

PROVIDER MANUAL

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Dear Provider,

We are delighted that your facility and physicians have joined Streamline Imaging’s Premier Network of Radiology Centers. This manual is intended to accompany your Streamline Imaging contract and provide information essential to our continued working relationship. The following is an introduction to Streamline Imaging, who we are, who our clients are, how we service our clients, and how we work with our contracted providers.

Streamline Imaging has established a premier network of quality diagnostic imaging services. Our clients include many of the Nation’s leading workers’ compensation insurers, third party administrators, as well as self-insured employers. Should you need to know if a specific company is a client of Streamline Imaging, please contact us at 855-877-9292.

Since Streamline Imaging was founded in 2012, we have grown exponentially each quarter. The focus of Streamline Imaging’s effort is to provide the Right Radiologist who can provide the Right Read providing the Right Results. We accomplish this through our partnership with our premier network of imaging centers. The benefits to our clients are real and demonstrable, including quality diagnostic imaging, expedited procedure and medical report turnaround time. The benefits to you, our providers, are increased volume with no associated marketing costs, pre-authorized referrals by the client via Streamline Imaging, and financial payments on schedule per our agreement.

Key elements to our success are Streamline Imaging’s commitment to quality care, and our focus on customer satisfaction. Streamline Imaging recruits’ facilities that meet the needs of our clients, focusing on adequate geographic coverage, quality of care and timely scheduling. In exchange, we can maximize your patient volume and provide guaranteed, prompt payments.

Streamline Imaging strives to build solid relationships within the healthcare community and prides itself on our choice of network providers, *choosing only the leaders* in the field of Radiology. We look forward to a long and prosperous relationship together. Thank you again for your participation.

Sincerely,

*Matt Nicholls*

Matt Nicholls

Provider Relations Manager Streamline DX

**STREAMLINE IMAGING PHILOSOPHY**

# Great Service Is Our Specialty

Our fully US based customer service professionals are educated, trained, and empowered to provide our customers and patients with the best experience in the industry. They recognize that no two injuries are the same and that the details can and will be the difference in the right results.

# Flexible Solutions

We know that workers’ compensation claims are anything but simple. That is why we are committed to making it easy for our clients and providers to work with us. We were founded by workers compensation and healthcare professionals who understand how to formulate a business model that is mutually beneficial for the payors, providers, and patients we serve.

# Quality Providers Who Deliver the Right Results

Timely diagnostics testing is imperative to correctly assess the workplace injury, or to measure response to treatment. Upon receiving a referral, our customer service professionals will promptly contact the injured worker to coordinate scheduling their request with one of our high-quality, appropriate, and conveniently located facilities.

PATIENT RIGHTS AND RESPONSIBILITIES

Streamline Imaging protects the rights and responsibilities of all patients. We are committed to respecting the dignity, worth, and privacy of each patient.

We have established patient rights and responsibilities that promote effective radiology service delivery, which promote patient satisfaction, and that reflect the dignity, worth, and privacy needs of each patient. We recommend that you share this statement with patients at the time of their first appointment with you.

Streamline Imaging Patient Rights Statement

Patients are entitled to receive quality diagnostic imaging services delivered by the best available providers in a comfortable and pleasant environment free from unnecessary hazards. Streamline Imaging strives to uphold the following patient’s rights.

* Patients have the right to receive imaging services free from fiscal incentives for over- or under- utilization.
* Patients have the right to discuss the results of their studies with their imaging providers.
* Patients have the right to receive imaging services from providers whose services are continuously monitored for appropriateness and quality.
* Patients have the right to have their comments or complaints about their imaging studies addressed in a timely manner.
* Patients have the right to quality images.
* Patients have the right to have the confidentiality of their health information protected and their privacy maintained.
* In certain states, worker’s compensation patients have the right to select their provider of choice.

To comply with this policy, your responsibility is to:

* Review the Streamline Imaging Patient Rights Statement.
* Give the patients the opportunity to discuss their rights and responsibilities with you.
* Review with the patients in your care information such as.
* Procedures to follow if clinical emergency occurs.
* Confidentiality Scope and Limits.
* Member complaint process
* Treatment and Streamline Responsibilities
* Make available the Streamline Imaging Patient Rights Statement (above) for distribution.
* Provide instructions on how and when to share the statement with patients.

