As part of Highmark Blue Cross Blue Shield Delaware’s (Highmark Delaware’s) ongoing integration with Highmark, we will soon begin to utilize the radiology management services of National Imaging Associates, Inc. (NIA) for non-emergent, high-tech outpatient radiology services rendered to members enrolled in Highmark Delaware health plans. Below is a short guide that may be useful to you as we make this transition.

PROCEDURES* REQUIRING PRIOR AUTHORIZATION:

- Select CT/CTA
- CCTA
- Select MRI/MRA
- PET Scan

*Refer to the Highmark Delaware “Claims Resolution Matrix 2013” for a detailed list of procedure codes that require prior authorization through NIA. This list is available on www.highmarkbcbsde.com. Please note that a separate prior authorization is required for each procedure ordered.

THE FOLLOWING WILL NOT BE IMPACTED:

- Inpatient high-tech radiology services
- Emergency room radiology services
- Urgent Care/Medical Aid Unit radiology services
- Ambulatory Surgical Facility radiology services

Highmark Delaware will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology).

PRIOR AUTHORIZATION IMPLEMENTATION RECOMMENDATIONS

As a provider of diagnostic imaging services that require prior authorization, it is essential that you develop a process to ensure that the appropriate prior authorization number(s) has been obtained by the ordering provider. It is the responsibility of the rendering facility or provider to ensure that prior authorization was obtained. Payment will be denied for any procedures performed that required prior authorization and authorization was not received. The member cannot be balance-billed for such procedures.

To ensure that authorization numbers have been obtained, the following recommendations should be considered:

- Communicate to all personnel involved in outpatient scheduling that under many Highmark Delaware plans, prior authorization is required for the procedures noted above.
- If a physician office calls to schedule a patient for a procedure that requires prior authorization, request the authorization number.
- If the ordering provider has not obtained prior authorization when required, inform them of this requirement and advise him/her to obtain an authorization through NaviNet or by calling NIA at 1-800-424-5655.
• If a patient calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, the patient should be directed back to the provider who ordered the procedures.

CHECKING AUTHORIZATIONS
You can check on the status of patients’ authorizations quickly and easily through NaviNet, our online provider portal. Providers can also use NIA’s interactive voice response telephone system to check the status of an authorization by calling 1-800-424-5655.

SUBMITTING CLAIMS
Claims will continue to go directly to Highmark Delaware. Please submit claims to the following address:

Highmark Blue Cross Blue Shield Delaware
P.O. Box 8830
Wilmington, DE 19899

Highmark Delaware encourages providers to use EDI (Electronic Data Interchange) claims submission. The Highmark Delaware payor ID number is 00570 or 00070.

FREQUENTLY ASKED QUESTIONS

Q. Where can I find “Guidelines for Clinical Use of Diagnostic Imaging Examinations”?  
A. “Guidelines for Clinical Use of Diagnostic Imaging Examinations” can be found on Highmark Delaware’s website, www.highmarkbcbsde.com under the “Providers” tab, or on the Resource Center page of NaviNet.

Q. Is prior authorization necessary if Highmark Delaware is not the member’s primary insurer?  
A. No.

Q. What is a tracking number used for?  
A. If an authorization request is not approved at the time of the initial contact, or more information is needed to complete the review, the ordering provider will receive a tracking number. Providers can use the tracking number to check the status of their request through NaviNet. Once a request is approved, an authorization number will replace the tracking number.

Q. How long is an authorization number valid?  
A. The authorization number is valid for 60 days from the final determination date.

Q. If NIA denied prior authorization of an imaging study, do I have the option to appeal the decision?  
A. Yes. You will be able to appeal the decision through normal appeal procedures that will be outlined in the denial letter.

Q. Is prior authorization required when a procedure is ordered outside of the Highmark Delaware network?  
A. No; however, out-of-network benefits would apply in this situation.

Q. Who do I contact for questions or concerns?  
A. Please contact your Provider Relations Specialist with any questions or concerns.