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# Radiology Management Reference Guide

NIA TOLL-FREE TELEPHONE NUMBER:

1-866-214-1624

CALL CENTER HOURS:

Monday-Friday, 7 a.m.-7 p.m.

Saturdays, Sundays and Holidays, 9 a.m.-Noon



## PRIOR AUTHORIZATION FACT SHEET

- A prior authorization program for outpatient diagnostic imaging procedures will be implemented beginning March 1, 2007. Providers will have from February 1 to 28 to become familiar with the requirements of the program prior to the full implementation date of March 1, 2007. This correspondence serves as notice of changes to our Utilization Review Program process.
- National Imaging Associates, Inc., d.b.a. Texas National Imaging Associates (TNIA) will provide outpatient imaging management services for US Able Life and US Able Administrators groups who access the US Able Life Connect PPO and US Able PPO provider networks and who have elected to participate in the new prior authorization program.
- New prior authorization policy affects the following **outpatient services only**:

**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.
- These services will apply to all US Able Life members. Customers of US Able Administrators can elect to add this program on a group-by-group basis, which would be indicated on the member's ID card.
- 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.; and Saturdays, Sundays and holidays, 9 a.m. to Noon.** You may obtain prior authorization by calling **1-866-214-1624**. (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 TNIA *within five business days* from the date of service and before the claim is submitted to obtain proper authorization for the studies, which still will 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.
- **Online authorizations** may be obtained through the RadMD.com secure Web site. Generally, authorization determinations are made immediately. If pended, authorizations will be received within two business days after receipt of request unless more information is required.
- **TNIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations** can be found on their Web site: [www.RadMD.com](http://www.RadMD.com). They are presented in the form of a PDF file that may be printed for future reference. TNIA'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 TNIA's toll-free number: 1-866-214-1624.

To expedite the process, please have the following information ready before calling the TNIA 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 TNIA 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
- 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. If an emergency clinical situation exists outside of a hospital emergency room, you should proceed with the examination and call TNIA at 1-866-214-1624 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 TNIA at the toll-free number, 1-866-214-1624. 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

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**Q.1. Is prior authorization from TNIA 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 TNIA?**

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

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

A.3. Yes, there are three situations that do not require prior authorization from TNIA 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 TNIA 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 TNIA 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 TNIA.

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

A.6. To expedite the process, please have the following information ready before calling the TNIA 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.)

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- 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. Who staffs the TNIA Call Center?**

A.8. Licensed, clinical personnel handle all prior authorization calls.

**Q.9. Can TNIA handle multiple authorization requests per telephone call?**

A.9. Yes.

**Q.10. Are there alternate ways to obtain a prior authorization?**

A.10. Online authorizations may be obtained through the RadMD.com secure Web site. Generally, authorization determinations are made immediately. If pending, authorizations will be received within two business days after receipt of request unless more information is required.

**Q.11. What is the process for obtaining prior authorization from TNIA for CT, MRI/MRA, PET or Nuclear Cardiology procedures ordered outside of normal business hours?**

A.11. The rendering facility should proceed with the study. The ordering physician should contact TNIA *within five business days* from the date of service and before the claim is submitted and proceed with the authorization process. The TNIA Call Center also is available on Saturdays, Sundays and holidays, 9 a.m.-Noon.



## FREQUENTLY ASKED QUESTIONS (cont.)

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**Q.12. What is the process for obtaining prior authorization from TNIA for emergency procedures ordered at a location other than a hospital emergency room?**

A.12. The authorization process will be the same. Studies conducted outside an emergency room setting will require prior authorization.

**Q.13. Do physicians have to obtain authorization before they call to schedule an appointment?**

A.13. Yes. Physicians should obtain authorization before scheduling the patient.

**Q.14. Does TNIA ask for a date of service when authorizing a procedure?**

A. 14. At the end of the authorization process, the TNIA authorization representative asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required.