**PROVIDER SATISFACTION**

Provider satisfaction is one of our core performance measures. Obtaining provider input is an essential component of our quality program.

Periodically we conduct a survey of providers in our network to determine their level of satisfaction with Streamline Imaging, as well as with key aspects of the service they received from us while assisting our patients.

To comply with this policy, your responsibility is to:

* Complete the survey within the time indicated; and contact Streamline Imaging with any comments, suggestions, or questions you may have.

Streamline Imaging’s responsibilities are:

* Monitor provider satisfaction with Streamline Imaging and Streamline Imaging’s Policies and Procedures.
* Share aggregate results of our provider satisfaction surveys with our providers, customers, and members.
* Use provider survey findings to identify opportunities for improvement and to develop and implement actions for improving our policies, procedures, and services.

**PROVIDER DEMOGRAPHIC CHANGES**

To serve our clients to the best of our ability, and reimburse the providers in the timeliest manner, Streamline Imaging asks that the provider keep Streamline Imaging informed of any changes, including the following:

* Opening/Closing of a Facility/Office
* New Phone/Fax/Email
* Change of Ownership
* Tax ID Changes – please submit changes in writing with an updated W9 Form
* Change in Physician Staff
* Change of Service Address
* Change/Addition of remittance address or outside billing service.
* Change in hours of operation.
* Changes which affect credentialing status (licensure, medical sanctions, etc)
* Changes of Equipment
* Addition/Discontinuance of a modality
* Accreditation status change

Please email us at [**providerrelations@streamlineworkcomp.com**](mailto:providerrelations@streamlineworkcomp.com) **or fax** the information to 904-944-4171.

**RESOLUTION OF QUALITY & ADMINISTRATIVE CONCERNS**

On occasion, concerns about a facility/provider are brought to Streamline Imaging’s attention. These concerns are usually within three categories: images or service quality issues, medical report issues, or contract compliance issues.

**IMAGES QUALITY/ SERVICE ISSUES FOR RADIOLOGY SERVICES**

When there are possible quality issues with either images or services rendered, a Streamline Imaging Provider Relations Specialist will contact the Office Manager to address the issue. Streamline Imaging will request that a radiologist other than the original radiologist, comment on quality. If it is agreed that the images are not diagnostically sound, the center will re-scan the injured worker at no additional charge. If the images are determined to be of good quality, Streamline Imaging requests that the reading radiologist contact the referring physician to discuss the quality issue.

If the quality issue cannot be resolved at the facility level, Streamline Imaging will request that one of our independent reading radiologists review the images. Streamline Imaging will call the center to arrange for images to be sent out for review.

**MEDICAL REPORT ISSUES**

If there is an issue or question with the medical report, Streamline Imaging will request the center to make the necessary correction(s) or add an addendum within 24-48 hours of such request.

It is expected that all radiology reports are forwarded to the referring physician as well as Streamline Imaging within 24-48 hours of completion. All radiology reports should include the radiologist’s impression of aging of the injury.

**CONTRACT COMPLIANCE ISSUES**

From time to time, a Provider Relations Specialist will be in contact with the facility/provider to discuss and resolve such issues as incorrect scans, medical report turnaround time, release of images, or HCFA turnaround time. Repeated contractual obligation related issues could result in a change in relationship status with Streamline Imaging.

**FACILITY CREDENTIALING**

Streamline Imaging’s credentialing process requires all contracted free-standing diagnostic facilities be credentialed. Each facility completes and returns an application to Streamline Imaging with the following information:

* Physical and Billing Address
* Hours/Days of Operation
* Commercial General Liability Insurance
* Professional Liability Insurance
* Malpractice History
* Ownership and Organization Structure
* Technical Equipment Specifications
* State Licensure, where applicable
* Accreditation
* Workers Compensation Certificate, where applicable
* Physician Roster
* IDTF/Medicare license, where applicable
* NPI (National Provider Identifier)

**RECREDENTIALING**

Streamline Imaging’s re-credentialing process requires that all contracted facilities be re-credentialed every (3) three years or in Florida every two (2) years which is consistent with NCQA guidelines. Non-compliance with the re-credentialing process may result in a change

in relationship status with Streamline Imaging.

