



Evolut's Peer-to-Peer Process

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

- 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 the peer-to-peer process, providers can call 1-866-272-4086. 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 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 program. For this program, 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 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. *
- 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.

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

- 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.