

Imaging Update

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New Enhancement Enables Easy Access to Health Plan-Specific Clinical Guidelines

NIA's RadMD.com Web site now offers you a new interactive search feature that enhances your self-service online capabilities. With this new system, ordering physicians will find it much easier to locate the specific guidelines that NIA uses to make medical necessity determinations on the studies we manage.

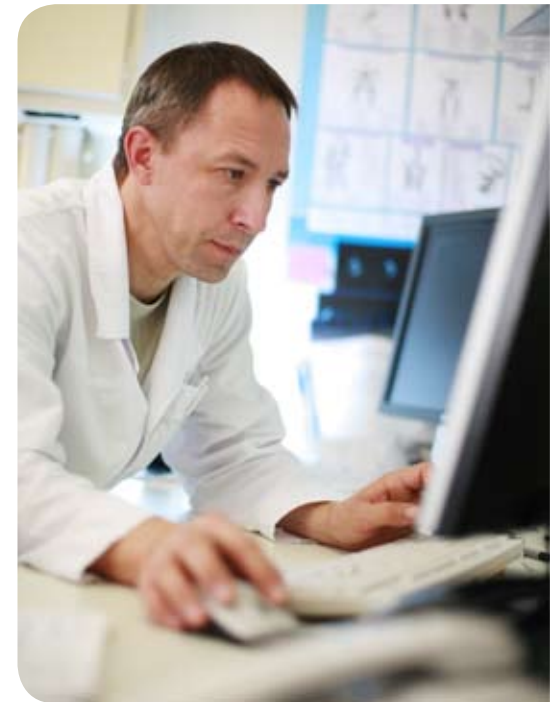
To take advantage of this interactive system, click on the Clinical Guidelines link on the RadMD.com home page that is located on the right side of the home page under Online Tools. Then, by following these three simple steps, you can quickly locate the exact guidelines you need:

1. Select the name of the appropriate health plan from the drop-down list.
2. Select the desired modality—CT scan, MRI scan, PET scan, Cardiology study, etc.
3. Select the applicable study—such as Chest CT or Knee MRI—from the options provided.

You will then have direct access to a PDF document with the guideline that is specific to the health plan in question, which you can view online or print out for future reference.

“This new tool represents a significant upgrade to our previous system,” said Ed Wilson, NIA’s vice president of clinical operations. “NIA has the ability to customize our guidelines to meet specific health plan requirements. In addition, not every NIA guideline is used by every health plan. That’s why we’ve replaced our previous ‘Getting to Yes’ guidelines with a more comprehensive set of Clinical Guidelines. “This,” he added, “ensures that providers have easy access to the appropriate guidelines that are specific to the member’s health plan and to the study requested.”

NIA implemented this upgrade on April 19, 2008, and it is ready for use today. Please take a few moments to check it out.



NIA's Electronic Funds Transfer—It's Money in the Bank

By taking advantage of one of NIA's online claims payment services—Electronic Funds Transfer (EFT)—imaging providers can request that we deposit claims payments directly into the provider's business bank account. The benefits to you:

- EFT gets your money to you more quickly than the standard process.
- EFT saves you the time and hassle of cashing or depositing your checks.
- EFT is safe and secure, and it's more reliable.



Registering for EFT

Imaging facilities and individual providers who own a Taxpayer Identification Number (TIN) linked to the submitted claim are automatically eligible for EFT. (If a provider bills under a facility's TIN, NIA will send the payment to the TIN owner, providing that the facility is set up for EFT.) To enroll, simply complete the registration form that is easily accessible on www.RadMD.com after provider secure login (i.e., with username and password), on the MyPractice Page under Resources/Forms. Then, fax your completed form to NIA's Network Data Management EFT Coordinator at 314-292-1012, or mail it to:

National Imaging Associates
 14100 Magellan Plaza – MO14
 Maryland Heights, Missouri 63043
 Attn: Network Data Management EFT
 Coordinator.

Once you have registered for EFT, NIA will conduct a transmission test with your bank to make sure payments transfer properly. During this time, you will continue to receive paper checks via U.S. mail.