**WORKERS COMPENSATION: STREAMLINE IMAGING PROCESS**

Referral Process

* On behalf of an injured worker or patient, the Workers’ Compensation adjuster, nurse case manager, or referring physician’s office contacts Streamline Imaging to submit a referral.
* Streamline Imaging locates a facility within a reasonable distance of the injured worker’s home or place of employment to determine the best available network provider. Also considered is the type of procedure being ordered and whether the injured worker is claustrophobic.
* Streamline Imaging will then contact the contracted facility to set the appointment for the injured worker.
* Once the appointment is set, Streamline Imaging contacts the injured worker and provides them with the appointment details (address, phone, date, and time). If the appointment date and time needs to be changed, we will conference call the injured worker with the contracted facility and make the needed scheduling adjustments.
* Streamline Imaging will then fax or email the authorization along with the ordering physician’s script.
* Upon completion of the injured workers diagnostic test, the contracted facility agrees to ensure that all injured workers leave their appointment with a copy of the films or a cd of the procedure.
* Upon completion of the patient’s procedure, the contracted facility agrees to fax the radiology report with aging to the Referring Physician and Streamline Imaging within 24-48 hours.
* For radiology services, Streamline Imaging is entitled to one set of the MRI Images at no additional cost to Streamline Imaging. Streamline Imaging requires that a set of MRI images is sent to the referring physician (name and address to be provided) within 24 to 48 hours of scan.
* Provider bills Streamline Imaging within 15 days of procedure using HCFA 1500, including ICD-10 codes and CPT Codes with non-discounted pricing for each code.
* Streamline Imaging pays the provider based on the contracted reimbursement amount and timeframe. Applicable state laws will apply where appropriate.

**SCHEDULING/COMPLIANCE – WORKERS COMPENSATION**

The provider agrees to see the patient within 5 days of scheduling call and in all cases prior to the follow-up appointment with referring/treating physician.

Providers are selected for a particular referral based on patient or physical location (geo-coding), specific request, appointment availability, equipment needed, and the provider’s compliance to contractual obligations (i.e. medical report and billing turnaround time).

Streamline Imaging’s Case Coordination Team (Scheduling Department) must be contacted if any of the following situations occur:

* Prescription written by the referring physician is different from either the Streamline Imaging authorization form or from what the Streamline Imaging Case Coordinator has requested when making the appointment.
* Patient’s clinical symptoms indicate test requested may not be appropriate or additional test(s) may be appropriate.
* Patient does not keep scheduled appointment (No Show).
* Patient cancels the appointment and needs to be rescheduled for another date.
* Patient keeps the appointment, but test is not completed due to claustrophobia or other clinical reasons.
* Services need to be re-directed to another provider/facility if your location cannot render the requested service.
* Referring physician, nurse case manager or attorney schedules the patient directly with the provider. Most often, Streamline Imaging will contact you to confirm that this is a Streamline Imaging case. If you do not hear from Streamline Imaging within 24-48 hours and you believe that Streamline Imaging is managing the case, please contact our offices at 855-877-9292 immediately.

Please feel free to call our offices 855-877-9292, Monday through Friday, between the hours of 8am to 5pm. Please follow the prompts to speak with the necessary department.

Please have the patient’s name, claim number, date of birth and the reason for the call. Fax requests to 855-877-9595 or email [referral@streamlineworkcomp.com](mailto:referral@streamlineworkcomp.com) or [providerrelations@streamlineworkcomp.com.](mailto:providerrelations@streamlineworkcomp.com)

**STREAMLINE IMAGING APPOINTMENT AUTHORIZATION FORM**

The Workers’ Compensation industry does not use member identification cards. Instead, Streamline Imaging uses an Appointment Authorization Form (See Sample in Manual Appendix). After scheduling the patient, the authorization form is sent via fax or email to the provider. The authorization form contains the patient’s information, services being authorized, ordering physician information, contracted Streamline Imaging payer information, and a Healthcare Release form for the patient to complete upon arrival to the provider. The authorization is not a prescription. Please contact us if the authorization is not received.

Streamline Imaging obtains the prescription from the referring physician and will send via fax to the provider upon receipt.

**FACILITY/PROVIDER CONSENT FORM**

It is the facilities/provider’s responsibility to have the patient complete all forms required by your office. This should include a consent form for the procedure, an authorization form that will release medical reports to Streamline Imaging as needed, and if requested, one set of images at no charge. Please refer to the notes on Streamline Imaging’s Authorizations forms for any special requests.

