

Fidelis Care Radiation Oncology Solutions Training Provider Training

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NIA Program Agenda



Introduction to NIA



Our Program

- Authorization Process
- Other Program Components
- Provider Tools and Contact Information

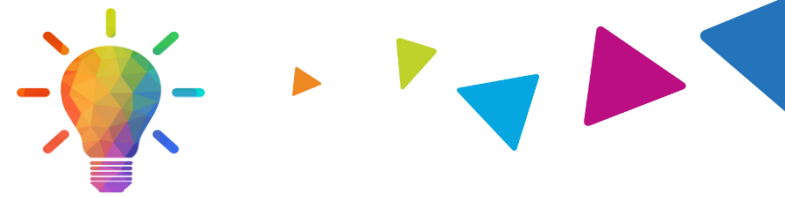


RadMD Demo



Questions and Answers

NIA Medical Specialty Solutions



National Footprint

- ✓ **Since 1995** – delivering radiology benefits management solutions; one of the *go-to* care partners in industry.
- ✓ **79 health plans/markets** – partnering with NIA for management of Medical Specialty Solutions programs.
- ✓ **32.78 M lives** – participating in an NIA Medical Specialty Solutions program.
- ✓ **Diverse populations** – serving Medicaid, Exchange, Medicare, Commercial, Federal Employee Program (FEP), Provider Entities.

Expertise

- ✓ **59 Medicaid plans/markets** benefiting from Medical Specialty Solutions Program(s).
- ✓ **20.9M lives** – participating in a NIA Medical Specialty Solutions program nationally:
 - 15M Medicaid
 - 3.9M Exchange
 - 2M Medicare Advantage (MA)

Intensive Clinical Specialization & Breadth Physician Teams

- ✓
 - 160+ actively practicing and licensed
 - 28 specialties and sub-specialties represented
 - All physicians are board-certified.

URAC Accreditation & NCQA Certified

NIA's Prior Authorization Program



- Program start date: October 1, 2021
- Begin obtaining authorizations from NIA on October 1, 2021 via RadMD or Call Center for services rendered on or after October 1, 2021.



- Medicaid
- Medicare
- Dual Advantage
- CHP
- Essential
- Qualified Health



- NIA will use the Fidelis Care network of Radiation Oncologists and Cancer Treatment Facilities as its preferred providers for delivering Radiation Oncology Solutions to Fidelis Care members throughout New York.

Radiation Oncology Program Overview

Our Program Focus

Appropriate Use

Based on national clinical guidelines, manage the appropriate use of modalities and ensure radiation treatment is delivered safely and does not exceed optimal fractions (dose)

Clinical/Provider Variation

Minimize clinical/provider variation through prior authorization process

1

NIA Radiation Oncology Management Services

Management of patient radiation therapy treatment delivered in an outpatient setting

2

Program Covers All Cancers & Conditions, including:

- Breast
- Prostate
- Metastatic
- Colon/Rectal
- Endometrial
- Head/Neck
- Brain/Spine
- Bone
- Lung

3

Radiation Therapy Modalities, including :

- Brachytherapy(Low-dose rate (LDR), High-dose rate (HDR) and Electronic
- Proton beam radiation therapy (PBT)
- 2D conventional radiation therapy (2D)
- Intraoperative Radiation Therapy (IORT)
- 3D conformal radiation therapy (3D-CRT)
- Neutron Beam
- Intensity modulated radiation therapy (IMRT)
- Hyperthermia
- Stereotactic Radiation Therapy (SRS and SBRT)
- IGRT and Port Films

List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.





CPT Codes and their Allowable Billable Groupings.



Located on www.RadMD.com.



Defer to Fidelis Care's Policies for Procedures not on Claims/Utilization Review Matrix.

**Fidelis Care
Radiation Oncology Utilization Review Matrix 2021**

The matrix below contains all of the CPT 4 codes for which National Imaging Associates, Inc. (NIA) manages for the Radiation Oncology program on behalf of Fidelis Care. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Magellan Healthcare. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any of the listed procedures codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the validity period.

