



## PRIOR AUTHORIZATION INFORMATION

To expedite the process, please have the following information ready before logging on to National Imaging Associates, Inc. (NIA) Web site or calling the NIA Utilization Management staff:

### 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 where the surgery will be performed, 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. included
- 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 [www.RadMD.com](http://www.RadMD.com)