What to Expect with EFT

You will find that EFT is simple, fast, and efficient—it is just one more way that NIA is making it easier for you to work with us. EFT also reduces the amount of paperwork we send to you. When you receive EFT payments, you no longer will receive an Explanation of Payment (EOP) or Explanation of Benefits (EOB) by U.S. mail for those benefit plans that

allow EFT. Instead, you will continue to have direct access to the EOP or EOB information you need through the Check Claims Status application on your MyPractice page of the NIA Web site (after secure login). If you submit claims via a clearinghouse, you can also review your EOP or EOB online through the clearinghouse to get the processing results for EFT-paid claims.

In the event that we would deny a claim, and no payment would be due, there will be no EFT transaction.

For benefit plans that do not support EFT, payments, EOBs, and EOPs will be sent via mail. Providers may request to receive ERAs by submitting a request to the clearinghouse using an online request form.

NIA's 2008 Imaging Provider Handbook Now Available

NIA is pleased to inform you that your 2008 *Imaging Provider Handbook* is now available at www.RadMD.com after provider secure login. There you will find that we made a number of updates throughout, including the substantial additions noted below:

<i>Section 2:</i> Credentialing	Clarified and updated credentialing criteria.
<i>Section 4:</i> Member Rights & Responsibilities	Substantial changes to the description of member rights. New subsection on member responsibilities.
<i>Section 5:</i> Claims Filing Requirements	Description and instructions for NIA's new multiple-procedure discount payment policy.
<i>Appendix A:</i> Credentialing Criteria	Credentialing criteria for individual radiologists added to the existing facility criteria.
<i>Appendix B:</i> Claims Tips	Updated contact information for several Magellan-approved claims clearinghouses.

NIA asks that you please review the revised handbook at your earliest convenience. In accordance with your agreement(s) with NIA, you are required to comply with the policies and procedures outlined in this document.

Important New Precertification Requirements for CIGNA HealthCare Patients

Effective April 28, 2008, precertification requests for Abdomen/Pelvic CT and Brain MRI studies for *CIGNA patients only* became subject to new NIA clinical guidelines for the use of contrast as outlined below.

NIA developed these guidelines in support of our collaborative efforts with CIGNA to minimize risks to patients from radiation exposure and allergic reactions to contrast. NIA reviewed and analyzed data related to contrast usage with all forms of diagnostic imaging. Specifically, we looked at the use of contrast across a 12-year period and across a population of 20 million lives. Through this analysis, we identified **Abdomen/Pelvic CT** and **Brain MRI** as two studies that can safely and accurately be performed, in most instances, without contrast enhancement. Our updated guidelines for these two procedures are presented at right.

Associated Risks of Contrast

The use of contrast in conjunction with CT not only exposes the patient to an allergic reaction risk, but it also, at a minimum, doubles the radiation dose/exposure. The use of gadolinium in conjunction with an MRI study similarly exposes the patient to an allergy risk. The use of contrast materials can also increase the cost of the scan, which can result in higher out-of-pocket expenses for the patient.

If you have questions about these changes, please contact your NIA Regional Director of Network Operations—ProviderRelations@MagellanHealth.com.

