



PRIOR AUTHORIZATION INFORMATION

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 provider*
- 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
 - Physical exam findings (including findings applicable to the requested services, 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).
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder.)

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

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

To initiate an authorization request,
Visit www.RadMD.com