not receive an approval email within 72 hours. Please contact the RadMD Support Team at 1-800-327-0641.
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 will need to designate an administrator. - Visit RadMD.com - Select "Facility/Office where procedures are performed" - Complete application - Click on Submit Examples of a rendering facility that only need to view approved authorizations are: - Hospital facility - Billing department - Offsite location - Another user in location who is not interested in initiating authorizations
Which link on RadMD will I select to initiate an authorization request for outpatient imaging procedures?	Click on the "Request an exam or specialty procedure (including Cardiac)" link to submit a request for an outpatient imaging procedure.

Question	Answer
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 that has been received via upload or fax can be viewed by selecting the member on the "View Request Status" link from the main menu. On the bottom of the "Request Verification Detail" page, select the appropriate link for the upload or fax.
Where can providers find 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.
If I did not 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 did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as part of the main menu options in the "Search by Tracking Number" feature. A tracking number is required with this feature
How can I receive notifications electronically instead of on paper?	NIA defaults to paperless/electronic for most communications, including final authorization determinations. Correspondence for each case are sent to the email of the person submitting the initial authorization request. No PHI is ever contained in these emails. Instead, the email will contain a link that requires the user to log into the RadMD website to view PHI. Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
Where can providers find case-specific communication from NIA?	Links to case-specific communication, including requests for additional information and determination letters, can be found via the "View Request Status" link.
CONTACT INFORMATION	
Who can a provider contact for RadMD support?	For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed once every other week after business hours.

Question	Answer
Who can a provider contact at NIA for more information?	You may contact your dedicated NIA Provider Relations Manager: Andrew Dietz, DPT Senior Provider Relations Manager 1-800-450-7281, ext. 34636 dietza@magellanhealth.com
Who can a provider contact at Wellcare if they have questions or concerns?	Contact WellCare provider services at: • For Non-Duals/C-SNP dial 1-800-977-7522 • For Duals/D-SNP dial 1-844-796-6811 Providers may access the WellCare portal: WellcareNE.com/for-providers.html