



2009-2010

National Imaging Associates, Inc.

**Imaging Provider Handbook
for CareSource**





National Imaging Associates, Inc. Imaging Provider Handbook for **CareSource**

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Welcome to the NIA Provider Handbook

This provider handbook is your reference guide for navigating radiology benefits management with National Imaging Associates (NIA). **As a provider of clinical care, it is your responsibility to be familiar with and adhere to the policies and procedures outlined in this handbook.** Although this handbook contains many policies and procedures that apply only to NIA contracted imaging providers, certain components pertain to all providers serving CareSource members; the collective content is therefore intended to be a comprehensive resource for all providers serving this member population.

Each section of the NIA handbook contains our philosophy, our policies, your responsibilities, and our responsibilities. The handbook is designed to give you a helpful overview of your role as a provider; in addition to details about our credentialing, privileging and contracting policies; information about the NIA prior authorization process; a summary of our quality improvement program; and information about the claims submission process.

The appendices in this handbook contain additional information including our credentialing criteria and answers to frequently asked provider questions.

This handbook also provides information about the provider self-service features available to you on our Web site. Please be aware that by accessing the online provider services located at www.RadMD.com, you can accomplish virtually all the business tasks you'll need to complete with NIA—in one convenient online location. So please sign in and get started.

Access provider self-service at:
www.RadMD.com

We hope you find this a helpful tool in working with NIA to provide quality care to members. We welcome your feedback on how we can make our handbook even better and more helpful to you. Comments can be e-mailed to EditorNIA@MagellanHealth.com.

About NIA

National Imaging Associates, Inc. is an affiliate of Magellan Health Services—the country's leading diversified specialty health care management organization. NIA is one of the largest and fastest growing radiology benefits management companies in the United States, managing diagnostic imaging services for millions of members nationwide. NIA is dedicated to improving the quality of patient care through clinically appropriate and cost-effective use of diagnostic imaging. We achieve improved patient care in a physician-supportive, patient-centric manner that also enhances the financial performance of our customer organizations.

The Provider Partnership: What it Means to be an NIA Provider

NIA's emphasis is on working in partnership with network providers/facilities (referred to herein as "providers," "imaging providers" or "imaging facilities") to deliver optimal health outcomes to members. NIA shares the following objectives with our network providers:

- Delivering the right exam at the right time for members—in part to avoid non-contributory exams that may delay diagnoses.

- Limiting patients' exposure to unnecessary and harmful iodizing radiation.
- Reducing “false positives” or misinterpreted results that could lead to unnecessary additional procedures, e.g., surgeries and additional time and financial burdens on patients.

For referring providers, NIA strives to provide the finest clinically-supported radiology consultation process possible; to deliver consultation as quickly as possible with the least infringement on providers' workflow; and to provide complete transparency as to the rationale for all consultations.

We then work with imaging providers to help members obtain appropriate, affordable diagnostic imaging services. By working closely with you and incorporating your updated capabilities and quality results into our service database, we can help ensure that members have access to high quality diagnostic imaging resources.

Again, we make available a host of provider services on our Web site to help you obtain the information and assistance you need. All of these systems are designed to work together to support your radiology business practices.

NIA appreciates your commitment to providing quality, affordable diagnostic imaging services to members, and we look forward to working with you!

Provider Assessment (Applies to NIA Contracted Providers)

Our Philosophy

NIA is committed to the provision of quality care to our members. In support of this commitment, NIA conducts a provider assessment process whereby providers/facilities must meet a set of credentialing criteria and/or privileging standards to be eligible to provide select services to our membership.

Our Policy

Provider assessment encompasses both credentialing and privileging. NIA employs credentialing criteria and decision-making processes in the review and selection of imaging providers for inclusion in our provider network. Our [radiology credentialing criteria](#) satisfy the requirements of applicable accreditation and regulatory bodies, in addition to those of our customers.

NIA's privileging program policies establish reasonable and consistent standards for the performance of all diagnostic imaging services. The program establishes minimum participation guidelines that include facility accreditation, equipment capabilities, physician and technologist education, training and certification, and facility management components such as radiation safety guidelines (i.e., ALARA—As Low as Reasonable Achievable). These guidelines are established and refined with consideration of the American College of Radiology (ACR) and other accreditation bodies, diagnostic imaging common practice standards, updated literature reviews and new technology assessments. NIA provides ongoing monitoring of imaging practices and facilities.

What You Need to Do

The **credentialing process** requires that you:

- Complete and submit all required application materials, the CAQH application (for radiologists only) and related documents, including any documentation of current accreditation, and attest to their accuracy.
- Be in good standing with state and federal regulatory entities, as applicable.
- Hold current licensure or certification without contingencies or provisions, in accordance with applicable state and federal laws.
- Attest that there are no Medicare or Medicaid sanctions.
- Hold current applicable licensure for radiology equipment and materials.
- Have staff radiologic technologists hold appropriate license and/or certification.
- Comply with NIA requirements for malpractice claims history review.
- Meet NIA's minimum requirements for professional and general liability insurance coverage as outlined in your Imaging Facility Agreement.
- NIA will conduct primary source verification (PSV) of the credentials of medical and clinical staff members, as required.
- Cooperate with additional NIA credentialing verification activities for radiologists, as requested.
- Meet certain modality-specific quality criteria, such as the presence of an ACLS-certified physician on site during contrast-enhanced procedures, equipment guidelines, etc.

