



National Imaging Associates, Inc. (NIA) Quick Reference Guide (QRG) Ambetter from Superior HealthPlan Prior Authorization Program Physical Medicine Services

Effective January 1, 2021

National Imaging Associates, Inc. (NIA) will be providing utilization management for outpatient rehabilitative and habilitative physical (PT), occupational (OT), and speech (ST) therapy on behalf of Ambetter from Superior HealthPlan (Ambetter). This program is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. All provider specialties included under the scope of this program will be required to obtain prior authorizations for therapy services.

Services rendered on or after January 1, 2021, for PT, OT, ST services for Ambetter members will require authorization. The NIA call center will be available beginning December 14, 2020, to review requests for prior authorization for dates of service on or after January 1, 2021.

NIA manages the prior authorization process for outpatient therapy services for therapy providers who are contracted with Ambetter. Claims will continue to be processed by Ambetter.

Prior Authorization

Services requiring authorization:	<ul style="list-style-type: none"> • Physical Therapy (PT) • Occupational Therapy (OT) • Speech Therapy (ST)
Places of service included in the program:	<ul style="list-style-type: none"> • Outpatient office • Outpatient hospital
Places of service excluded from the program:	<ul style="list-style-type: none"> • Hospital emergency departments • Inpatient hospital or observation status settings • Acute rehab hospitals • Skilled nursing facilities • Home health settings (requires prior authorization through Superior HealthPlan)

Initial PT, OT, ST evaluation codes do not require authorization. It may be appropriate to render a service that does require authorization at the time of the evaluation. After the initial

visit, providers will have up to five business days to request approval for the first visit. If requests are received within this timeframe, NIA can backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.

Submitting Prior Authorization Requests

- Providers are encouraged to utilize www.RadMD.com to request prior authorization for therapy services. If providers are unable to use RadMD, they may call 1-800-424-4916.

Information Needed to Submit Prior Authorization Requests

- Name, address, and TIN of the facility.
- Member name, ID number, and date of birth
- Requesting/rendering provider type - PT, OT, ST
- Date of initial evaluation
- ICD-10 code(s)
- Details justifying therapy
 - Initial evaluation or re-evaluation findings
 - Past medical history
 - Member symptoms
 - Prior treatment received for the same condition
 - Functional outcome/standardized test scores
 - Baseline functional status and impairments
 - Objective tests and measures
 - Plan of care/treatment plan
 - Specific functional goals
 - Treatment interventions/modalities
- To expedite the prior authorization process, please have the appropriate information ready before logging into NIA's Website, www.RadMD.com or calling 1-800-424-4916.

Website Access

- To get started, go to www.RadMD.com, click the “**New User**” button under RADmd Sign In, and submit a RadMD Application for a New Account by selecting “**Physical Medicine Practitioner**.”
 - Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD support team at 1-800-327-0641 if you do not receive a response within 72 hours.
- Once you have created a new account and logged in to RadMD, you can:
 - Request prior authorization through RadMD by clicking the “**Request Physical Medicine**” link which is a part of your main menu.
 - Request additional Services on an existing authorization using the “**Initiate a Subsequent Request**” link using RadMD.
 - Access RadMD 24/7, except when maintenance is performed once every other week after business hours.

- See pending requests. If you are requesting prior authorizations through the RadMD and your request pending, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- Check the status of prior authorizations quickly and easily by using the “**View Request Status**” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by NIA, users can view links to case-specific communication to include requests for additional information and determination letters.
- Track an Authorization. This feature allows users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “**Search by Tracking Number**” feature. A tracking number is required with this feature.

Telephone Access

- You may obtain a prior authorization request by calling 1-800-424-4916.
- If you have questions or need more information contact the NIA Provider Service Line at 1-800-327-0641.

Submitting Claims

- Claims will continue to be submitted to Ambetter and there are no changes to where and how claims are submitted.
- For additional questions, please contact Ambetter Provider Services at 1-877-687-1196 or review the provider manuals found on [Ambetter’s Provider Resources webpage](#).
- Providers are encouraged to submit claims electronically using [Ambetter’s Secure Provider Portal](#).
- For claim submissions, please utilize Ambetter’s payor ID: 68069.

Important Notes

- **Authorization Number or Request ID:** This consists of at least 11 alpha-numeric characters (i.e., 12345ABC123). If the provider’s authorization request is not approved at the time of initial contact, the ordering provider may instead receive a tracking number (i.e., 123456789)
- **Multiple Therapy Requests:** NIA can accept multiple requests on RadMD or during one phone call.
- **Clinical Guidelines:** NIA issues authorizations in accordance with the NIA Clinical Guidelines and Milliman Care Guidelines for Therapy. A link to the Clinical Guidelines can be found on www.RadMD.com under “**More Online Tools**” NIA guidelines for therapy services are based on evidence-based research, generally accepted industry standards and best practice guidelines established by the corresponding national organizations.
- **Complaints/Appeals:** For prior authorization complaints/appeals, please follow the instructions on your denial letter or Explanation of Payment (EOP).
- **Member Eligibility:** To verify member eligibility, including benefit information, please call Ambetter Provider/Member Service line at 1-877-687-1196.

- **Prior 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 services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- **Balance Billing:** Payment will be denied for therapy procedures performed without a necessary prior authorization, and the member cannot be balance-billed for such services.