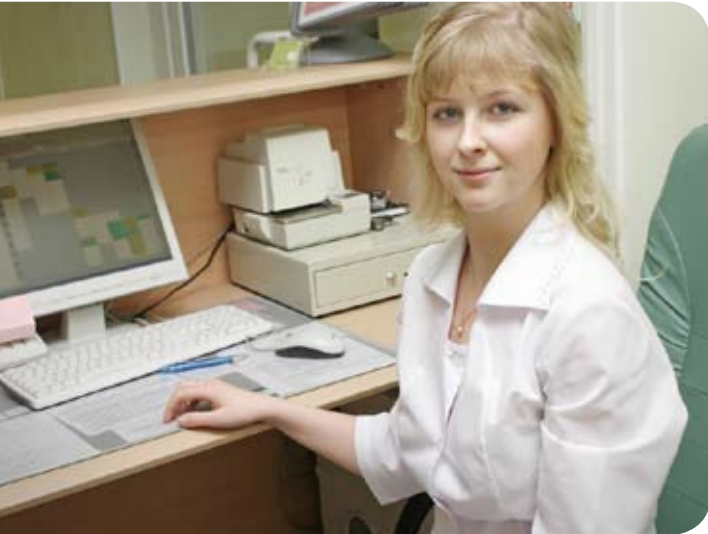
Brain MRI Guideline—Contrast Level Determinations	
Acute Headache	<p><i>Approve without contrast, with contrast, or without followed by with contrast—CPT Codes: 70551, 70552, 70553</i></p> <ul style="list-style-type: none"> Recent neurological deficits on exam such as one-sided weakness, speech impairments, or vision defects New and sudden onset of headache less than one week not improved by medications and the headache is described as “thunderclap” or the worst headache of the patient’s life Family history (parent, sibling, or child) of stroke, aneurysm, or arteriovenous malformation (AVM)
Chronic Recurring Headache	<p>Approve for <i>without contrast</i> only—CPT Code: 70551</p> <ul style="list-style-type: none"> Chronic headache presenting with a sudden change in severity, associated with exertion, or a mental status and a recent change of neurological symptoms or deficits (i.e., one-sided weakness, speech impairments, vision defects) Chronic headache with recent neurological symptoms or deficits (i.e., one-sided weakness, speech impairments, vision defects) <p><i>Approve without contrast, with contrast, or without followed by with contrast—CPT Codes: 70551, 70552, 70553</i></p> <ul style="list-style-type: none"> A family history (parent, sibling, or child) of AVM
Abdomen CT, Abdomen/Pelvis CT Combination Guideline	
Renal Calculi, Kidney Stones, Hematuria	<p>Approve <i>without contrast</i> —CPT Codes: 74150, 72192</p> <p>Authorize:</p> <ul style="list-style-type: none"> Known or suspected kidney/ureteral stone Known or suspected renal calculi (kidney stone) or ureteral calculi (stone). Abdomen/pelvic combo would be the preferred examination Hematuria Hematuria—painful (suspect kidney stones)
<p>CPT Codes: 74150, 74160, 74170, 72192, 72193, 72194</p>	

Claims Tips For Imaging Providers

Electronic Claims

With NIA, you can choose from a variety of electronic methods for submitting your claims—including single claim entry through our Claims Courier application and bulk claim submission through EDI Direct Submit—both of which enhance NIA's ability to pay you in the most timely and accurate manner. You also have the option of submitting your claims through a clearinghouse. To ensure a clean claim submission, we strongly recommend that you use the services of one of our contracted clearinghouses—Payerpath, MedAvant Healthcare Solutions, AVAILITY

(formerly THIN), Emdeon Business Services (formerly WebMD), or NaviNet Claims. For contact information about these clearinghouses, please refer to Appendix B of your *Imaging Provider Handbook*.



Modifiers

Is your practice using the correct modifiers when

submitting claims for payment? As you know, radiology services include two components—the technical and the professional. NIA requires that providers submit all claims with **HIPAA-compliant modifiers that indicate the specific component that is being billed:**

- Use modifier TC when billing the technical component.
- Use modifier 26 when billing the professional component.
- Use a blank modifier when billing the global component (technical and professional components on one bill).

To help ensure that you receive accurate and timely payments, we strongly encourage you to review your use of billing modifiers to make sure you submit claims that reflect the actual services performed.

Timely Filing

As described in Section 5 of your *Imaging Provider Handbook*, we require that claims be submitted **within 60 days of the provision of covered services**. Should you ever disagree with a timely filing denial, NIA will support your right to appeal the adverse claim determination and will encourage you to submit appropriate documentation with your timely filing appeal.

To appeal a timely filing denial, please submit one of the following items for consideration:

- Copy of an NIA EOP showing a date within the filing standard
- Copy of a letter/correspondence from NIA showing a date within the filing standard
- Certified or overnight mail receipts dated within the timely filing standard
- Facsimile confirmation showing that you faxed the claim to the correct claims address, showing imprinted dates within the filing standard
- Copies of the microfilmed claim with NIA's date stamp having been applied within the filing standard
- Copy of second-level EDI acceptance reports
- Copy of an EOP from the medical/health plan vendor substantiating its denial date. Use the medical/health plan EOP denial date to calculate the timely filing requirement.