- Participate in additional assessment activities, such as film review or on-site visit, if requested.
- Participate in re-credentialing every three years or in compliance with regulatory and/or customer requirements.

The **privileging process** requires that you:

- Complete NIA’s online privileging application on the RadMD Web site. The online tool has intuitive user interface capability and is very easy to use.

Based on the information the provider submits, NIA is able to identify provider capabilities and indicate down to the CPT code level the imaging procedures (both advanced and non-advanced imaging modalities) each location is qualified to perform.

What NIA Will Do

NIA will:

- Provide you with initial application and re-credentialing materials with instructions for completion.
- Direct you to [wwwRadMD.com](http://www.RadMD.com) to complete the provider privileging process.
- Complete the credentialing and re-credentialing process within industry guidelines, or state- or customer-established timeframes, whichever is shorter.
- Have your credentialing or re-credentialing application reviewed by the NIA Credentialing Committee.
- Notify you in writing upon the completion and outcome of the process.

Contracting

(Applies to NIA Contracted Providers)

Our Philosophy

NIA believes that a legally binding document with our providers serves to clearly outline covered services available to NIA members, as well as expectations regarding NIA's policies, procedures, provider reimbursement, and the terms and conditions of participation as a network provider.

Our Policy

Imaging providers and facilities must have an executed participation agreement with NIA whereby the provider or facility agrees to comply with NIA's policies, procedures, and guidelines, and accepts referrals and reimbursement for covered services rendered to members of NIA's customers.

What You Need to Do

Your responsibility is to:

- Review, understand and comply with your obligations under your participation agreement with NIA. If the terms of your agreement differ from the terms contained in this Imaging Provider Handbook, the terms of your agreement control.
- Successfully complete the provider assessment process.
- Be familiar with the policies and procedures contained within this NIA Imaging Provider Handbook and any applicable state- and customer-specific Quick Reference Guides or supplements.

What NIA Will Do

NIA's responsibility to you is to:

- Provide an NIA Imaging Facility Agreement to your facility when it has been identified for participation in the NIA provider network.
- Execute the agreement after your facility has successfully completed the provider assessment process and completed, signed and returned the agreement to NIA.
- Provide the fully executed agreement, signed by both parties, for your records.
- Comply with the terms of the agreement, including reimbursement for covered services rendered.

Communicating with NIA

(Applies to NIA and CareSource Contracted Providers)

- Our Philosophy** Providers need access to pertinent information in order to serve members effectively and to address issues related to policies and procedural requirements. NIA must keep information about NIA contracted providers up-to-date to facilitate referrals.
- Our Policy** NIA utilizes a variety of media to communicate with providers about policies, procedures, and expectations, including but not limited to the RadMD.com Web site, the NIA Imaging Provider Handbook and Quick Reference Guides. Much of this information about the Radiology Benefit Management Program is also available on the CareSource Website at www.caresource.com. The day-to-day relationship between NIA and the provider community is managed through Provider Network and Clinical Management staff located in our call centers. NIA strives to maintain accurate information about providers in our data systems and verifies all changes with the provider.
- What You Need to Do** (NIA Contracted Providers)
Your responsibility is to:
- Familiarize yourself with the information in your participation agreement (if applicable) and in this Imaging Provider Handbook and any applicable state- and customer-specific supplements.
 - Use the RadMD.com Web site to obtain updated information about your exam request authorizations, to check for periodic updates to policies and procedures, and to access radiology network news.
 - Obtain assistance with benefit eligibility by contacting CareSource or NIA.
 - Work with the NIA Area Contract Manager: Each network provider is assigned an Area Contract Manager as a single point of contact for credentialing, contracting and communicating changes made to your program. You will also be assigned a Regional Director or Manager of Providers Relations to educate your staff on NIA procedures and assist you with any provider issues or concerns.
 - Notify NIA of changes in your service or program information, including but not limited to changes in facility ownership (including a change in Taxpayer Identification Number, and/or NPI), name, address, or telephone number, as well as the ability to accept referrals, including any program closure. Submit changes to your Area Contract Manager, or you may mail or fax written changes to:

NIA – Radiology Network Services
MO61
14100 Magellan Plaza
Maryland Heights, MO 63043
Fax number: 314-292-1151

What NIA Will Do

(NIA Contracted Providers)

NIA's responsibility to you is to:

- Offer assistance regarding benefit eligibility.
- Offer assistance regarding provider assessment and contracting and program/practice changes through our national toll-free Radiology Network Services line at 1-800-327-0641.
- Communicate information about policies, procedures and expectations in a timely manner.
- Update provider records accurately and in a timely manner, verifying changes with the provider.

Complaints (NIA Contracted Providers)

We are committed to maintaining strong, mutually beneficial relationships with our providers. Sometimes, there may be differences of opinion, interpretation or understanding which cannot be avoided. We want to receive appeals or complaints regarding your network participation as soon as possible so that we can address them in a timely manner. The following are the appropriate contacts for these appeals and complaints:

Network Participation¹ - Contracting (NIA Contracted Providers)

- NIA maintains a network that is of an appropriate size to meet the needs of covered members in a given area. We may choose to restrict network size based on member enrollment. If you believe that you have been excluded from the provider network inappropriately, please contact your NIA Network Specialist or the Radiology Network Services line at 1-800-327-0641.

