

Facility Site Selection – New Program Effective 11/1/2019 Questions and Answers

What is the Facility Selection Program and how is it changing?

Since June 1, 2018, National Imaging Associates, Inc. (NIA), on behalf of Home State Health, has promoted the use of convenient, cost-effective, in-network imaging facilities for CT and MR with the Facility Site Selection (FSS) program. **Effective November 1, 2019**, the FSS program will promote the use of an appropriate non-hospital setting for CT and MR. Non-hospital settings include Free-Standing radiology facilities and In-Office settings for CT and MR.

The Ordering Provider is able to select a non-hospital provider for the test at intake. However, if the Provider does not select an approved, non-hospital provider, NIA will assign one for the authorization request. The imaging provider listed on the authorization is the **provider of record**.

Authorization requests for members who live in areas where non-hospital settings are not available and children nine (9) years of age and younger will be exempt from this site selection process.

It is important for providers to understand this program includes a requirement for the claim to be consistent with the **imaging provider of record** – the imaging provider selected or assigned at intake. Any claim billed with an imaging provider that differs from the imaging provider selected or assigned during the authorization process, or that uses a different Place of Service code than expected, will be denied. When a free-standing or in-office provider is the provider of record, the claim is expected to have a Place of Service (POS) code of 11 (or other non-hospital POS code).

What happens if the claim is from a hospital (e.g. a POS code 22 or 19) rather than the non-hospital setting on the authorization?

If the claim for an authorization that requires a non-hospital Place of Service code is submitted with a hospital POS code (e.g. 22 or 19), the claim will be denied. That is, effective November 1, 2019, a claim from a hospital that was for an authorization requiring a non-hospital setting, will result in a denial.

There may be hospitals that are selectable from the Provider Selection List as exceptions; these authorizations will be exempt from the claim POS requirement.

What if the Ordering Provider has a legitimate clinical reason for selecting an in-network, outpatient hospital setting?

We understand that in certain circumstances there could be a clinical reason that a test needs to be performed in an outpatient hospital setting. If your patient needs an outpatient hospital setting for a MR or CT study for a clinical reason, you will be given the opportunity to communicate and document the clinical reason and attest that the clinical situation is clearly documented in the patient's medical record. Authorizations with a clinical reason to use a hospital setting will be exempt from the claim Place of Service code requirement.

How does this program work?

- You will continue to contact NIA for prior approval of advanced imaging studies.
- During the intake process, you can select a facility from the list of facilities at the appropriate level of care. Imaging Providers in Non-Hospital settings are offered in proximity to the member's home zip code.
- 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 member's clinical situation in a text box. Facility proximity or preference is not a clinical reason for exceptions unless the member requires public transportation.
 - Providers can call Home State Health at 855-694-4663 and select option 2 "Member Services" for help with transportation for the member.
- Please let your patient know the importance of receiving the approved imaging study at the imaging facility that is the provider of record on the approval letter.
- The claim submitted must reflect the provider of record as the rendering site and billing provider. 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 (or other non-hospital POS code). If the claim reflects a hospital code (e.g. POS 22 or 19), the claim will be denied.
- Facilities are presented based on the member's home zip code. Home State mileage areas are 25 miles for Urban/Suburban/Rural.

How do we confirm the provider of record?

You may use the NIA web portal (www.RadMD.com) to check on the status of your authorization request and look up the imaging facility selected or assigned.

Who can I contact at NIA if I have contracting questions or would like to contract with NIA?

- Provider contracting questions please contact: Radiology Network Services line at 1-800-327-0641.

How do I get more information about the program?

If you have any questions about this program, please contact NIA by calling 1-800-327-0641 between the hours of 7:30 AM – 6:00 PM (EST).