**EXCEPTIONS**

If the provider performing the procedure determines that the procedure authorized by Streamline Imaging is not the same as the prescription presented by the patient (e.g. Contrast Enhanced Studies), or the procedure requested cannot be accommodated using standards & protocols established by the provider’s office/facility, contact the referring physician immediately for clarification and resolution. Document the result of the call in the report. If the referring physician is unavailable, please contact Streamline Imaging to assist in the resolution, and/or follow the usual protocols of your facility, and document such in the report.

**DIRECT SCHEDULE - WORKERS’ COMPENSATION**

From time to time there may be occasions when an insurance carrier/ordering physician may access a Streamline Imaging provider outside of the Streamline Imaging referral and scheduling process. When this occurs, you will receive a call from Streamline Imaging advising you that we are the payer. As a follow-up to our call, we will fax the authorization for the patient. You will perform the scheduled service, forward the radiology report, and bill Streamline Imaging per the normal process.

**MEDICAL REPORT COMPLIANCE –WORKERS’ COMPENSATION**

* Streamline specialized in workers’ compensation cases. In workers’ compensation, time is of the essence, as the patients that we refer to you are generally out of work and the Radiology report is a key component in determining return to work, need for surgery or Physical Therapy.
* Report timeliness – It is essential that all Radiology reports be supplied to BOTH the referring physician and Streamline Imaging. Streamline Imaging requires the radiology report within 24 to 48 hours of the procedure. The fax number for reports is 904-944-4175 or 855-877-9595. Reports can also be emailed to radiologyreports@streamlineworkcomp.com
* The Streamline Imaging Report Coordinators will be calling to follow up for the report one day after the scheduled appointment occurs.
* Please make sure the Radiology Report is clean (i.e. no writing, no sticky notes)
* Please ensure that all Radiology reports for Streamline Imaging patients are AGED. The radiologist MUST indicate their impression of aging within the report. (i.e. injury appears chronic, acute, age cannot be determined)
* Please remember to set Streamline Imaging up as a “CC Interested Party” along with

the referring physician.

* If possible, program your fax machine’s TSI (Transmitting Station Identifier) with your company name and/or fax number so that Streamline Imaging can identify you as a sender.
* When using contrast, please remember to include the type of contrast (including concentration, volume, and route of administration when applicable) in the Radiology Report.
* Please indicate in the Radiology report the Tesla strength of the machine used.
* If you have a portal for reports, online scheduling, please let our staff know so we can retrieve reports though the portal – eliminating calls to your office.
* If you are having difficulty faxing reports to Streamline Imaging, kindly contact Provider Relations at 855-877-9292. In turn they will alert a member of Streamline Imaging Information Technology Department who may need to contact someone at your facility familiar with your faxing protocols, to resolve the issue.

**AGE OF INJURY SERVICES – WORKERS’ COMPENSATION**

Streamline Imaging’s Workers’ Compensation payers have requested that all Radiology reports include information regarding whether the abnormal findings are acute, chronic or indeterminate. Aging of abnormal findings can assist payers in determining liability and apportioning benefits for an injury or illness.

Please include a comment on age of abnormal findings in the “Impression or Findings” section of the report. In cases where this determination is not possible, please have the radiologist note specifically that the “age of abnormalities is indeterminate/unknown.” If this information is not included in the report, we will contact you to request a statement or report addendum regarding the age of the injury.

Please note that non- compliance may impact your referral volume.

Should you have any questions or concerns regarding this request, please feel free to contact Kerri Nicholls, Director of Product Management & Billing at 855-877-9292 Ext. 2631. You may also contact us via email at [providerrelations@streamlineworkcomp.com.](mailto:providerrelations@streamlineworkcomp.com)

**COMPARISON STUDIES**

When requested by the treating physician, adjuster or nurse case manager, a comparison with prior MRI studies may be requested. As all of Streamline cases are workers’ compensation patients, time is of the essence with these requests. The comparison can be an important tool to determine if other treatment needs to be initiated like, Physical Theary or surgical intervention could be required.

It is acceptable to Streamline if a different Radiologist does the comparison than the original Reading Radiologist.

If the prior study was done elsewhere, Streamline will arrange to obtain the images for the Radiologist to review.