Network Participation² - Credentialing: (NIA Contracted Providers)

- NIA follows credentialing criteria to assess providers' suitability for network participation. On occasion providers have credentials that may not meet the letter of the criteria but meet the intent. To appeal NIA's credentialing decision please send your appeal to:

NIA – Radiology Network Services
MO61
14100 Magellan Plaza
Maryland Heights, MO 63043
Fax number: 314-292-1151

Upon initial denial, providers have a set time to appeal based on statutes and customer/plan criteria. Please follow the instructions on the letter carefully in order to appeal a credentialing decision.

¹ NIA operates within statutes for each state and Commonwealth including "any willing provider" laws.

² NIA operates within statutes for each state and Commonwealth including "any willing provider" laws.

Certification and Retrospective Reviews

(Applies to NIA Contracted and CareSource Contracted Providers)

Our Philosophy We are committed to the provision of treatment at the most appropriate, least intensive level of care necessary in order to provide safe and effective treatment while addressing the member’s medical needs.

NIA defines medically necessary services as those that:

- Meet generally accepted standards of medical practice;
- Are appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient scientific evidence and professionally recognized standards;
- Are appropriate to the illness or injury for which they are 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; and rendered for the treatment or diagnosis of an injury or illness; and
- Are not furnished primarily for the convenience of the member, the attending physician, or other provider.

To provide guidance in this regard, NIA publishes up-to-date written clinical guidelines covering the common reasons for requesting imaging studies. These guidelines have been developed from practice experience, literature reviews, specialty criteria sets, and empirical data. The NIA clinical guidelines are regularly updated and can be accessed at www.RadMD.com.

Our Policy

Certain advanced diagnostic imaging services provided to members must be authorized by NIA prior to or at the time of service provision, in accordance with NIA and customers’ policies and procedures. Typically, ordering providers obtain authorization from NIA prior to referring members to imaging facilities. The imaging facilities in turn must verify the authorization from NIA on the secure NIA Web site at www.RadMD.com or by phone. To obtain authorization telephonically, ordering physicians (or their staff) simply contact the call center to connect with NIA’s experienced authorization representatives.

NIA’s authorization-of-care decisions are based on clinical information relevant to the type and level of service being requested, utilizing NIA’s and customer-specific medical necessity criteria, medical policy or diagnostic imaging guidelines for pre-authorization.

Please note: Procedures performed that have not been properly authorized will not be reimbursed, and the member cannot be balance-billed.

Procedures Requiring Prior Authorization

The following procedural categories require prior authorization; *A separate authorization number is required for each procedure ordered.*

- CT/CTA scan
- MRI/MRA
- PET scan

Procedures That Do Not Require Prior Authorization

- Services that will be billed as secondary;
- Radiology services performed during an inpatient stay;
- Emergency services;
- Observation room services; and
- Outpatient surgery services.

Utilization Review Program Services

NIA will review and approve, on a prospective basis, the medical necessity of diagnostic imaging services provided, or to be provided, to CareSource members. For retrospective requests, NIA will determine whether the covered services were medically necessary, and a clinical emergency existed precluding prospective review, consistent with the benefit plan and applicable law.

Retrospective Reviews

Retrospective reviews of completed procedures are evaluated for medical necessity, to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining pre-authorization for the service, and to determine whether medical necessity guidelines were met.

Retrospective review requests from NIA network providers and providers not participating with either CareSource or NIA must be requested within 30 calendar days after an imaging service is provided.

Determinations on retrospective authorization requests will be made within 30 days of the receipt of the request. In all cases, if the service was authorized following the review, the claim is paid. If the service is denied, a non-authorization letter is sent to the rendering provider.

If you are only contracted as a CareSource provider and not an NIA provider, you should follow the process provided to you by CareSource for retrospective reviews.

What You Need to Do

As a 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 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 a prior authorization is not in place, inform them of this requirement and advise them to call their customer-specific NIA toll-free number.
- If a patient calls to schedule an appointment for a procedure that requires authorization but does not have the authorization number, direct him or her back to the ordering physician.

To further comply with this policy, your responsibility is to:

- Contact NIA to obtain timely prior authorization or check on the status of existing authorization for the ordered diagnostic imaging services.
- Contact NIA if additional prior authorization is needed in conjunction with the current authorization.
- Not bill a member for services, unless the member is informed that services will not be covered, and the member agrees to such services in writing, in accordance with your Participating Imaging Facility Agreement.

What NIA Will Do

NIA's responsibility to you is to do the following in a prompt manner:

- Provide fair review of the information received.
- Notify you of the decision.
- Inform you of your appeal and peer review rights and process.

Eligibility

(Applies to NIA Contracted and CareSource Contracted Providers)

- Our Philosophy** Our philosophy is to work with our customer health plans' benefit structure to meet the needs of the customer's eligible members. We rely on our customers to notify us of member eligibility.
- Our Policy** Based on the member's benefit plan and eligibility information provided by our customers, we assist providers in determining member eligibility. The imaging provider/facility is responsible for ensuring member eligibility on the date of service.
- What You Need to Do** To comply with this policy, your responsibility is to:
- Verify that the member is eligible on the date of service.
 - Verify that the authorization has been completed on www.RadMD.com.
 - Document the authorization number listed on www.RadMD.com.
 - If a current authorization is required and cannot be located on www.RadMD.com, contact the ordering provider to advise that prior authorization needs to be obtained and have the ordering provider (or a staff member) call NIA to request an initial authorization.
- What NIA Will Do** NIA's responsibility to you is to:
- Ensure ease of access to our authorization process following your confirmation of member eligibility.
 - Confirm the status of an existing authorization.