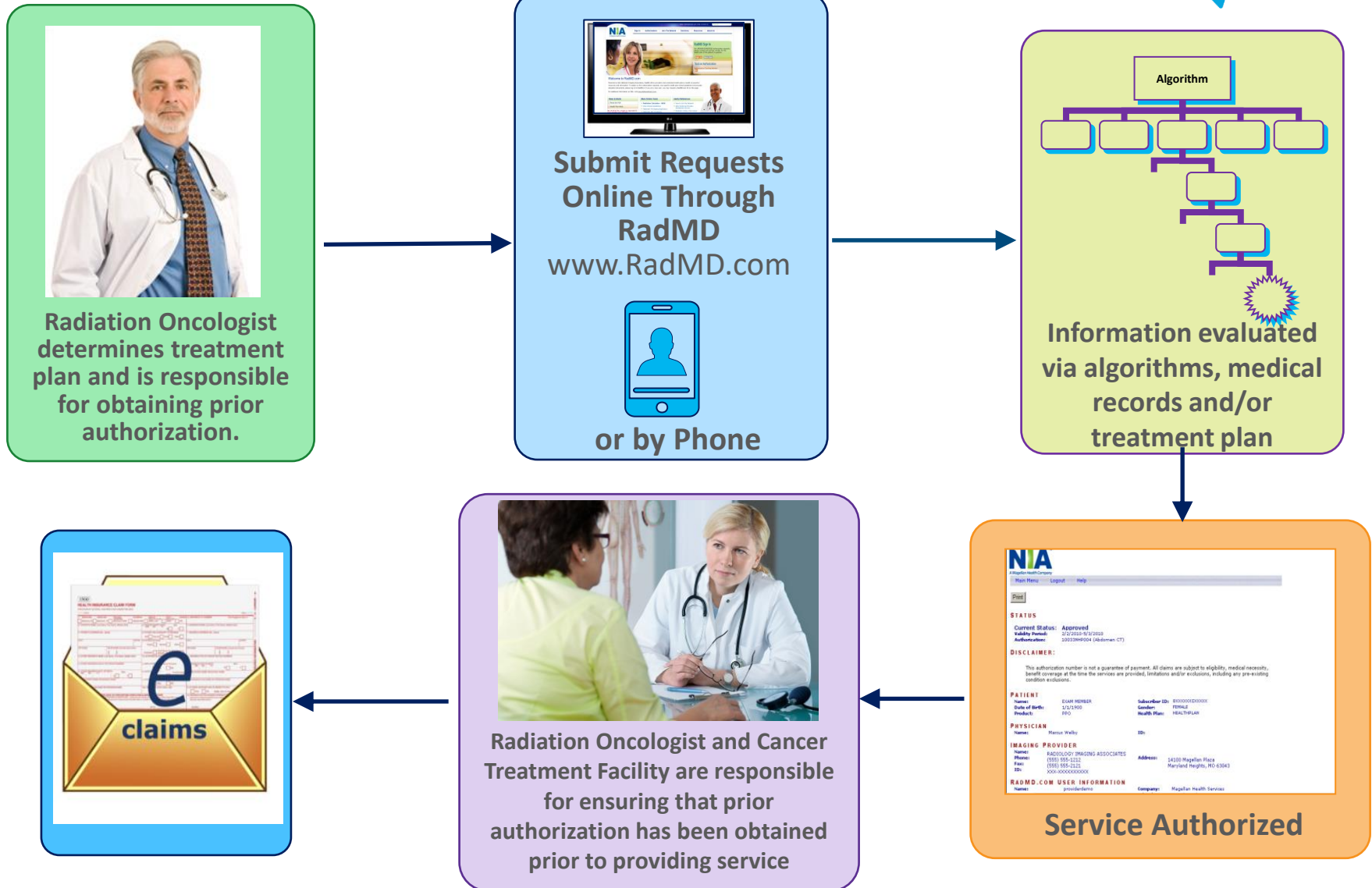
If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

Medicare created temporary HCPCS G codes which will not be authorized but are payable as part of the allowed billable group if the corresponding CPT code is authorized.

