



PRIOR AUTHORIZATION INFORMATION CHECKLIST For Coventry Health Care of Illinois

To expedite the process, please have the following information ready before logging on to NIA's Web site or calling the NIA Utilization Management staff (*denotes 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 the examination*:
- Symptoms and their duration (including cardiac symptoms, risk factors and related history when requesting cardiac services; cancer stage when requesting radiation therapy services)
- Physician exam findings (including findings applicable to the requested services, e.g. for cardiac services, include BMI, blood pressure, whether or not patient is a smoker, history of diabetes or hypertension, family history, etc.)
- Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, 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). For cardiac services, include total cholesterol, ECG results, HDL level, problems with exercise capacity and results of previous cardiac evaluation procedures (e.g. stress test, echocardiogram, catheterization, etc.)
- Reason the study is being requested (e.g., further evaluation, rule out a disorder; radiation therapy modality [initial and/or boost] when requesting radiation therapy services.)

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

- Clinical notes
- Reports of previous procedures
- Specialist reports/evaluation

**To initiate an authorization request,
visit www.RadMD.com**

or call: 1-800-642-7835