Grievances, Appeals and Inquiries

(Applies to NIA Contracted and CareSource Contracted Providers)

Our Philosophy NIA supports the right of members or their providers to appeal adverse benefit determinations.

Our Policy **Member Grievances/Appeals**

CareSource has sole responsibility for all member services functions including member grievance and appeals regardless of whether the grievance or appeal is from the member, the member's authorized representative, or a provider acting on behalf of the member.

Provider Appeals/Inquiries

CareSource, applicable state and federal laws, and accreditation standards govern NIA appeal policies. Therefore, the procedure for appealing benefit determinations is outlined fully in the adverse determination correspondence that is sent to you. NIA will also cooperate with CareSource in the resolution of any second-level appeals or processes that have been established or required by State or CMS regulations.

NIA is responsible for all first-level network and non-participating provider claims inquiries and appeals.

What You Need to Do

To comply with this policy, your responsibility is to:

- Review non-authorization letter for:
 - The specific reason(s) for the adverse determination;
 - Appeal rights;
 - Appeal procedures and submission timeframe; and,
 - Any specific documents required for submission in order to complete a review of your appeal.
- Follow the process described in the non-authorization letter to submit an appeal.
- Submit all the appeal information in a timely manner.

What NIA Will Do

NIA's responsibility to you is to:

- ***Inform you in writing, in a clear and understandable manner, the specific reasons for the adverse determination.***
- Identify specific information, documents, records, etc., needed to assist in a favorable appeal determination.
- Thoroughly review all information submitted for an appeal/inquiry.
- Respond to appeals/inquiries in a timely manner.
- Inform you of any additional appeal options that may be available when an unfavorable appeal determination is rendered.

Member Rights and Responsibilities

(Applies to NIA Contracted and CareSource Contracted Providers)

Our Philosophy NIA protects the rights and responsibilities of all members. We are committed to having everyone involved in the delivery of care respect the dignity, worth, and privacy of each member.

Our Policy NIA maintains its own set of member rights and responsibilities policies that promote effective radiology service delivery, member satisfaction, and that reflect the dignity, worth, and privacy needs of each member. In serving CareSource members, however, it is the provider's responsibility to follow the policies and procedures of CareSource that are specific to member rights and responsibilities.

Please refer to your CareSource Provider Manual for a copy of the Member Rights and Responsibilities. Your CareSource Provider Manual is located on the CareSource website at www.caresource.com.

What You Need to Do Your responsibility is to comply with the member rights and responsibilities policies that CareSource requires of all providers, consistent with Medicaid requirements.

Quality Assessment Activities ***(Applies to NIA Contracted Providers)***

Our Philosophy NIA believes that assessment and review activities are integral components of its quality program. Such quality review activities are used:

- As a quality assessment tool for providers in our network;
- To communicate performance expectations and standards to providers; and
- To promote compliance with standards of accrediting organizations and regulatory bodies.

Our Policy NIA conducts quality assessment activities with its network providers to:

- Support quality improvement initiatives;
- Evaluate provider clinical practices against guidelines or standards;
- Review potential quality of care concerns; and
- Assess non-accredited providers against NIA standards.*

NIA's quality assessment includes activities such as film reviews and on-site visits, including assessment of providers not accredited within one year of their inclusion in the imaging provider network.

***Acceptable recognized accreditation for providers includes: accreditation for MRI and CT by the American College of Radiology (ACR); accreditation for PET by the ACR or ICANL; accreditation for Nuclear Cardiology by the ACR or ICANL; accreditation for Peripheral Vascular Ultrasound by the ACR or ICAVL; accreditation for Echocardiography by ICAEL; accreditation for Ob/Gyn Ultrasound by the ACR or AIUM; and accreditation for General Ultrasound by the ACR or AIUM. Non-accredited providers may have certain site visit requirements satisfied when CMS or state licensure agency on-site visits are equivalent to NIA standards.**

What You Need to Do To comply with this policy, your responsibility is to:

- Cooperate fully with the NIA quality assessment activities and staff conducting such activities.
- Facilitate an on-site review, if requested.
- Provide all required documents, including requested policies, procedures, and other materials.
- Make available any requested records, images or reports.

What NIA Will Do NIA's responsibility to you is to:

- Conduct quality assessment and review activities, as indicated above.
- Provide timely, written communication regarding results, including a description of strengths and opportunities for improvement noted by the reviewer.

Coordination of Care

(Applies to NIA and CareSource Contracted Providers)

Our Philosophy NIA strongly encourages continuity and coordination of care. We believe that collaboration and communication among providers participating in a member's health care is essential for the delivery of integrated quality care. Coordination of benefits is an important part of effective and accurate benefits management.

Our Policy NIA and providers shall: (1) assure that care of members is coordinated in order to assure continuity of care; (2) share, subject to the laws governing confidentiality, members' health records; (3) upon request, forward medical records and clinical information in a timely manner to CareSource and to other providers treating a member; (4) participate in informational meetings concerning CareSource policies applicable to the Benefit Plans; and (5) cooperate in coordination of benefits and similar programs to assure that payment is obtained from other health benefit plans, workers' compensation or no-fault auto insurance when such payments are available.