****Please note: Radiation Therapy services that are initiated while the patient is in a hospital inpatient setting are not managed by NIA. Services initiated before the patient's coverage by this plan or before the start date of this program are also not managed by NIA. Please complete the Radiation Therapy Treatment Notification/Transitional form on RadMD for these cases.**

CPT Codes Requiring Authorization	Description	Allowable Billed Groupings
77014	CT Guidance - Planning & IGRT	77387, G6001, G6002, 77014, G6017
77371	Treatment Deliveries - Gamma Knife	77371
77372	Treatment Deliveries - Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77373	Treatment Deliveries - Stereotactic Radiation Therapy	77372, 77373, G0339, G0340
77385	Treatment Deliveries - IMRT - Simple	77385, 77386, G6015, G6016
77386	Treatment Deliveries - IMRT - Complex	77385, 77386, G6015, G6016
77387	IGRT	77387, G6001, G6002, 77014, G6017
77401	Treatment Deliveries - EBRT	77401

Prior Authorization Process Overview



Recommendation to Cancer Treatment Facilities: Do not schedule until authorization is received



RADONC CLINICAL GUIDELINES

- Medical necessity review is based on nationally recognized, evidence-based clinical guidelines and standards of care.
- All NIA's clinical guidelines are reviewed and approved by Fidelis Care.
- NIA's Evidence-Based Clinical Guidelines are available on www.RadMD.com.

Submit Authorization Request

How to Submit Authorization Requests



- 1 Identify the Member, Member's Physician and Treatment Facility
- 2 Complete the ***Radiation Therapy Treatment Plan Checklist*** to ensure you have all information needed to complete request
- 3 Answer all clinical and modality technique questions
- 4 Confirm the Information Entered
- 5 Complete the Request

Gather Necessary Patient and Therapy Information

Information Required for Authorization

GENERAL

- Name and office phone number of Radiation Oncologist planning and delivering radiation therapy
- Member name and ID number
- Name of treatment facility where procedures will be performed
- *Treatment planning start date and anticipated treatment start date*

CLINICAL INFORMATION

- Disease site being treated
- Patient's clinical presentation including:
 - Stage
 - Treatment Intent
 - Disease – specific clinical information

TECHNIQUE

- Requested Radiation Therapy Modality (initial and/or boost stages)
 - Total dose
 - Fractions
 - Guidance (IGRT, Port Films)
- ***Additional information needed depends on the cancer site and treatment modality***

Intake Process Supported by Cancer Specific Checklists



Cancer-specific checklists provide an efficient “roadmap” for use by radiation oncologist office staff to collect patient’s treatment plan information required for the prior authorization request.



