Medical Specialty Solutions Quick Reference Guide

National Imaging Associates, Inc. (NIA)'s Medical Specialty Solutions (MSS) program replaces HealthHelp for prior authorization of certain radiology procedures and is consistent with industrywide efforts to manage the increasing use of non-emergent, advanced diagnostic imaging, outpatient services.

Effective October 1, 2016, the program will require prior authorization for the following non-emergent, outpatient services and procedures:

- CT/CTA.
- MRI/MRA.
- PET scan.
- CCTA.
- MPI.
- Muga scan.
- Stress echocardiography.
- Echocardiography.

To obtain Current Procedural Terminology (CPT) codes for all authorized CPT-4 codes, visit http://www1.radmd.com/all-health-plans/presbyterian-health-plan.aspx and view the CPT® Codes Claim Resolution/Utilization Review Matrix.

Obtaining Authorizations

The ordering physician is responsible for obtaining prior authorization for any of the services listed above. It is the responsibility of the rendering provider to ensure that an authorization was obtained, before services are rendered. Payment will be denied for procedures performed without necessary authorization, and the member cannot be balance-billed for these procedures.

Services performed in the following settings do not require authorization through the MSS program:

- Inpatient.
- Observation.
- Emergency room.
- Urgent care.

While inpatient and observation services do not require prior authorization through the MSS program, some may require prior authorization from Presbyterian. In addition, musculoskeletal procedures and

elective spine surgery performed in inpatient and outpatient settings do require prior authorization through the NIA Spine Management program (effective Jan. 1, 2015). Emergency room and urgent care facility procedures, however, do not require prior authorization from the MSS program or Presbyterian. Please refer to Presbyterian's authorization guide for more information.

Prior Authorization Process

There are two ways to obtain authorizations — either online at www.RadMD.com or by calling NIA's call center at 866-236-8717.

Website Access:

- You can request prior authorization at www.RadMD.com. RadMD is available 24 hours a day, seven days a week, except when maintenance is performed once every other week after business hours.
- To begin, you will need to obtain your own unique username and password for each individual user in your office. Simply go to www.RadMD.com, click on the "New User" button, and then complete the application form. If you are a rendering provider or hospital that performs these services, an administrator must accept responsibility for creating and managing logins. Your RadMD login information should not be shared.
- You can check on the status of patients' authorizations quickly and easily by going to www.RadMD.com. After signing in, visit the "My Exam Requests" tab to view all authorizations.
- If you request authorizations online, you will receive a tracking number when your request is pending and a representative will contact you to complete the process.
- The RadMD website cannot be used for retrospective or expedited authorization requests. Those requests must be processed over the phone by calling 866-236-8717.

Telephone Access

You can reach NIA's call center Monday through Friday, 6 a.m. to 6 p.m. The phone number is 866-236-8717. Representatives can handle multiple authorization requests at one time and separate authorization numbers will be issued for each authorized service.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each service. Please have the following information ready before calling or visiting the RadMD website:

- Name and office phone number of ordering physician.
- Member name and ID number.
- Requested procedure.
- Name of provider office or facility where the service will be performed.

- Anticipated date of service.
- Details justifying procedure:
    - 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, etc.).
    - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation, etc.).
    - Reason the study is being requested (e.g., further evaluation, rule out a disorder, etc.).

You may also be asked to provide the following information:

- Clinical notes.
- Specialist reports/evaluations.
- Previous related test results.
- X-ray reports.
- Ultrasound reports.

To assist in collecting information for the authorization process, you may access the MSS program's Clinical Checklist at www.RadMD.com.

Urgent/Emergent Care

If an urgent or emergent clinical situation exists outside of a hospital emergency room, please contact 1-866-236-8717 immediately with the appropriate clinical information for an expedited review.

Submitting Claims

Submit claims directly to Presbyterian using the following address:

Presbyterian Health Plan, Inc.
Attn: Claims Department
P.O. Box 27489
Albuquerque, NM 87125-7489

Providers are encouraged to use Electronic Data Interchange (EDI) claims submission.

Important Notes

- Authorization numbers consist of nine alpha/numeric characters. In some cases, if your authorization request is not approved at the time of initial contact, then you may receive a tracking number instead. You can use either number to track the status of the request on the RadMD website or through our Interactive Voice Response (IVR) telephone system.

- For prior authorization complaints/appeals, please follow the instructions on your denial letter Explanation of Payment (EOP).
- Clinical Guidelines can be found at www.RadMD.com, under "Online Tools/Clinical Guidelines." Guidelines for Medical Specialty Solutions Services have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data.
- An authorization number is not a guarantee of payment. The requested service is subject to all of the terms and conditions of the member's benefit plan, including but not limited to member eligibility and benefit coverage at the time of the services are provided. Exclusions are referenced in the member's benefit plan.
- If you need assistance or have any questions, contact your Provider Network Management relationship executive by calling 505-923-5141. You can also find his or her contact information at www.phs.org/ContactGuide.