

## Evolut'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 the Evolent Call Center at **877-607-2363**.\*
- Medicare: Peer-to-peer discussions are offered prior to the denial decision for any request that does not meet medical necessity guidelines. Once a denial determination has been made, it is considered final. To initiate a peer-to-peer process, providers can call **877-607-2363**. The peer-to-peer must take place prior to the denial decision being issued.
- A peer-to-peer discussion may not be necessary if the requested clinical documentation is sent prior to contacting Evolent (formerly National Imaging Associates, Inc.).
- 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, Cardiac, and Interventional Pain Management (IPM) programs. For these programs, plan to call a few minutes prior to the 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.
- Peer-to-peer discussions must be scheduled for MSK and Radiation Oncology. At least two convenient callback times will need to be provided to ensure Evolent staff is available to make the call.
- 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](https://www.radmd.com) or faxing to **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 Evolent dedicated Provider Relations Manager.**

\*This discussion may be for consultation purposes only if the re-review, reconsideration, or re-open timeframe has expired or the case has a final determination and re-review, reconsideration, or re-open is not available. If re-review, reconsideration, or re-open is not available, providers must follow appeal instructions in the denial notification. Please confirm with the health plan if re-review, reconsideration, or re-open is available.

A request to re-open may be initiated by the requesting provider within the following timeframe:

- From the date of denial and prior to submitting a formal appeal.
- Anytime to correct a clerical error on which the determination was made.

Providers must then follow the appeal instructions in the denial notification.