Checklists are available on RadMD.com

Sample Radiation Oncologist Checklist

NIA		Breast Cancer Radiation Therapy Treatment Plan Checklist	
<p>NIA Magellan has provided this checklist to assist you in gathering the clinical and treatment plan information needed to request a medical necessity review. The most efficient way to submit a review request is via www.RadMD.com or call the NIA Magellan Call Center</p>			
General Information			
Patient Name:		DOB:	Health Plan ID:
Radiation Oncologist:		Breast Surgeon:	
Radiation Therapy Facility:		Treatment Planning Start Date (i.e., Initial Simulation):	
Anticipated Treatment Start Date:			
Patient Clinical Information			
<input checked="" type="checkbox"/> Treatment Intent: <input type="checkbox"/> Curative <input type="checkbox"/> Palliative			
<input checked="" type="checkbox"/> Treatment Timing: <input type="checkbox"/> Post-Lumpectomy <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Other			
T Stage: <input type="checkbox"/> TX <input type="checkbox"/> Tis (DCIS) <input type="checkbox"/> Tis (LCIS) <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	N Stage: <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N2 <input type="checkbox"/> N1 <input type="checkbox"/> N3 Does patient have distant metastasis (M1)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Breast Being Treated: <input type="checkbox"/> Right Breast <input type="checkbox"/> Left Breast. <input checked="" type="checkbox"/> Area Being Treated: <input type="checkbox"/> Whole Breast <input type="checkbox"/> Partial Breast <input type="checkbox"/> Chest Wall. <input checked="" type="checkbox"/> Is this a recurrent tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lymph Node Involvement: <input type="checkbox"/> None <input type="checkbox"/> Regional <input type="checkbox"/> Sentinel <input type="checkbox"/> Both Regional/Sentinel <input checked="" type="checkbox"/> Margin Status: <input type="checkbox"/> Negative <input type="checkbox"/> Close <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Is nodal radiation planned? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Has patient received pre-operative chemotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No	For APBI Only <input checked="" type="checkbox"/> Tumor Size (cm): <input checked="" type="checkbox"/> Clinically Unifocal <input checked="" type="checkbox"/> BRCA 1 or 2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tumor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mutation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Treatment Planning Information			
<input checked="" type="checkbox"/> What is the prescription radiation dose for the ENTIRE course of external beam treatment?			Gy
Initial Treatment Phase – Select Therapy			
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT <input type="checkbox"/> SRS/SBRT <input type="checkbox"/> Proton <input type="checkbox"/> HDR Brachytherapy <input type="checkbox"/> LDR Brachytherapy <input type="checkbox"/> Other _____			
Fractions: _____			
IMRT ONLY:			
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> Other _____ Note: IMRT treatment requests may require review for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a 3D-CRT vs IMRT comparison plan, tissue constraints including all values/doses for all organs at risk and target goals of the plan.			
SRS/SBRT ONLY:			
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Tomotherapy <input type="checkbox"/> CyberKnife <input type="checkbox"/> Gamma Knife <input type="checkbox"/> Other _____			
IGRT: <input type="checkbox"/> None (Select for Port Films) <input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> At what frequency will IGRT be performed: <input type="checkbox"/> Daily <input type="checkbox"/> 1 time per week <input type="checkbox"/> other			

NIA to Radiation Oncologist: Request for Clinical Information



CC_TRACKING_NUMBER		FAXC	
 <p>DO NOT WRITE ABOVE THIS LINE THIS COVER SHEET MUST BE THE FIRST PAGE OF YOUR FAX SEND ONLY ONE PATIENT PER FAX PLEASE FAX THIS FORM TO: 1-800-784-6864</p>			
Date: TODAY			
ORDERING PHYSICIAN:	REQ_PROVIDER		
FAX NUMBER:	FAX_RECIP_PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CLIENT_BRAND_NAME		
We have received your request for RADONC_PROC_DESC (LAYMAN_DESCRIPTION). We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.			
<input type="checkbox"/> <u>Latest this fax contains all relevant clinical documentation which exists for this authorization request. No additional information will be submitted for National Imaging Associates, Inc. (NIA) review.</u>			
URGENT: REPLY REQUIRED FOR CASE REVIEW Request for Additional Clinical Information			
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION) along with some clinical information. However, additional information is needed in the form of clinical records which support the medical necessity of these services to make a determination on this case.			
REQ_CLINICAL_DOCS Request for Additional Clinical Information. We have received your request for RADONC_PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax # 1-888-656-1321 or phone all relevant information requested below. For information regarding NIA clinical guidelines used for determinations, please see www.radimg.com CLINICAL GUIDELINES. To speak with a Clinician please call: 1-877-642-0522			
THE FOLLOWING ADDITIONAL CLINICAL INFORMATION MAY BE NEEDED: <ol style="list-style-type: none"> 1. Clinical Rationale for Requested Therapy 2. TNM Staging 3. Margin status 4. Pathology Report 5. Radiation Therapy Dose/ Fractions 6. Number of Ports/ Angles 7. IGRT Type 8. Clinical Rationale for Special Procedure Codes 			
REQ_CLINICAL_DOCSREQUESTED_CLINICAL_DOCS <i>Additional information is still needed</i>			
We have received your request for PROC_DESC (LAYMAN_DESCRIPTION) along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.			
FAXC	CC_TRACKING_NUMBER		
<small>CONFIDENTIAL NOTICE</small>			
<small>If you received this facsimile in error, please reply immediately to the sender that you have received this message in error and destroy the original. This fax and any files transmitted with it contain information that may be legally confidential and/or privileged. The information is intended solely for the individual or entity named and access by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited and may be unlawful.</small>			