**CLAIMS SUBMISSION & PAYMENT POLICY – WORKERS’ COMPENSATION**

Patients may be scheduled for services at your facility either through a phone call directly from Streamline Imaging or a phone call from a referring physician, an adjuster, or a nurse case manager who should identify the patient as a Streamline Imaging referral. Within 24 hours of scheduling a Streamline Imaging patient, you will receive an authorization form via fax, which confirms services being ordered, patient demographics, referring physician information, Streamline Imaging payer information, and contracted rate.

Please Note:

* The Workers’ Compensation industry does not issue identification cards. Therefore, the injured worker may not fully understand Streamline Imaging's role in arranging their medical test(s), and the injured worker may inadvertently inform you to bill their employer’s worker’s compensation carrier. **DO NOT follow the injured workers’ billing instructions if the referral is identified as a Streamline Imaging referral.**
* **Electronically:** Our Jopari Payer ID is J4481. Electronic submission improves processing times and provides better visibility into the status of your claims.

This is our preferred methodology for claims submission.

* Fax: 904-944-4169
* Email: [billing@streamlineworkcomp.com](mailto:billing@streamlineworkcomp.com)
* Portal: [https://documentdrop.streamlineworkcomp.com](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdocumentdrop.streamlineworkcomp.com%2F&data=05%7C02%7CStephen.Ellerman%40streamlineworkcomp.com%7C93f75244dc214e59508508dcdf25f76c%7C01c7f5d91ee64b00ab53d54269758ecd%7C0%7C0%7C638630601380177961%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=iuV5d%2FJETugN85zfUB5Z9iU%2FiPFhmigix4Jw1%2FUt0ko%3D&reserved=0)
* Mail: Streamline PO Box 20069 Roanoke, VA 24018

**CLAIM SUBMISSION POLICY**

If you use a billing service that is separate from your location, please share this information. If you would like to have a copy of this manual sent to your billing services, please email [providerrelations@streamlineworkcomp.com,](mailto:providerrelations@streamlineworkcomp.com) or call 855-877-9292 and request to speak with our Provider Relations Team.

* State laws and Streamline Imaging prohibit the balance billing of patients. Please implement appropriate measures to ensure that patients are not balance billed.
* **DO NOT send a bill to the workers’ compensation carrier or employer for any Streamline Imaging patient, as this would be a violation of your contract with Streamline Imaging and causes billing confusion.**
* Provider agrees to bill Streamline Imaging within 15 days of the completed procedure.
* Claims should be submitted on a CMS (formerly HCFA) 1500 form and should include:
  1. ICD-10 Codes
  2. All appropriate CPT Codes with non-discounted pricing for each code.
  3. Patient date of birth
  4. Patients Claim Number
  5. Referring physician Name and NPI
  6. The rendering radiologists Name and NPI.
  7. The medical license number for physicians in FL, KY, TX, NY CA, and OH.
* Invoices should be attached for all pharmaceuticals, injectable contrasts, and isotopes. Invoices may be requested for other services. No claim will be considered ‘complete’ or ‘clean’ without the appropriate documentation. Claim payment will be delayed until the necessary materials are received.
* If your facility is contracted for global rates, please make sure that physicians DO NOT bill Streamline Imaging or the workers’ compensation insurance carrier separately. If Streamline Imaging becomes aware that the professional services are being billed separately, Streamline Imaging will hold the provider responsible for financial resolution.
* Streamline Imaging’s definition of ‘global’ is the negotiated rate which includes both the technical and professional services and supplies. The facility and physician should not bill separately. Streamline Imaging expects only one (1) bill for the completed services.
* Upon Streamline Imaging’s receipt of a ‘clean’ claim, the claim will be processed according to the provider’s contracted Streamline Imaging reimbursement amount/payment timeframe.
* Claims will be paid in the timeframe specified in your contract. For example, if the contract states that payment will be in sixty (60) days, claims will be processed in sixty (60) days of receipt of a ‘clean’ CMS/HCFA 1500 form – **NOT** sixty (60) days from the date of service.
* If you inadvertently bill the workers’ compensation carrier and receive payment, please contact Streamline Imaging’s Billing Department immediately at 855-877-9292 to begin the refund process.
* Streamline Imaging provides Explanation of Payments along with the checks for reimbursement for services rendered to Streamline Imaging patients. Streamline Imaging sends Explanation of Denials to the provider separately. Both Explanation of Payment with Check and Explanation of Denial are sent to the address on your CMS/HCFA 1500 form.
* Contact Streamline Imaging’s Billing Department to address payment/appeals issues.
* Isotopes – must submit an invoice along with the CMS/HCFA 1500; if less than $100, supplies are included in the isotope reimbursement.
* You must submit a radiology report for an X-Ray of the eye for detection of foreign body in order to be paid.
* CT of the eye for detection of foreign body will be reimbursed at the same rate as an X-Ray of the eye for foreign body detection, unless otherwise authorized.
* HCPC codes are included in CT/MRI payment.
* MRI Arthrogram – Streamline Imaging will reimburse 3 CPT Codes:
* Injection
* Needle Guidance
* MRI
* Fluoroscopy or other modality for needle guidance must be reflected in the Radiology Report for payment.
* Plain Arthrogram – Streamline Imaging will reimburse 2 CPT Codes:
* Injection
* X-Ray

