



PRIOR AUTHORIZATION INFORMATION

To expedite the process, please have the following information ready before logging on to National Imaging Associates, Inc. (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
Or at 1-800-424-4836