A fax is sent to the Radiation Oncologist detailing what clinical information is needed such as the treatment plan, prescription, etc., along with a Fax Coversheet.



We stress the need to provide the clinical information as quickly as possible so we can make a determination.



Failure to receive requested clinical information may result in non certification.

Submitting Additional Clinical Information



- Records may be submitted:
 - Upload to www.RadMD.com
 - Fax using the NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from www.RadMD.com
 - Call
 - Medicaid, Essential, CHP, and Qualified Health:
1-800-424-4952
 - Medicare and Dual Advantage:
1-800-424-5390
- Use the case specific fax coversheets when faxing clinical information to NIA

Request Verification Details

Exam Request Verification: Detail

Print Fax Coversheet Upload Clinical Document

Member	Provider
Name:	Name:
Gender:	Address:
Date of Birth:	Phone:
Member ID:	Tax ID:
Health Plan:	UPIN:
	Specialty:

Case

Case Description:	Request ID:
Request Date:	Status:
Entry Method:	Validity Dates:
ICD10:	Contact Name:
Final Determination Date:	

Radiation Oncology Prior Authorization Process



Initial Clinical Review – Radiation Oncology Pod



Physician's office contacts NIA via RadMD.com or phone to request approval of the entire treatment plan



All requests pend for clinical review



NIA Radiation Oncology Nurses and Radiation Therapists review all requests for medical necessity using *Clinical Guidelines and Coding Standards* if applicable

Requests that cannot be approved, pend for review by board certified NIA Radiation Oncologist

Physician Clinical Review



NIA board-certified Radiation Oncologist reviews the treatment plan and consults (Peer to Peer) with the provider, if needed



NIA Radiation Oncologist approves the treatment plan

OR

NIA Radiation Oncologist partially approves the treatment plan

OR

NIA Radiation Oncologist denies treatment plan and discusses treatment alternatives with provider

*Peer-to-peers are always available.
Response from NIA within 2 to 3 business days of receipt of all needed clinical information.
Clinically urgent requests will be handled in 72 hours*

Prior Authorization Requests - Summary



The radiation oncologist determining the treatment plan and providing the radiation therapy is responsible for obtaining the prior authorization. Prior authorization requests can be made telephonically or through RadMD.

Note: *The radiation oncologist is the ordering provider but also the rendering provider for the professional services and is responsible for the oversight of the radiation therapy*



The prior authorization request should be submitted after the clinical treatment planning and before the beginning of the treatment phase

- Date Treatment Planning Began
 - Anticipated Treatment Start Date
-



An authorization for a radiation treatment plan will cover the course of treatment.

Note: *In order to provide the required prior authorization review information, it will be necessary for the provider to complete the clinical treatment plan prior to the prior authorization call.*



For physicians and cancer treatment facilities, only one authorization is needed for both the technical and professional components of each procedure.



Changing or Adding Services for an Approved Treatment Plan

Authorizations

- All modifications of approved treatment plan requests must be called into NIA's call center.
- Modifications will be reviewed for medical necessity.
- Be prepared to supply additional clinical information if necessary.
- Determination will be made after all requested information is received.
- Authorization number will NOT change.

Radiation Therapy Treatment Notification for Transition Cases



Transition cases also include:

- Radiation therapy performed prior to the effective date of the program
- Radiation therapy began prior to member's coverage start date
- Radiation therapy began as inpatient and treatment will continue as outpatient




Form available on www.RadMD.com.



Fax the completed form to NIA at 1-888-656-1321.



