



Provider Notice

RE: NIA Facility Selection Program Update for Home State Health (Medicaid)

National Imaging Associates, Inc. (NIA), on behalf of **Home State Health**, has worked with ordering providers to help select approved advanced imaging services (CT and MR) since June 1, 2018, promoting the use of preferred, cost-effective in-network imaging facilities.

Effective November 1, 2019, a change will go into effect to promote the use of the appropriate setting for these advanced imaging services. CT and MR are appropriately administered in non-hospital settings unless there is a clinical reason that a hospital setting is required. Sites selected by providers for CT and MR services should be appropriate non-hospital (free-standing or in-office) settings. When one of these sites is not selected by the ordering provider, NIA will assign one based on the member's zip code. The imaging provider selected will become the **provider of record for claims payment of that claim**. Any claim billed with an imaging provider or Place of Service code that differs from the imaging provider (and expected POS code) selected or assigned during the authorization process will result in a denial.

Authorization requests for members who live in areas where non-hospital settings are not available and children under ten (10) years of age will be exempt from the site selection process.

About the Process:

- You will continue to contact NIA for prior authorization of advanced imaging studies. To review a list of procedures requiring prior authorization, see the NIA High Tech Radiology Utilization Review Matrix, at www.homestatehealth.com, For Providers, Provider Resources, Reference Materials
- During the intake process, you can select a facility from the list of facilities at the appropriate level of care.
- If you are part of an In-Office group that has an internal source for MR or CT studies, you can continue to select "Search for an In-Office Provider" when using RadMD or alert the NIA representative.
- If there is a clinical reason why the patient needs to be seen at a hospital or specific facility that is not on the list, you can let the NIA representative know, or click on the *Identify a Facility* box if using RadMD, to communicate and document the clinical reason for a different facility.
 - By selecting a clinical reason to use a facility not on the list presented, you are attesting that this clinical scenario is clearly documented in the patient's medical record, which you will make available for audit upon request.
 - Only the member's clinical situation may be used for requesting a hospital. If the list of reasons presented does not meet your needs, you may select "Other" and enter the clinical situation by text. Facility proximity or preference is not a clinical reason for exceptions unless the member requires public transportation.

- Please let your patient know the importance of receiving the imaging service at the facility authorized on the approval letter.

About Claim(s) Payment:

- The claim submitted must reflect the provider of record. If a non-hospital provider (free-standing or in-office provider) is selected or assigned, the Place of Service code on the claim is expected to be 11. If the claim reflects a hospital code (e.g. POS 22 or 19), the claim will be denied.

Questions?

If you have any questions about this program, please contact NIA's Provider Service Line (PSL) at: 1-800-327-0641. Ordering and rendering site providers are encouraged to participate in an upcoming webinar about these changes. Education webinars will take place on:

- Tuesday, October 22, 2019 at 8 AM CST
- Thursday, October 24, 2019 at 12:00 PM CST

Please refer to our website www.homestatehealth.com > for provider > provider resources > news and announcements or <https://www.homestatehealth.com/providers/tools-resources.html> for a separate webinar invite and a question and answer document.

*Sincerely,
Home State Health Clinical Operations*