Member Satisfaction

(Applies to NIA and CareSource Contracted Providers)

Our Philosophy

Member satisfaction is one of our core performance measures. Obtaining member input is an essential component of our quality program.

What You Need to Do

To comply with this policy, your responsibility is to:

- Provide safe, high-quality care and service to members you treat;
- Be responsive to members' concerns and questions; and
- Encourage members to provide feedback on the care and services received.

What NIA Will Do

NIA's responsibility is to:

- Inform you of aggregate survey findings and respond to any questions you may have regarding the surveys; and
- Identify opportunities for improvement and to develop and implement actions for improving our policies, procedures, and services.

Provider Satisfaction

(Applies to NIA and CareSource Contracted Providers)

Our Philosophy

Provider satisfaction is one of our core performance measures. Obtaining provider input is an essential component of our quality program.

Our Policy

Annually, we survey ordering providers about their experiences in using our pre-authorization processes. We also conduct an annual survey of imaging facilities in our clinical network who have seen members during the survey period to determine their level of satisfaction with NIA, as well as with key aspects of the service they received from us while assisting our members.

What You Need to Do

To comply with this policy, your responsibility is to:

- Complete the survey within the time period indicated; and
- Contact NIA with any comments, suggestions or questions you may have.

What NIA Will Do

NIA's responsibility is to:

- Monitor provider satisfaction with NIA and NIA's policies and procedures;
- Share aggregate results of our provider satisfaction surveys with our providers, customers, accreditation entities, and members; and
- Use provider survey findings to identify opportunities for improvement and to develop and implement actions for improving our policies, procedures, and services.

Fraud and Abuse Compliance Program

(Applies to NIA Contracted and CareSource Contracted Providers)

Our Philosophy

NIA is subject to both federal and state laws designed to prevent fraud and abuse in government programs (such as Medicare and Medicaid) and private insurance. In addition to preventing fraud and abuse, these laws are designed to ensure that health care providers exercise their best independent judgment when deciding which services to order for their patients, and also prevent situations that could lead the provider to providing goods or services that are not medically necessary.

In order to monitor the services delivered to our members, NIA maintains a comprehensive compliance program, including policies and procedures to address the prevention of fraud, waste and abuse. These policies can be viewed after imaging facility login on NIA's Web site at www.RadMD.com under My Practice/Resources/Fraud and Abuse Compliance Policies.

Our Policy

NIA, in conjunction with appropriate government agencies, actively pursues all suspected fraud and abuse. As part of NIA's corporate compliance program for the prevention of fraud and abuse, NIA complies with the Deficit Reduction Act (DRA) of 2005 and all state and federal billing requirements for government-sponsored programs (e.g., Medicare and Medicaid), and other payers, including the Federal False Claims Act, State False Claims laws and Whistleblower Protection laws. These can be viewed at the NIA Web site location shown above.

NIA checks the Health and Human Services (HHS) Office of Inspector General (OIG) List of Excluded Individuals/Entities (OIG's LEIE), Cumulative Sanction Report and General Services Administration's List of Parties Excluded (EPLS) from federal procurement and non-procurement programs, and applicable state exclusion lists, for names of excluded employees, contractors, providers, and vendors barred from participation in Medicare, Medicaid, other federal health care programs, federal contracts, and state health care programs. Excluded individuals or entities are not hired, employed, or contracted by NIA to provide service for any of NIA's product offerings. This policy is applicable to all NIA lines of business.

What You Need to Do

To comply with this policy, your responsibility is to:

- Bill only for medically necessary services delivered to members, in accordance with NIA's policies and procedures.
- Comply with the Federal False Claims Act and any applicable State False Claims Laws, including administrative remedies for false claims and statements, applicable state laws that provide civil or criminal penalties for making false claims and statements, the "whistleblower" protections afforded under such laws, and the role of such laws in preventing and detecting fraud, waste and abuse in government sponsored health care programs. It is important to check the state laws link on NIA's Web site periodically, as the

laws are subject to change.

- Routinely check to ensure that you, your employees and subcontractors are not debarred, suspended, or otherwise excluded under the Department of Health & Human Services Office of Inspector General List of Excluded Individuals/Entities (“OIG-LEIE”) at <http://exclusions.oig.hhs.gov/>; the General Service Administration’s (GSA) Excluded Parties List System (“EPLS”) at <http://www.epls.gov/> or any applicable state exclusion list where the services are rendered or delivered.
- Routinely check to ensure that you, your directors, officers, partners or owners with a five percent (5%) or more controlling interest are not debarred, suspended or otherwise excluded under the OIG-LEIE at <http://exclusions.oig.hhs.gov/>; the General Service Administration’s Excluded Parties List System (“EPLS”) at <http://www.epls.gov/> or any applicable state exclusion list where the services are rendered or delivered.
- Immediately notify NIA in writing of the debarment, suspension, or exclusion of yourself, your employees, subcontractors, directors, officers, partners or owners with a five percent (5%) or more controlling interest.
- Notify NIA immediately of any Health and Human Services (HHS) Office of Inspector General (OIG) action or proposed action to exclude you, your employees, directors, officers, partners or owners with a five percent (5%) or more controlling interest.