No Medical Necessity Review is required for these members. However, notification is required to avoid claim denials



Radiation Therapy Treatment Notification Form for Transition Cases

Complete this Radiation Therapy Treatment Notification Form to notify NIA about radiation treatment impacted by one of the following scenarios (select one):

- patient began radiation therapy prior to the program start of October 1, 2021
- patient began radiation therapy prior to coverage by Fidelis Care
- patient began radiation therapy while in an inpatient setting and treatment is expected to continue on an outpatient basis

Providers can send completed forms for each patient to NIA by fax at 1-888-656-1321.

Submitted By	Name (Last, First)		Date
	Phone #	Fax #	<i>*Required</i>
Member Information	Name (Last, First)		
	Address		
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Member ID
Radiation Oncologist	Name		
	Address		
	Phone #	Fax #	
Radiation Therapy Facility	Facility Name		
	Address		
	Phone #	Fax #	
Radiation Therapy Treatment Plan Information	Diagnosis – ICD		
	Site Being Treated <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> Colon <input type="checkbox"/> Other		
	<input type="checkbox"/> Prostate <input type="checkbox"/> Rectal		
	Treatment Start Date	Treatment End Date	
	Radiation Therapy Type	CPT code	# of Treatments
	<input type="checkbox"/> Low-dose-rate (LDR) Brachytherapy		
	<input type="checkbox"/> High-dose-rate (HDR) Brachytherapy		
	<input type="checkbox"/> 2D Conventional Radiation Therapy (2D)		
	<input type="checkbox"/> 3D Conformal Radiation Therapy (3D-CRT)		
	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)		
<input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT)			
<input type="checkbox"/> Proton Beam Therapy			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Imaged Guidance Radiation Therapy (IGRT)			
<input type="checkbox"/> Port Films			
Treatment Plan Update	<p>A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date.</p> <p><input type="checkbox"/> Check here if this form is to report changes to a previously submitted form.</p> <p><small>Complete all fields above. For Treatment End Date, enter NEW end date, if applicable. For CPT code, enter all CPT codes (including codes previously reported). For # of treatments, indicate total # of treatments needed (including # previously reported).</small></p>		

B-FM1010-FC (7/21)



Approval Notification

- Validity Period - Authorizations are valid for:
 - 180 days from date of request for Radiation Oncology allows for all circumstances.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review is available with new or additional information.
- Timeframe for re-review is 60 calendar days for Medicaid members, 1 year for Medicare and Dual Advantage members, and 180 calendar days for Essential, Qualified Health, and CHP members from the denial notification.
- In the event of a denial, providers may appeal the decision by contacting Fidelis Care or following the appeal instructions provided in their determination letter or Remittance Advice (RA) notification.



How Claims Should be Submitted

- Radiation Oncologists and Cancer Treatment Centers should continue to submit their claims to Fidelis Care.
- Providers are strongly encouraged to use electronic claims submission.
- Check on claims status by logging on to Fidelis Care website at <https://providers.fideliscare.org/Login?returnurl=%2f>

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Fidelis Care.
- Providers should contact Fidelis Care or follow the instructions on their non-authorization letter or Remittance Advice (RA) notification.



RadMD Website
www.RadMD.com



Available

24/7 (except during
maintenance)



Toll Free Number

Medicaid, Essential, CHP,
and Qualified Health:

1-800-424-4952

Medicare and Dual Advantage:

1-800-424-5390



Available

Monday - Friday

8:00 AM – 8:00 PM EST

- Request Authorization
 - View Authorization Status
 - View and manage Authorization Requests with other users
 - Upload Additional Clinical Information
 - View Requests for additional Information and Determination Letters
 - View Evidence based Clinical Guidelines(by diagnosis)
 - View Frequently Asked Questions (FAQs)
 - Cancer site checklists
 - View Other Educational Documents
-
- Interactive Voice Response (IVR) System for authorization tracking

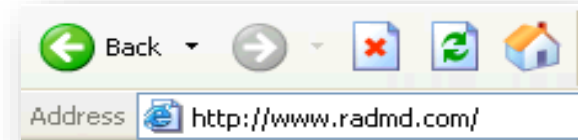


RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved authorizations for their facility.

