

National Imaging Associates, Inc. (NIA)'s Peer-to-Peer Process

What to expect when calling in for a peer-to-peer discussion:

- A peer-to-peer discussion may be initiated at any time during the authorization process by calling **1-800-424-5664**.
- A peer-to-peer discussion may not be necessary if the requested clinical documentation is sent prior to contacting NIA.
- A peer-to-peer may be initiated by the office staff (non-clinical), but the case discussion must be conducted by a licensed clinician from the provider's office.
- Ad hoc peer-to-peer discussions are available for the Advanced Imaging programs. For these programs, plan to call a few minutes prior to a licensed clinician's availability to provide necessary member and case information.
 - This information will need to be provided before the call is transferred to an appropriate clinical reviewer that is specific to the case and modality.
- The case will then be discussed, including any additional information that may be necessary for the case to meet medical necessity. *
- Verbal clarification of clinical information from the medical records that were submitted may be discussed during the peer-to-peer. Examples include clarification of conflicting information in the notes or typographical errors.
- Any new information necessary to approve the request must be submitted in writing by uploading to RadMD.com or faxing to **1-800-784-6864** before a new determination can be made. *
- If the case cannot be approved following the peer-to-peer or with additional information; the ordering/rendering provider is asked to follow the appeal instructions provided within the denial notification.

If you would like to provide feedback regarding a peer-to-peer discussion, please contact your NIA dedicated Provider Relations Manager.

* Reconsideration is available for CareSource Exchange. If the reconsideration time frame has expired, the discussion will be for consultation purposes only. Providers must then follow the appeal instructions in the denial notification.

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