

## Frequently Asked Questions

### **1. Is prior authorization required for Emergency Department situations?**

No. Patients seen in the Emergency Department 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.

### **2. How is Observation handled?**

Imaging services that occur during Observation services 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 NHP claims systems and will be paid without an authorization from NIA.

### **3. What kind of response time can ordering physicians expect for prior authorization requests?**

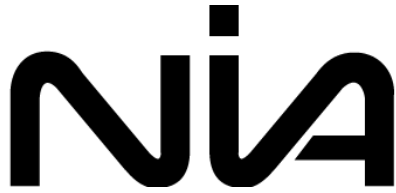
The best way to increase the possibility of having a request approved at the time of the first call is to have knowledge of the case including:

- the patient's history and diagnosis
- reason for study
- results of previous imaging studies, and
- history of medical or surgical treatment

In many cases, especially when the caller requesting the review has sufficient clinical documentation, the initial call can be authorized during the first phone call. In general, approximately 60-65 percent of the requests are being approved during the initial phone call within 5 minutes. Those not resolved during the initial call generally will be resolved within 2 business days of the request. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

### **4. Can NIA handle multiple authorization requests per phone call?**

Yes, within reason. We ask that no more than 10 precertifications be requested during a single phone call.



**5. Why is NIA asking for a date of service when authorizing a procedure? Do physicians have to obtain authorization before an appointment is scheduled?**

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. However, the authorization will be valid for 30 days from the anticipated date of service. If an anticipated date of service is not provided the authorization will be valid for 30 days from the date of the request. Physicians should obtain authorization before scheduling the patient. If the patient is responsible for scheduling his/her appointment please provide them with the authorization number.

**6. How long is an authorization number valid?**

The authorization number is valid for 30 days. When a procedure is authorized, NIA will use the anticipated date of service as the starting point for the 30-day period in which the examination must be completed. If the anticipated date of service is not provided, NIA will use the request date as the starting point for the 30-day validity period.

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

It is important to notify office staff and educate them about this new policy. This policy is effective February 1, 2005. Claims that are not preauthorized may not be paid.

**8. What does the NIA prior authorization number look like?**

The NIA precertification number consists of four digits, a character (letter) and then three more digits, e.g., 1234H567.

**9. Which PET scans require prior authorization?**

All PET scans.

**10. 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 pelvis is needed?**

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 on the



same day, as a matter of courtesy and appropriate medical procedure. The rendering physician should call NIA after the study is provided to initiate the process. NIA will contact the ordering provider to complete the medical necessity review.

**11. If NIA denies prior authorization of an imaging study, do we have the option to appeal the decision?**

Yes, multiple levels of appeal are available and will be detailed in the denial letter sent to the ordering physician and member.

**12. Is there a way to bypass the NIA recorded announcement?**

When dialing into the toll-free number, you will hear a 7 second system greeting that identifies the NIA Imaging Authorization Service. The announcement will instruct you to press option 1 to initiate a new request for authorization on an imaging exam or **option 2** for the status of a case that was previously called in for authorization. The announcement will also provide information that emergency procedures do not require preauthorization. The entire greeting may be bypassed by immediately pressing the desired option whenever the announcement starts to play.

**13. Are there any instances where precertification is not required?**

Precertification is not required when the services listed above are provided during an emergency room visit, an inpatient stay, an observation bed stay, radiation planning studies or radiological guidance for surgical procedures.

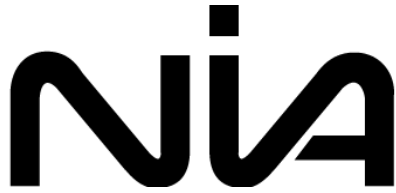
**14. Will the member need a referral to receive coverage for the radiology service ordered?**

A referral is not needed if the service is provided at a contracted facility.

**15. Can the facility/hospital obtain precertification in the event of an urgent test?**

If the ordering physician determines an urgent clinical situation exists, the procedure may be performed without precertification. Subsequent to the exam being provided, the ordering physician should call NIA within 48 hours or the next business day to proceed with the normal review process for medical necessity.

If the hospital chooses to initiate the precertification call, the NIA precertification



representative will collect the initial demographic information. NIA will proactively complete the precertification process by contacting the ordering physician office for clinical review.

**16. If two precertification numbers are associated with the patient encounter, which one should be printed on the claim?**

You do not need to enter the NIA precertification number on the claim form or via the electronic transaction. It is highly recommended, however, that imaging providers document and archive imaging precertification numbers.

**17. If a rural hospital only has a mobile MRI available to the facility on Tuesday and Thursday, and a patient comes into the ER room Saturday, can the ER physician write an order for an MRI to be taken on Tuesday and have it considered an emergency and bypass precertification?**

It is not an emergency if the patient can wait until Tuesday. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment.

**18. Is a separate precertification number needed for a CT-guided biopsy?**

No. CT-guided surgical procedures do not require precertification from NIA.

**19. Is precertification required for MRI localization for gamma knife procedures?**

No.

**20. Can I speak directly with a Clinical Reviewer or Physician (Peer-to-Peer) Level Reviewer?**

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.