

# RadMD Quick Start Guide

## Request an Exam

This Quick Start Guide is a tool to assist ordering physicians and staff in obtaining prior authorizations for imaging procedures quickly and easily via the **RadMD website**. To start, open your Internet browser and visit **RadMD.com**. Click *Login* on the right side of the screen. Enter your *Account ID* and *Password*, then click *Login*.

### 1. Request an Exam

From the main menu under *Request*, click *Request an Exam*.

#### Identify the Patient

Enter the patient's information.

Click *Save and Continue*.

### 2. Identify the Physician

Enter physician search criteria.

Click *Search*.

#### Menu Options

##### Request

**Request an Exam**

Request a Radiation Treatment Plan

Initiate Pain Management Request

Create New Medicare FFS Decision Support Record

\* Last Name:  \* First Name:

\* Date of Birth:  /  /

\* Health Plan: Where are the other health plans   
[Please Select One]

Member ID:

#### Search Physicians

First Name:

Last Name:

Zip:

Physician ID:

NPI:

### 3. Identify the Exam(s)

Select the *Exam(s)* from the list.

Click *Add* to choose an exam(s).

Click *Save and Continue*.

All Available Exams: Abdomen and Pelvis CT, Abdomen and Pelvis CT Angiography, Abdomen CT, Abdomen CT Angiography, Abdomen MRA, Abdomen MRI  
CPT4 / Keyword Lookup  
Currently Chosen Exams:  
>> Add >>  
<< Remove <<  
Back (Step 2) Save and Continue to Step 4

### 4. Identify the Place of Service

Enter Search criteria for a provider location.

Click *Search*.

Imaging Provider Search  
Search By Provider Name: medic  
Search By Provider City:  
Search By Provider Zip:  
Search

### 5. Reason for Request

Enter at least one ICD-10 code.

Provide a reason in the text box.

Answer all of the questions.

\*ICD-10 Code: Add ICD-10 ICD-10 Code Help  
\*Please provide the reason for this exam(s):  
\*Is the cause of the illness/injury related to a Motor Vehicle Accident?  
[Please select one]  
\*Is Another Party Financially Responsible for the patient's illness/injury?  
[Please select one]  
\*Is the cause of the illness/injury related to the Patient's Employment?  
[Please select one]  
Date of Service mm/dd/yyyy  
Back (Step 4) Save and Continue to Confirmation

Click *Save and Continue*.

### 6. Confirm the Physician's Phone & Fax Numbers

Enter any physician callback phone and fax numbers.

Click *Continue to Final Confirmation*.

Confirm the Physician's Phone and Fax Numbers  
National Imaging Associates may need to contact the ordering physician in regards to this request.  
If so, what is the best phone number to use?  
If we need to call you about this request, who should we ask for?  
If we have information to fax to the ordering physician, what fax number should be used?  
Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number.  
Paperless Option  
Select "Yes" below to receive email notifications for this request instead of by fax or mail. Emails will be sent to **accountuseremail@email.com** with a link to log in to RadMD, followed by the electronic copy of the letter.  
If you prefer to receive faxes and mailed letters, please select "No".  
Yes No  
Back (Step 4) Save and Continue to Confirmation

## 7. Clinical Questions: Clinical Q/A

Answer questions specific to the procedure.

Click *Next* after answering each question.

### Exam Request: Clinical Q/A: Questions

Is this a request for an Abdomen/Pelvis CT combination?

- Yes  
 No

Q/A History:

[Back](#) [Next](#)

## 8. Request Complete

Final page confirms the request and displays current status.

Click *Start New Exam* or *Back to Main Menu* or *Upload Clinical Document*.

### Status

**Current Status:** Pending  
**Validity Period:** [Not Applicable]  
**Tracking Number:** 0000000

### Status

**Current Status:** Approved  
**Validity Period:** 1/31/2014-4/1/2014  
**Authorization:** 0000000

For pended requests, providers can fax or upload clinical documents to National Imaging Associates, Inc. (NIA)

Faxed clinical information should be accompanied by the OCR fax cover sheet. Files that can be uploaded include:

- Microsoft Word documents (.doc files)
- Image files (.gif, .png, .jpg, .tif, and .tiff files)
- Adobe Acrobat files (.pdf files)
- Text documents (.txt files)

*Files must be less than 10 MB in size.*

## Questions? Comments? Need help?

Send an email to [RadMDSupport@MagellanHealth.com](mailto:RadMDSupport@MagellanHealth.com). Or call toll-free **877-80-RADMD** (877-807-2363).

RadMD is available 24/7, except when maintenance is performed once every other week after business hours.