

PRIOR AUTHORIZATION INFORMATION

To expedite the process, please have the following information ready before logging on to <https://www.RadMD.com> or calling the Evolent (formerly National Imaging Associates, Inc. "NIA") Utilization Management staff. Medical necessity determinations are based on Evolent Clinical Guidelines. Evolent Clinical Guidelines are available on RadMD.com.

Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.

Required information:

- Member information: first and last name, healthcare company and ID number, date of birth, address
- Ordering physician information: name, NPI, phone number, fax number, address
- Requested examination, CPT codes, ICD-10 codes
- Facility information: name of facility, address, TIN, requested setting (inpatient, outpatient, ambulatory surgical center)
- Anticipated date of service (if known)
- Details justifying the examination:
 - Symptoms and their duration
 - Physical exam findings, including findings applicable to the requested services
 - *Generally, conservative treatment completed for six weeks within the most recent six months (e.g., physical therapy, chiropractic or osteopathic manipulation, physician directed home exercise program, hot pads, massage, ice packs and medication)
 - Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation).
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder.)

Please be prepared to fax or upload the following information, if requested:

- Clinical notes with symptom details, physical exam findings, conservative treatment, etc.
- Reports of previous procedures
- Specialist reports/evaluation

* Please see clinical guidelines for specific conservative treatment requirements based on requested study/diagnosis.

To initiate an authorization request,
Visit <https://www.RadMD.com>