



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 1-800-704-1483. *
- A peer-to-peer discussion may not be necessary if the requested clinical documentation is sent prior to contacting Evolut (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 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](https://www.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 Evolut dedicated Provider Relations Manager.

* **Medicare plans:** Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.

Medicare re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.

*Re-review is available for Peach State Health Plan Medicaid members. If the re-review time frame has expired, the discussion will be for consultation purposes only. Providers must then follow the appeal instructions in the denial notification.