What NIA Will Do

NIA’s responsibility is to conduct fraud and abuse prevention activities that include:

- Review of alleged illegal, unethical or unprofessional conduct;
- Eligibility verification for members and providers;
- Internal controls to help ensure payments are not issued to providers who are excluded or sanctioned under Medicare/Medicaid;
- Monitoring of service utilization to detect fraud or abuse;
- Post-payment utilization review to detect fraud and abuse;
- Internal monitoring and auditing;
- Annual NIA employee training on NIA’s Corporate Compliance Handbook;
- Making the NIA Imaging Provider Handbook available to network providers;
- Ensuring that NIA does not hire, employ, or contract with individuals and entities that are listed on the OIG's LEIE, EPLS, and applicable state exclusions lists, prior to contracting and monthly thereafter; NIA checks the OIG’s LEIE list at <http://exclusions.oig.hhs.gov/>, the GSA EPLS list at <http://www.epls.gov/>, and applicable state exclusion lists;
- Provider audits; and
- Investigations.

Claims Filing Requirements

(Applies to NIA Contracted and CareSource Contracted Providers)

Our Philosophy

NIA strives to inform providers of claims processing requirements in order to avoid administrative denials that delay payment and require resubmission of claims.

Our Policy

Claims for services rendered to CareSource covered members should be submitted to CareSource for payment. CareSource Claims Policy and Procedures can be found in the CareSource Provider Manual available online at www.caresource.com.

What You Need to Do

To comply with this policy your responsibility is to:

- Submit claims in accordance with CareSource procedural requirements.
- Submit with group ID (not at the individual level).
- Check on claims status by logging on to the CareSource Web site at www.caresource.com.

Billing Codes and HIPAA Compliance

- Our Philosophy** We offer support to our providers by providing recommended HIPAA-compliant billing codes. Using these codes for electronic transactions benefits NIA and our providers, resulting in prompt and accurate claims payment.
- Our Policy** NIA requires the use of standard code-sets approved by the Centers for Medicare and Medicaid Services (CMS) for HIPAA compliance where they apply to our business requirements. Standard code sets include ICD-9-CM diagnosis codes for billing, CPT[®] and HCPCS procedural codes with modifiers, revenue, type of bill, discharge status codes, type of service and place of service codes. These code sets are required for electronic claims.
- What You Need to Do** To comply with this policy, your responsibility is to:
- Use the current version of ICD-9-CM codes on claim submissions.
 - Use current CPT[®] and HCPCS codes to bill for imaging services on a CMS-1500.
 - Obtain your National Provider Identifier (NPI) number for use in submitting HIPAA-standard electronic transactions to NIA.
 - Review the Claims Filing Requirements section in this handbook for additional claims submission information.
 - Order ICD-9-CM manuals from the American Medical Association (AMA) by calling 1-800-621-8335, or from Channel Publishing at 1-800-248-2882. A CD-ROM of the complete listing can be ordered from the United States Government Printing Office at: U.S. Government Printing Office, P.O. Box 979050, St. Louis, MO 63197-9000, or by calling the Ordering Office at 1-866-512-1800.
 - Obtain CPT[®] codes that are copyrighted by and can be obtained through the American Medical Association.
 - Obtain HCPCS codes from the Centers for Medicare & Medicaid Services (CMS) at www.cms.hhs.gov.
 - Note: All code sets are reviewed and subject to modification annually, so it is important to have the most current version of these codes for billing purposes.
- What NIA Will Do** NIA's responsibility to you is to:
- Inform you of how to find the current HIPAA-compliant code sets through CMS and the AMA.
 - Request from CMS, and/or the code-set owners, assignment of appropriate coding for standard services, when gaps are identified.
 - Share your NPI number with various health care partners in order to facilitate compliance with the HIPAA transaction requirements.

Appendix A
Credentialing Criteria

Credentialing Criteria for Imaging Providers

(Applies to NIA Contracted Providers)

Criteria for Facilities

Imaging facilities must meet the following administrative credentialing requirements:

1. The imaging provider and facility must have all appropriate license(s) and certification(s) mandated by governmental regulatory agencies, including, without limitation, any certificate of operation and certificate of occupancy. Facilities that fail to obtain appropriate state licensure will be prohibited from active participation in the NIA network.
2. The imaging provider may not be subject to any restrictions or provisions placed on applicable licensure, certification, or accreditation; including but not limited to, licensing board sanctions, Medicare/Medicaid sanctions, and/or Federal debarments.
3. All radiology equipment must have a current license from the Bureau of Radiological Health (or other appropriate state licensing board[s]) on site.

The imaging provider must submit evidence of accreditation when imaging provider holds such accreditation. NIA acceptable accreditation includes: accreditation for MRI and CT by the American College of Radiology (ACR); accreditation for PET by the ACR or ICANL; accreditation for Nuclear Cardiology by the ACR or ICANL; accreditation for Peripheral Vascular Ultrasound by the ACR or ICAVL; accreditation for Echocardiography by ICAEL; accreditation for Ob/Gyn Ultrasound by the ACR or AIUM; and accreditation for General Ultrasound by the ACR or AIUM; accreditation by JCAHO.