**Streamline Imaging WILL NOT Reimburse:**

* Intravenous sedation unless prior authorization is obtained.
* Oral Sedation
* Copies of images for the referring physician. As stated in the Streamline Imaging contract, the patient is entitled to have one (1) set of images sent to the referring physician at no charge. If Streamline Imaging requests additional Radiology images for the same Covered Individual, Streamline Imaging will reimburse the participating provider at a rate of $7.00 per cd or as so stated in your contract.
* 3-D Reconstruction Studies unless the referring physician orders it and requests it on the prescription and Streamline Imaging obtains authorization from the insurance carrier.
* Plain X-Rays not ordered by the referring physician and/or not authorized by the carrier. If the plain images of this body part have been performed recently, the patient should be informed to bring these images to the scheduled procedure. Every attempt should be made to have the patient bring prior images whenever possible. Prior approval from Streamline Imaging must be obtained before performing plain x-rays and these images must be related to the body part for which the radiology procedure has been ordered.
* CT of the eye for detection of metal, unless specifically requested by the referring physician and authorized by Streamline Imaging. Otherwise, Streamline Imaging will reimburse as if the scan were an X-Ray of the eye for foreign body detection.
* Non-Ionic Contrast – unless specified in provider’s contract, no additional payment.
* Supplies are included per contract.
* Contrast for MRIs & CTs are included with procedure codes.

**MEDICAL CLAIMS APPEALS**

Streamline Imaging will inform you of any reasons for administrative denials and action steps required to resolve the administrative denial. If a payment is denied for any reason, the injured worker cannot be billed for such procedures.

Streamline Imaging supports the rights of providers to appeal adverse benefit determination. The provider’s responsibility is to:

* Review the Explanation of Denial for:
  + The specific reason(s) for the adverse determination.
  + Any specific documents required for submission to complete a review of your appeal.
* Contact Streamline Imaging’s Billing Department to address payment appeals/issues.
* Submit all the appeal information in a timely manner to our Billing Department.

Streamline Imaging’s responsibility to you is to:

* Inform you in writing, in a clear and understandable manner, the specific reasons for the adverse determination which is on the Appeal Form.
* Identify specific information, documents, records, etc., needed to assist in a favorable appeal determination.
* Thoroughly review all information submitted for an appeal.
* Respond to appeals within 60 days.
* Inform you of any additional appeal options that may be available when an unfavorable appeal determination is rendered.

**CONTACT US**

Please email the appropriate address outlined below, or call 855-877-9292 between 8am and 5pm est. for assistance with:

Scheduling:

[referral@streamlineworkcomp.com](mailto:referral@streamlineworkcomp.com)

Fax: 855-877-9595

Phone: Option 1

* Scheduling Issues
* Appointment Changes/Reschedules
* Patient “No Shows”
* Appointment Authorization Forms
* Discrepancies between Authorization form and prescription

Provider Relations: [providerrelations@streamlineworkcmp.com](mailto:providerrelations@streamlineworkcmp.com)

Fax: 855-877-9595

Phone: 855-877-9292

* Changes to your demographic information:
  + Change in Federal Tax ID
  + Business Name Change
* Change of Address
  + Change of any telephone or fax numbers
  + Addition or closing of a facility
* Change of billing address or phone/fax numbers
  + If a facility will be closed temporarily (construction, equipment updates, etc.)
* General operational questions
* Credentialing

Medical Reports:

Fax: **904-944-4175**

* Fax all reports to Streamline Imaging and referring physician within 48 hours of the procedure.

