Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) uses the radiology management services of National Imaging Associates, Inc. (NIA) to preauthorize 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.

PROCEDURES REQUIRING PRIOR AUTHORIZATION THROUGH NIA

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

If an emergency clinical situation arises outside of a hospital emergency room, please contact NIA immediately at 1-800-424-5655 with the appropriate clinical information for an expedited review.

Please refer to the Highmark Delaware Claims Matrix for a detailed list of procedure codes that require prior authorization through NIA. A separate prior authorization is required for each procedure ordered.

PROCEDURES NOT REQUIRING PRIOR AUTHORIZATION THROUGH NIA

- 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).

THE ORDERING PHYSICIAN IS RESPONSIBLE FOR OBTAINING PRIOR AUTHORIZATION FOR ADVANCED RADIOLOGY SERVICES

It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures.

PRIOR AUTHORIZATION PROCESS

To obtain authorizations, Highmark Delaware requests that you use NaviNet®. To expedite the process, please have the following information ready before logging in to NaviNet or calling the NIA Utilization Management staff (asterisk indicates required information):

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested examination*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
• Details justifying examination*:
  o Symptoms and their duration
  o Physical exam findings
  o Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
  o Preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
  o Reason the study is being requested (e.g., further evaluation, rule out a disorder)

• Please be prepared to fax the following information, if requested:
  o Clinical notes
  o X-ray reports
  o Previous CT/MRI reports
  o Specialist reports/evaluation
  o Ultrasound reports

TAKE ADVANTAGE OF NAVINET!
You can obtain prior authorizations for non-emergent, high-tech outpatient radiology services through NaviNet, our secure web-based provider portal. NaviNet is available to request and verify affected services, and check member eligibility, saving you the time and effort of faxing or making a phone call. You’ll receive immediate approval, or notification for further review, if it’s needed. If your office is not already registered for NaviNet, we encourage you to visit connect.navinet.net to sign up.

Call center hours of operation are Monday through Friday, 8 a.m. – 8 p.m., and Saturday, 8 a.m. – 1 p.m., EST. The toll-free number is 1-800-424-5655. NIA can accept multiple requests during one phone call.

FREQUENTLY ASKED QUESTIONS
Do I need to provide a date of service when requesting prior authorization?
At the end of the authorization process, NIA asks where the procedure will be performed as well as the date of service. The exact date of service is optional.

Do physicians have to obtain authorization before they call to schedule an appointment?
Physicians should obtain authorization before scheduling the patient.

Where can I find NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations?
NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on Highmark Delaware’s website, highmarkbcbsde.com under the Providers tab, or on NaviNet’s Plan Central page.

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

What is a tracking number used for?
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 or by calling NIA directly at 1-800-424-5655. Once a request is approved, an authorization number will replace the tracking number.

How long is an authorization number valid?
The authorization number is valid for 60 days from the final determination date.
If NIA denied prior authorization of an imaging study, do I have the option to appeal the decision? Yes. You will be able to appeal the decision through normal appeal procedures that will be outlined in the denial letter.