**Q.15. How long is an authorization number valid?**

A.15. The authorization number is valid for 60 days. When a procedure is authorized, TNIA will use the call date as the starting point for the 60-day period in which the examination must be completed.

**Q.16. What if my office staff forgets to call TNIA and then goes ahead to schedule an imaging procedure requiring prior authorization?**

A.16. It is important to notify office staff and educate them about this new policy. This policy is effective March 1, 2007. 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.17. Can the participating rendering facility obtain authorization in the event of an urgent test?**

A.17. Yes, if they begin the process, TNIA will follow up with the ordering physician to complete the process.

**Q.18. Who will receive the prior authorization number from TNIA?**

A.18. On completion of the authorization process, TNIA 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, TNIA will provide an authorization tracking number

## FREQUENTLY ASKED QUESTIONS (cont.)

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that will serve as a means of tracking the status of the process. Once a final determination has been reached, TNIA 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.19. How can the TNIA authorization number be identified?**

A.19. The TNIA authorization number consists of 11 alphanumeric characters (for example: NYYMMDD####).

**Q.20. If two authorization numbers are associated with the patient encounter, which one should be printed on the claim?**

A.20. 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.21. Which provider(s) are responsible for putting the prior authorization number on the claim(s)?**

A.21. The rendering facility/clinic and the provider who reads the test.

**Q.22. Is an TNIA prior authorization number needed for a CT-guided biopsy?**

A.22. No.

**Q.23. Which PET scans require prior authorization?**

A.23. All PET scans performed in physician offices or on an outpatient basis (non-ER or observation departments) require prior authorization by TNIA.

**Q.24. 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.24. 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 TNIA after the study is provided to proceed with the normal review process to get an additional authorization number.

**Q.25. If a patient needs a CT in preparation for radiation therapy, is prior authorization necessary?**

A.25. No.



## FREQUENTLY ASKED QUESTIONS

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**Q.26. After receiving prior authorization from TNIA, can the ordering physician change the planned procedure, the servicing facility or the date of the procedure?**

A.26. Yes, but the TNIA 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 TNIA Call Center must be contacted.

**Q.27. Is prior authorization necessary when USABLE Life or the health plan administered by USABLE Administrators is not the member's primary insurance?**

A.27. Yes.

**Q.28. If Medicare is the primary insurance, is prior authorization required for imaging?**

A.28. No.

**Q.29. How are procedures that do not require TNIA prior authorization handled?**

A.29. These procedures should be handled as they are today.

**Q.30. If TNIA denies prior authorization of an imaging study, does a provider have the option to appeal the decision?**

A.30. Yes, through normal appeal procedures as directed in the denial letter. If TNIA 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 TNIA, the physician should request an appeal of the decision from TNIA.

**Q.31. Is there a way to bypass the TNIA recorded announcement?**

A.31. When dialing into the toll-free number, you will hear a seven-second system greeting that identifies the TNIA 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.

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**Q.32. If TNIA approves prior authorization of an imaging study, does this guarantee that US Able Life or the health plan administered by US Able Administrators will pay the claim?**

A.32. No. Prior authorization does not guarantee payment or assure coverage; it means only that the information furnished to TNIA 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 Company receives 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.33. How can I check the status of an authorization?**

A.33. In addition to the TNIA Call Center staff, you may check authorization status via the secure Web site, RadMD.com, or you may call the TNIA interactive voice response system (IVR) through the call center at 1-866-214-1624 , available 24/7, to retrieve important authorization information. You must have the tracking number (provided by TNIA) to check the status of an authorization through IVR.

**Q.34. What is the toll-free telephone number & hours of operation for the TNIA Call Center?**

A.34. You can reach the TNIA Call Center by calling the toll-free number, 1-866-214-1624, Monday through Friday, from 7 a.m. to 7 p.m.; Saturdays, Sundays and holidays, 9 a.m.-Noon.