Online Tools Accessed through www.RadMD.com:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklist
- RadMD Quick Start Guide
- Utilization Matrices



Radiation Oncologists Getting Started on RadMD.com

IMPORTANT


Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office” that prescribes radiation oncology procedures.
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

1



2

Which of the following best describes your company?

Physicians office that prescribes radiation oncology procedures

-- Please Select an Appropriate Description --

Imaging Facility or Hospital that performs radiology exams

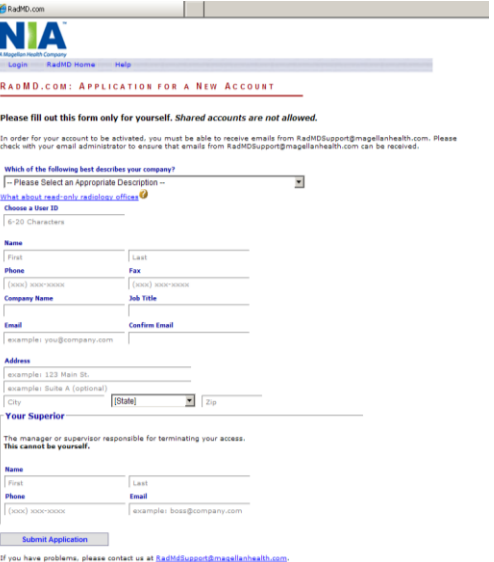
Health Insurance company

Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

3



Submit Application

Cancer Treatment Facilities Getting Started on RadMD.com

IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Cancer Treatment Facility or Hospital that performs radiation oncology procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

1

2

Which of the following best describes your company?

Cancer Treatment Facility or Hospital that performs radiation oncology procedures ▼

– Please Select an Appropriate Description –

Imaging Facility or Hospital that performs radiology exams

Health Insurance company

Physician's office that orders radiology exams

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

3

RadMD Enhancements: Shared Access



NIA offers a **Shared Access** feature on our www.RadMD.com website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

Want to see requests from other users in your practice? Try the new Shared Access feature under "Admin".

[Dismiss](#)

Request Request an exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment) Request Physical Medicine Initiate a Subsequent Request Request a Radiation Treatment Plan Request Pain Management or Minimally Invasive Procedure Request Spine Surgery or Orthopedic Surgery	Search View Request Status Search by Tracking Number View All Online Requests View Customer Service Calls
Admin Shared Access 1 share offer requires your attention Clinical Guidelines Edit your Personal Information Change your Password <i>150 days until your password expires.</i> View the Online User Agreement Health Plan Specific Educational Docs	Account Information Tip Of The Day: RadMD is a lot of things to a lot of people. We have hundreds of thousands of active users all across America and must comply with all laws in all states simultaneously. Quick Links: Hours of Operation Authorization Call Center Phone Numbers Please take the 2020 Ordering Provider Satisfaction Survey here: Ordering Provider Satisfaction Survey

If practice staff is unavailable for a period of time, access can be shared with other users in the practice. They will be able to view and manage the authorization requests initiated on www.RadMD.com, allowing them to communicate with patients and facilitate treatment.

When to Contact NIA

Providers:



Initiating or checking the status of an authorization

- Website, www.RadMD.com
- Toll-free number
 - Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
 - Medicare and Dual Advantage: 1-800-424-5390

Initiating a Peer to Peer

- Toll-free number
 - Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
 - Medicare and Dual Advantage: 1-800-424-5390

Technical Issues/ Provider Service Line

- RadMDSupport@evolent.com
- Call 1-800-327-0641

Provider Education requests or questions specific to NIA

- Seth Cohen PT, DPT
Provider Relations Manager
1-410-953-2418
seth.cohen@evolent.com

RadMD Demonstration



Confidentiality Statement



The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Fidelis Care members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Fidelis Care and Evolent Health, LLC.



Thanks