4. Imaging facility providers that meet minimum equipment standards, but are not accredited or do not meet specific selected criteria at the time of initial inclusion in the network, may be allowed one year to obtain an acceptable accreditation or meet those criteria. If the provider remains non-accredited or does not meet the selected criteria after this time, NIA, at its discretion, may conduct further quality assessment activities such as film review and on-site visit. Ongoing network participation may be conditioned on meeting accreditation, other credentialing or privileging criteria or other quality assessment activity standards. A site visit requirement may be satisfied when CMS certification or state licensure requirements are equivalent to NIA standards, and site visit reports from such entities are submitted by the provider.
5. Imaging provider must complete and submit all required application materials and related documents with attestation signed by the facility's representative within one year (365 days) prior to the completion of the credentialing process.
6. The imaging provider/facility performs primary source verification of credentials for all professionals, as required.
7. Radiologists affiliated with the facility hold current license to practice, not be subject to any restrictions or provisions, inclusive of, but not limited to, licensing board sanctions, Medicare/Medicaid sanctions, and/or Federal debarments.
8. Technologists are licensed by the state where they work (if applicable) and/or certified by the ARRT, ARDMS, NMTCB or other state recognized entity, as appropriate.

9. Imaging provider and facility hold current general liability and professional liability insurance policies with minimum coverage amounts of \$1 million per occurrence and \$3 million per aggregate (except in cases where this level of insurance exceeds that required by applicable state law, in which instance the provider and facility shall maintain the maximum level of professional liability insurance required by law) naming the provider or facility as ‘the insured,’ or provider or facility provides documentation of the provider or facility’s participation in State Tort fund, Patient Compensation Fund and/or State CAP fund(s), in lieu of meeting minimum professional liability coverage amounts.
10. Imaging provider or facility must include all relevant malpractice history information as part of its application to join the network or maintain their status within the network as part of the recredentialing process.
11. Staff rosters may be requested by NIA as part of the credentialing material submitted.
12. Imaging provider’s or facility’s application and verifications are reviewed and approved by the NIA Credentialing Committee for network participation.

Criteria for Radiologists

Radiologists must:

1. Hold a current license in their specialty at the highest level in the state in which they practice. Licensure must be for independent practice and vendor-eligible, if applicable.
2. Physicians must carry minimum professional liability insurance coverage of \$1,000,000 per occurrence and \$3,000,000 aggregate.
3. Have completed a radiology residency program accredited by the Accreditation Council for Graduate Medical Education for Radiology or the American Osteopathic Association; and
4. Hold board certification from the American Board of Radiology or American Osteopathic Board of Radiology certification. For foreign medical graduates, board-certification through the Royal College of Physicians and Surgeons of Canada or the Royal College of Radiologists (Great Britain) is accepted.
5. (If applicable) Hold a current and unrestricted federal Drug Enforcement Administration (DEA) registration and Controlled Dangerous Substances (CDS) registration (if applicable by state).
6. Membership in a national professional association which ascribes to a professional code of ethics (such as the American College of Radiology) is preferred.

Appendix B
Frequently Asked Questions

Frequently Asked Questions

In this section NIA provides answers to the most frequently asked questions from providers in the categories of provider assessment, contracting and authorizations.

Provider Assessment and Contracting

What does an imaging provider or facility need to do to be considered an in-network provider with NIA?

To be an in-network provider, the imaging provider or facility must be contracted and credentialed with NIA. Only when the provider assessment and contracting processes are completed is the facility considered an NIA in-network provider eligible to serve members. For information on how to join the NIA network, please call 1-800-327-0641.

What are provider assessment, credentialing and privileging?

In the provider assessment process, facilities must meet a set of credentialing criteria and/or privileging standards to be eligible to provide select services to our membership. Credentialing is the process we use to verify and periodically re-verify a provider and facility's credentials in accordance with our general credentialing criteria, which are included in this handbook. Privileging encompasses specific participation guidelines including facility accreditation, equipment capabilities, physician and technologist education, training and certification, and facility management components such as radiation safety guidelines. The process allows NIA to indicate down to the CPT code level the imaging procedures (both advanced and non-advanced imaging modalities) each location is qualified to perform.

What does the credentialing process include?

The credentialing process includes:

- **Administrative Verification** – We verify the provider's or facility's licensure, accreditation, insurance, malpractice history, and Medicaid/Medicare sanctions history and may review the facility's safety and ALARA procedures, in addition to the other criteria stated in Appendix A of this handbook.
- **Committee Review** - If your facility's credentials satisfy NIA's standards, your facility's application is sent to the NIA Credentialing Committee consisting of NIA clinical staff and professional peers. The committee reviews applications subject to applicable state laws and our business needs. If your facility successfully completes the credentialing process and the programs and services are needed for members in your area, your facility will be accepted into the provider network pending execution of your facility's agreement.

How long does the credentialing process take?

Once all the required documents have been submitted, the credentialing process generally can be completed within 90 days.

Appendix B – Frequently Asked Questions

How will our facility be notified if we are accepted into the NIA network?

Upon acceptance into the NIA provider network, you will receive a welcome letter along with your fully executed Participating Imaging Facility Agreement.

Will we be notified if our facility is not accepted into the NIA provider network?

In the event that your facility is not accepted into the NIA provider network, you will be notified in writing.

Once our facility completes the credentialing process, are the credentials good for the life of the contract?

No. We re-review facility provider credentials every three (3) years, or in compliance with regulatory and/or customer requirements, as a measure of our provider network quality. During this process, the facility's credentials are re-verified and the NIA Credentialing Committee reviews your facility's re-credentialing application subject to applicable state laws and business needs. If your facility's programs and services match our service needs in your area, your facility will be re-credentialed to continue as an NIA provider.

What is the NIA Participating Imaging Facility Agreement?

Your NIA Participating Imaging Facility Agreement is the contract between your facility and NIA to render diagnostic imaging services to members whose services are managed by NIA. The contract sets forth the terms and conditions of your facility's participation in the NIA network as well as the terms and conditions applicable to NIA.