Billing Inquiries:

[billing@streamlineworkcomp.com](mailto:billing@streamlineworkcomp.com) Fax: 855-877-9595

Phone: Option 3

* Claim Status
* Refund Process
* Medical Claim Appeal Inquiries
* **When calling for claim status, please have the Patient’s Name, DOB, Date of Service, CPT Codes, and Claim Number.**

**CONTACT US CDDDDDDDDO C CLAIM SUBMISSION POLICY**

**ONTACT US**

**NTAT US**

**CONTACT US**

**DISCLAIMER**

It is understood that the contents of this manual are part of the contracted agreement between Streamline Imaging and its providers. Streamline Imaging reserves the right to make changes to workflow processes and policy to accommodate client needs and maintain compliance with all applicable laws. Updates to the manual will be made available upon request sent to [providerrelations@streamlineworkcomp.com.](mailto:providerrelations@streamlineworkcomp.com)

**APPENDIX A: STREAMLINE IMAGING FACILITY CREDENTIALING REQUIREMENTS**

* CENTER REPRESENTS AND WARRANTS TO STREAMLINE IMAGING THAT THE CENTER HOLDS ALL REQUISITE AND CERTIFICATIONS FROM THE STATE IN WHICH THE PROVIDER IS RENDERING SERVICES. THE CENTER ALSO SATISFIES ALL APPLICABLE STATE AND FEDERAL REGULATIONS THAT PERTAIN TO ITS FIELD.
* COMPLETED AND SIGNED APPLICATION
* SIGNED STREAMLINE IMAGING ATTESTATION PAGE.
* THE CENTER MUST SUBMIT A ROSTER OF ALL READING RADIOLOGISTS.
* CURRENT, UNRESTRICTED NUCLEAR MEDICINE LICENSE, WHERE APPLICABLE
* THE CENTER MUST HAVE CURRENT PROFESSIONAL LIABILITY INSURANCE COVERAGE WITH SUFFICIENT COVERAGE AMOUNTS OF $1M/$3M OR AS REQUIRED BY LAW IN THAT STATE.
* ACR, IAC, OR JCAHO ACCREDITATION CERTIFICATE

**APPENDIX B: APPEALS**

When sending an appeal, please send a letter on company letterhead. Please indicate the following in the letter:

* Patient’s Name, DOB, Claim#
* Date of Service and CPT Code(s) in questions
* Date of denial and denial reason
* Any supporting documentation or reasoning why the denial should be overturned.
* Please attach copies of the denial and the claim form to the letter.
* Mail Appeals: Streamline

PO Box 20069

Roanoke, VA 24018

* Fax Appeals 904-944-417

For faxes please indicate on cover page this is not a duplicate, this is a corrected or reconsidered claim.

* Email Appeals

[claimssupport@streamlineworkcomp.com](mailto:claimssupport@streamlineworkcomp.com)

Subject line should indicate Corrected Claim or Claim Reconsideration

* All reconsidered claims or corrected claims should be mailed, faxed or emailed. They must include the condition code 7 on the HCFA/CMS 1500 form in form field 22.
* Please include a letter or reconsideration worksheet to include the reason for the denial and why you feel that it was an error, or the changes you made to the claim to facilitate in the processing of the claim.
* Must also include any supporting documentation that supports review for reconsideration.

**APPENDIX C: GUIDELINES FOR STREAMLINE IMAGING RADIOLOGY REPORTS**

The following data should be included on each report submitted to Streamline Imaging.

* + Provider Name
  + Patient Information: This data should be labeled and included in the header of the report. (See Sample Header for preferred format below)
    - Patient Name
    - Patient DOB
    - Date of Service
    - Referring Information
    - Procedure Performed

ABC Radiology

12341 Main Street

Anywhere, ST 22222

Patient Name

DOB: 1/1/1980

DOS: 12/1/2013

Referred By: John Smith, MD Procedure: MRI w/o RT Knee

Clinical History or Indication

* Reason for exam

Technique

* Equipment Used
* Listing of Sequences

Findings

* Discuss all imaged areas.

Impressions

* Summary of abnormalities
* Diagnosis if applicable
* Comment on whether or not the injury is acute, chronic or indeterminate.

Signature of Reading Radiologist