



NH Healthy Families Quick Reference Guide For Providers

Effective December 1, 2013
Revised March 1, 2018

NH Healthy Families has entered into an agreement with National Imaging Associates, Inc. (NIA), to manage a suite of Medical Specialty Solutions. The program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care.

Post Service Therapy Review Program for Physical, Occupational and Speech Therapy Services

Effective March 1, 2018, NH Healthy Families is implementing a post service therapy review program for Physical, Occupational and Speech Therapy services. This program will be managed by NIA and replaces the current prior authorization process for therapy services provided by a participating provider.

Physical, Occupational and Speech Therapy claims for units up to 80 will be reviewed by NIA peer consultants to determine whether the services met/meet NH Healthy Families' policy criteria for medically necessary and medically appropriate care.

While the PT/OT/ST services provided by participating providers will no longer require a prior authorization as of March 1, 2018, any service which exceeds the NH Medicaid service limit of 80 units (any combination of therapy) does require a prior authorization in accordance with NH Medicaid Administrative Rule He-W 530.07.

***More information on this program can be found in the Post Service Therapy Review Program FAQ**

Prior Authorization for Non-Emergent Outpatient Diagnostic Imaging

NIA will continue to manage the authorization process for non-emergent outpatient diagnostic imaging authorizations (MR, CT/CCTA, PET, Nuclear Cardiology/MPI, Stress Echo, Echocardiography)

Please refer to NIA's website to obtain the NH Healthy Families/NIA Billable CPT® Codes Claim Resolution/Utilization Review Matrix for all of the CPT-4 codes that NIA authorizes on behalf of NH Healthy Families.

NIA manages the Medical Specialty Solutions Services through NIA's contractual relationships with providers. NIA's imaging and post service therapy review program applies to NH Healthy

Families Medicaid members. The post service therapy review program does not apply to Ambetter members.

Obtaining Authorizations

The ordering physician is responsible for obtaining prior authorizations for the Medical Specialty Solutions Services listed above.

It is the responsibility of the provider rendering this service to ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.

The following services do not require prior authorization through NIA:

The Medical Specialty Solutions Services performed in the following settings do not require authorization through NIA:

- Inpatient
- Observation
- Emergency room/urgent care facility

Urgent/Emergent Care

If an urgent/emergent 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 a prior authorization is 1-866-769-3085.

Prior Authorization Process

There are a few ways to obtain authorizations for Medical Specialty Solutions services--through NIA's Web site at www.RadMD.com or by calling 1-866-769-3085.

After 80 total therapy units, therapy providers are able to request prior authorization from NH Healthy Families via the internet (www.nhhealthyfamilies.com) or by calling NH Healthy Families at 1-866-769-3085, or via fax at 866-270-8027.

- The Standardized one-page Prior Authorization Request Form can be used to obtain service authorization for members that require prior authorization for therapy services. The link to access the form is: <https://www.nhhealthyfamilies.com/content/dam/centene/NH%20Healthy%20Families/Medicaid/pdfs/MCM-Standard-Prior-Authorization-Form-201603111.pdf>

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions Service.* Have the appropriate information ready before logging into NIA's Web site or calling NIA's Call Center. (*Information is required).

- 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)
 - 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)
- Please be prepared to provide the following information, if requested

Clinical notes

Xray reports

Specialist reports/evaluation

Ultrasound reports

Previous related test results

Information Needed to Obtain Therapy Prior Authorization After Member Has Received 80 Units

- Current units used
- Completed Prior Authorization form with all information (e.g. CPT codes, ICD-10 codes, Member information, Requesting provider information, Servicing provider information, number of units requested)
- Recent clinical information inclusive of the current (or proposed) treatment plan, and any applicable scoring associated with level of function/progress toward goals

***To assist in collecting information for the authorization process, you may access the specific Medical Specialty Solutions Clinical Checklists on www.RadMD.com.**

Website Access

- It is the provider’s responsibility when **ordering Medical Specialty Solutions Services** to access NIA’s Web site or call for prior authorization. Information regarding patient symptoms, past clinical history and prior treatment information will be required and should be available at the time of the contact.
- You can request prior authorization at www.RadMD.com. RadMD is available 24/7, except when maintenance is performed once every other week after business hours. To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to www.RadMD.com, click on the New User button and complete the application form.
- You can check on the status of patients’ authorizations quickly and easily by going to the NIA website, www.RadMD.com. After sign-in, visit the My Exam Requests tab to view all outstanding authorizations.
- To get started, go to www.RadMD.com click the New User button and submit a “RadMD Application for New Account.” 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.

Access Provider Self-service at:
www.RadMD.com

- If requesting authorizations through NIA's Web site and your request is pended, you will receive a tracking number and NIA will contact you to complete the process.
- The NIA Web site cannot be used for retrospective or expedited authorization requests. Those requests must be processed by calling 1-866-769-3085.

Telephone Access

Call center hours of operation are Monday through Friday, 8 a.m. to 8 p.m. EST. You may obtain a prior authorization by calling 1-866-769-3085.

- NIA can accept multiple requests during one phone call.

Submitting Claims

Claims go directly to NH Healthy Families. Please send your claims for services to the following address:

For electronic submission, NH Healthy Families payor ID number is 68069.

Important Notes

- The NIA authorization number consists of eight or nine alpha/numeric characters. In some cases, you may instead receive an NIA tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD Web site or via our Interactive Voice Response telephone system.
- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- NIA's Clinical Guidelines can be found on NIA's Web site, www.RadMD.com under Online Tools/Clinical Guidelines. NIA's 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. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- To educate your staff on NIA procedures and to assist you with any provider issues or concerns, contact your NIA Area Provider Relations Manager.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).