



service was provided.
 review within one business day from the date the care services, however, do require a post-service facilities do not require precertification. Urgent and procedures performed in urgent care **settings**. Emergency room, inpatient imaging **imaging procedures originating in outpatient Precertification is required for advanced** not apply to that patient.
 request, NIA will inform you if the program does funded members. At the time of a precertification is available as a client-elected service for self- fully-insured members of Principal Life and The NIA precertification program applies to
Obtaining precertification
 work with National Imaging Associates, Inc. (NIA). advanced imaging management services, we care management approach. For outpatient procedures is an important component of our outcomes. Precertification for advanced imaging criteria to support the best possible patient Insurance Company, we follow evidence-based Within the health division of Principal Life
Radiology utilization management

FOR PHYSICIANS AND IMAGING FACILITIES

Principal Life Insurance Company
 Your Guide to
 Precertification of
 Advanced Imaging
 Procedures

- Please have the following information available when requesting precertification:
1. Name and office phone number of ordering physician
 2. Name, ID number and account number from the member's medical ID card
 3. Requested procedure
 4. Name of provider office or facility where the service will be performed
 5. Anticipated date of service (if known)
 6. Details justifying examination:
 - 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, ultrasounds, endoscopy procedures, specialist referrals, specialist evaluations) and the pertinent findings, both positive and negative
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)

Information needed

7. By request only: clinical notes, X-ray reports, previous CT/MRI reports, specialist reports/evaluation, ultrasounds and other reports
- To review Principal Life's clinical guidelines for advanced imaging procedures, visit www.RadMD.com. These clinical guidelines were developed from practice experiences, literature reviews, specialty criteria sets and empirical data.
- Receiving precertification**
 If the NIA precertification representative is unable to approve the request upon initial receipt, an NIA nurse may ask for additional information or a physician-to-physician discussion may be necessary.
 For urgent requests, ordering physicians or offices may ask to have the initial review conducted by an NIA clinical nurse. The ordering office should have a clinician available who can speak with the NIA nurse and provide additional clinical information.

FOR MORE INFORMATION
 If you have questions or would like additional information, please call 888-899-7805, or visit www.RadMD.com.



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com



The precertification is not a guarantee of payment. Benefits are based on eligibility and plan provisions on the date of service. Contact Principal Life at 800-247-4695 for eligibility and review of plan provisions.

Contact us

The following procedures require precertification:*

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

The ordering physician is responsible for obtaining precertification for the procedure requested. Physicians may obtain precertification one of two ways:

- **Online at www.RadMD.com**, Monday through Friday from 5 a.m. to midnight EST and Saturday 8 a.m. to 1 p.m. EST.
- **Toll-free at 888-899-7805**, Monday through Friday from 8 a.m. to 8 p.m. EST.

*A separate precertification number is required for each procedure ordered.

Important precertification tips for imaging facilities

The ordering physician is responsible for ensuring precertification has been obtained, when necessary. Procedures performed that have not been properly certified may not be reimbursed.

For imaging facilities: Verification that required precertification has been obtained is available by logging on to www.RadMD.com. Follow these tips to ensure a procedure has been precertified:

- If a physician office schedules a patient for a procedure requiring precertification, ask for the certification number.
- If a physician office has not obtained precertification for a procedure, ask the office to contact NIA.
- If a patient schedules an appointment for a procedure that requires precertification and does not have the certification number, direct the patient back to the ordering physician.

Sample precertification indicators

Visit www.RadMD.com for a complete list of precertification indicators. A sample of precertification indicators for commonly ordered imaging procedures is provided below.

PROCEDURE	INDICATORS
CT examinations of the abdomen	<ul style="list-style-type: none"> • Suspicious ultrasound • Abdominal organ enlargement or abnormality • Persistent clinical suspicion with negative ultrasound • Known primary or follow-up cancer to rule out metastasis <p>Note: If abdomen and pelvis (ordered together) are not indicated to evaluate pancreatic pathology, abdomen only will be authorized.</p>
CT examinations of the pelvis, female	<ul style="list-style-type: none"> • Suspicious ultrasound • Staging of non-ovarian GYN cancer • Persistent clinical suspicion with negative ultrasound • Known primary, rule out metastasis in pelvic organ • Uterine/adnexal mass
Nuclear cardiology	<ul style="list-style-type: none"> • Abnormal baseline EKG or significant cardiac rhythm disturbance • History of previous angioplasty with new and significant symptoms • Strong clinical suspicion for coronary disease despite normal studies; consultation with cardiologist recommended • History of significant previous abnormal findings on cardiac catheterization with new and significant symptoms • Patient must be a candidate for interventional therapy: coronary artery bypass graft (CABG) or angioplasty • Previous myocardial infarction or previous CABG with new symptoms • Has had a stress echocardiogram that has findings consistent with ischemic heart disease • Classic or strongly positive cardiac symptoms despite normal stress EKG
MRI and CT examinations of the brain	<ul style="list-style-type: none"> • History of significant head trauma or brain trauma with appropriate clinical findings • Known or rule out congenital abnormality with neurological symptoms or deficits • Suspicion of a brain abscess or an inflammatory disease with neurological symptoms • Focal signs suggestive of either ischemic or hemorrhagic insult • Suspicion of primary or metastatic neoplasm • New onset seizure disorder or significant change in a seizure patient • Progressive neurological deficits or worsening of neurological symptoms
MRI and CT examinations of the spine	<ul style="list-style-type: none"> • History of significant spine injury with appropriate clinical finding • Mechanical low-back pain for more than three months despite appropriate conservative management without any significant improvement • Suspicion of spinal abscess or other primary spine infection • Progressive neurological deficits or worsening neurological symptoms • Radicular symptoms unresponsive to conservative management for six weeks or more (providing the patient is a surgical candidate) • Required pre-operative imaging • Any sign of significant bowel or bladder dysfunction
MRI examinations of the lumbar spine	<ul style="list-style-type: none"> • Focal neurological deficit • Chronic or degenerative changes with bowel or bladder dysfunction • Unilateral leg pain refractory to conservative care • Cauda equina syndrome (emergent) • Neurogenic claudication • Suspected infection or discitis
MRI examinations of the knee	<ul style="list-style-type: none"> • Suspicion of a primary metastatic neoplasm • Hemarthrosis by arthrocentesis • Suspicion of a joint space infection • History and findings suspicious for an intra-articular loose body • Documented mechanical symptoms, particularly locking or significant instability • Persistent disabling symptoms without response to appropriate conservative treatment for four weeks