Authorizations

Is prior authorization required for emergency situations?

No. Services rendered in an Emergency Room are exempt from prior authorization. It is not necessary for physicians or staff to call NIA retrospectively to authorize any imaging procedure performed during an Emergency Room visit.

What kind of response time can ordering physicians expect for prior authorization?

NIA approves 60 to 65 percent of all authorization requests at the time of intake. Generally, if cases cannot be approved at intake, NIA makes a determination within 2 business days after receipt of request. In some cases, the review process can take longer if additional clinical information is required to make a determination. All non-urgent determinations must be made within 14 calendar days.

Appendix B – Frequently Asked Questions

To increase the possibility of approval at the time of request, please have the following information available:

- Patient symptoms and their duration.
- Physical exam findings.
- Conservative treatment already completed.
- Preliminary procedures already completed (e.g., x-rays, CTs and lab work).
- Reason the study is being requested (e.g., further evaluation, rule out a disorder).

Where can I find NIA's guidelines for clinical use of diagnostic imaging examinations?

NIA's clinical guidelines for use of examinations can be found on NIA's Web site at www.RadMD.com under Online Tools/Clinical Guidelines. The provider can drill down to procedure-specific guidelines by selecting the health plan, type of study and specific exam. NIA's clinical guidelines have been developed from practice experience, literature reviews, specialty criteria sets and empirical data. If you cannot find the applicable guideline on RadMD, you can request a copy of the specific criteria at the time of the determination.

Can NIA handle multiple authorization requests per contact?

Yes. Upon contacting NIA via the Web site or telephone, NIA staff can provide authorizations for CareSource members as well as members covered by other health plans.

Do physicians have to obtain authorization before they call to schedule an appointment?

Physicians should obtain authorization before scheduling the patient. The exact date of service is not required. NIA asks for an anticipated date of service and where the procedure will be performed.

How long is an authorization number valid?

The authorization number is valid for 60 days from the date of the authorization.

What if my office staff forgets to contact NIA and schedules an imaging procedure requiring prior authorization?

It is important that office staff be educated on the prior authorization requirements for CareSource members beginning July 1, 2009. Claims for Computerized Axial Tomography (CT/CTA) Scans, Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA) and, Positron Emission Tomography (PET) Scan procedures that have not been properly authorized will not be reimbursed. The rendering facility should not schedule procedures without prior authorization.

How long does it take to obtain authorization for an urgent study?

If feasible, please obtain prior authorization for urgent studies. NIA will make an authorization decision within 72 hours or as expeditiously as needed. If you are unable to obtain prior authorization, the ordering physician must contact NIA within one (1) business day to initiate the review process for medical necessity.

Appendix B – Frequently Asked Questions

Is an NIA authorization number needed for a CT-guided biopsy or an MRI-guided procedure?

No. A CT-guided biopsy or an MRI-guided procedure does not require prior authorization.

Which PET scans require prior authorization?

All outpatient, non-emergent PET scans require authorization by NIA.

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 provider should proceed with the pelvic study. If this occurs, either the radiologist or rendering physician must call NIA to request the additional study with the clinical information to support the request. NIA will begin the review process and follow up with the ordering physician to complete the process; or the radiologist or rendering provider should notify the patient's ordering physician of the need for an additional test. The ordering physician should then call NIA within one (1) business day after the study is provided to initiate the review process for the additional test.

If a patient needs a CT in preparation for radiation therapy is prior authorization necessary?

No, these do not require authorization.

Can a chiropractor order images?

Yes.

How are procedures that do not require NIA prior authorization handled?

Claims for non-advanced services should be handled as they are today through CareSource.

If requesting authorizations through NIA's Web site and the request pends, what happens next?

You will receive a tracking number and NIA will contact you to complete the process.

Can RadMD be used to request retrospective or expedited authorization requests?

No, retrospective or expedited requests will need to be called into NIA's Call Center for processing.

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 a clinical reviewer. The initial intake process is necessary to obtain the information needed to determine member eligibility and to process the request.

Appendix B – Frequently Asked Questions

What steps will the ordering physician take when the authorization is not given during the initial intake process?

The case will be forwarded to NIA's clinical staff who will review the clinical information submitted. If needed, the clinical staff will request that you provide additional clinical information. You can fax this information to NIA through its dedicated clinical fax line. An ordering provider can also request a direct transfer to a nurse clinical reviewer during the initial request; however, this should only be requested if the office has a clinician who can speak with NIA's nurses and who has additional clinical information that would support the requested study.

If authorization is still pending at the end of the initial call, it is not necessary for the ordering physician's office to remain on the line. If the authorization request still does not meet clinical criteria at the nurse review level, it will be escalated to physician review. At that point, the NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

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

If a physician does not agree with the medical necessity decision made by NIA, the physician may appeal the decision through CareSource. The appeals process is detailed in the denial letter sent to the physician.

Can a facility access information on an approved authorization?

Yes, approved authorizations can be viewed after provider login on www.RadMD.com.

How will NIA determine where to schedule an exam?

NIA is contracted with a network of freestanding facilities and can also utilize CareSource network radiology providers. Referral is determined by several considerations including physician request, clinical requirements, cost efficiency, continuity of care based on previous exams, and member preference. Typically, exams performed at freestanding outpatient facilities are less expensive than hospital outpatient sites and will be the preferred place of service.