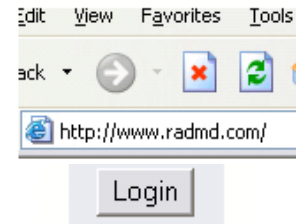


RadMD Quick Start Guide for Requesting Radiation Therapy Treatment

This Quick Start Guide is a tool to assist physicians and staff in obtaining prior authorizations for radiation therapy treatment quickly and easily via the RadMD Web site.

1 Go to RadMD.com

Open your Internet browser and navigate to RadMD.com.
Click Login on the right side of the page



2 Log in

Enter your Account ID and password, and then click **Login**.

Account ID:

Password:

3 Request a Radiation Treatment Plan

Click **Go** next to **Request a Radiation Treatment Plan**.
Read the overview and click **Continue (Identify the Member)**.

Request a Radiation Treatment Plan

4 Identify the Patient

Enter the patient's information.
Click **Save and Continue**.

Patient's First Name*

Patient's Last Name*

Patient's Date of Birth* / /
(mm/dd/yyyy)

5 Identify the Rendering Physician

Verify the patient and select a Physician from the drop-down box.
Click **Save and Continue**

Please select the physician that is rendering radiation treatment to this patient:

6 Select the Primary Disease Site

RadMD Quick Start Guide for Requesting Radiation Therapy Treatment

Select the primary disease site from the list.
Continue with Guide Step 7.

Please select the primary disease site being treated:

Prostate
Breast
Lung – Small Cell
Rectal
Lung – Non Small Cell
Colon

7 Select Type of Radiation Therapy.

Select the type of radiation therapy being performed.
Click **Save and Continue**

Please select the type of radiation therapy being performed for the patient's initial phase of treatment:

Low-Dose-Rate (LDR) Brachytherapy
High-Dose-Rate (HDR) Brachytherapy
Three-Dimensional Conformal Radiation Therapy
Intensity Modulated Radiation Therapy (IMRT)
Proton Beam Therapy (PBT)

[Save and Continue to Step 4](#)

8 Select the Treatment Facility

Enter search criteria and click **Search**.
Click the link for the appropriate facility.
Verify the facility and Click **Save and Continue**.

Search by Name:

Search by City:

Search by Zip:

[Save and Continue to Step 5](#)

9 Answer Questions

Answer questions about the patient.
Click **Save and Continue**.

Please answer some questions about the patient

ICD9 Code:* [ICD9 Code Help](#)

[Save and Continue to Confirmation](#)

10 Final Confirmation

Confirm the final request details.
Submit the request by clicking **Continue**

Treatment (Step 3):

Low-Dose-Rate (LDR) Brachytherapy

[Continue to Clinical Q/A](#)

RadMD Quick Start Guide for Requesting Radiation Therapy Treatment



11 Clinical Questions

Answer some questions specific to the treatment.

Click **Next** after answering each question.

Click **Finish** once all questions have been answered

TREATMENT: CLINICAL Q/A

You are requesting Low-Dose-Rate Brachytherapy treatment for a patient who has been diagnosed with Prostate Cancer. Is this correct?

Yes

No

Back

Next

Finish

12 Request Complete

The request is now complete.

The final page confirms the request and displays current status.

Click **Start a New Request** or **Back to the Main Menu**

STATUS

Current Status:

Validity Period:

Authorization:

Start a New Request

Back to the Main Menu

Questions? Comments? Need help? Send an e-mail to RadMDSupport@MagellanHealth.com.
Or call toll-free 1-877-80-RadMD (1-877-807-2363) Sun-Fri 5 a.m. to 12 a.m. EST, Sat 8 a.m. to 1 p.m. EST.