

Superior HealthPlan and National Imaging Associates (NIA) Interventional Pain Management (IPM) Program Quick Reference Guide for Ordering Physicians/Surgeons

Effective January 1, 2021

Superior HealthPlan (Superior) has entered into an agreement with National Imaging Associates, Inc. (NIA), to implement a prior authorization program for Interventional Pain Management (IPM) procedures. This program is consistent with industry wide clinically appropriate quality of care standards to ensure appropriate utilization of resources for members ages 21 and older enrolled in Superior Medicaid (STAR, STAR+PLUS, STAR Health), STAR+PLUS Medicare-Medicaid Plan (MMP), Allwell from Superior HealthPlan (HMO and HMO SNP) and Ambetter from Superior HealthPlan (Marketplace).

The following procedures are included in the IPM Program for Superior members:

- Outpatient interventional spine pain management services

Prior Authorization Implementation

Prior authorization is required and it is the responsibility of the ordering physician and rendering facility to ensure that prior authorization is obtained. Failure to obtain a prior authorization will result in claim denial and the member cannot be balance-billed for such procedures.

Procedures Requiring Prior Authorization:*

Outpatient IPM Services:

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency Neurolysis)
- Sacroiliac Joint Injections

*A separate prior authorization number is required for each procedure ordered.

NIA will manage non-emergent outpatient IPM procedures through the existing contractual relationships with Superior. If an urgent clinical situation exists outside of a hospital emergency department, please contact NIA immediately with the appropriate clinical information for an expedited review. The number to call to obtain a prior authorization is 1-800-218-7508.

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

Prior Authorization Guidelines for IPM

Failure to adhere to these guidelines may result in non-payment of claim.

- All outpatient IPM services require a prior authorization through NIA for each procedure performed;
- Prior authorization is not required through NIA for services performed in the emergency department or on an inpatient basis. Prior authorization and/or notification of admission is still required through Superior.
- It is the responsibility of the ordering physician to obtain authorization for all IPM procedures outlined. Failure to do so may result in non-payment of your claim.
- Authorizations are valid for 30 days from the date of request.

Checking Authorizations

You can check on the status of members' authorizations quickly and easily by going to the NIA website, www.RadMD.com. After obtaining a secure password, sign-in to select the **My Exam Requests** tab and click on **view all to see all** outstanding authorizations.

Submitting Claims

Claims will continue to be submitted to Superior and there are no changes to where and how claims are submitted. For additional questions, please [contact your assigned Superior Account Manager](#) or review the provider manuals found on [Superior's Provider Training and Manuals webpage](#).

Providers are encouraged to submit claims, electronically, using [Superior's Secure Provider Portal](#).

Superior's payor ID number is 68069.

Quick Contacts

- Website: www.RadMD.com
- Toll Free Phone Number: 1-800-218-7508

Frequently Asked Questions

In the following section, NIA addresses commonly asked questions received from providers.

Where can I find NIA's Guidelines for these IPM procedures?

Guidelines can be found on NIA's website at www.RadMD.com.

Is prior authorization necessary if the member has more than one insurance?

Yes. Authorization is required regardless of whether Superior is primary or secondary insurer.

What does the NIA authorization number look like?

The NIA authorization number consists of 11 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. Providers will be able to use either number to check the status of their request online or through an Interactive Voice Response (IVR) telephone system.

What resources are available for any questions, complaints and appeals, etc.?

- **For additional information:** To educate your staff on NIA procedures and to assist you with any provider issues or concerns, please visit RadMD.com.
- **For pre-authorization appeals:** Member appeal rights are outlined on the notification of adverse determination.
- **For claims reconsideration, disputes, appeals, and complaints:** Follow guidance in the appropriate Superior provider manual, based on member's plan product enrollment or contact your assigned Account Manager entering the county in which the provider or facility is located on [Superior's Find My Account Manager Tool](#).

How will referring/ordering physicians know who NIA is?

Superior will send orientation materials to referring/ordering providers who are new to the Superior network. For existing providers, Superior and NIA are coordinating additional outreach and training activities including:

- Provider announcements located on [Superior's Provider News and Information webpage](#) and [Superior's Provider Newsflash](#).
- Updated provider manuals located on [Superior's Training and Manuals webpage](#).
- New provider education events (face-to-face and web-based) located on [Superior's Provider Training Calendar](#).

Will the member ID card have both NIA and Superior information on the card?

The Superior member ID card will not have NIA identifying information on it. However, examples of Superior member ID cards can be located in Superior's provider manuals.