







Healthy Blue Radiation Oncology Solutions Training

Provider Training Presented by:
Priscilla Singleton, Sr. Manager Provider Relations



National Imaging Associates, Inc. (NIA)* Program Agenda

Our Radiation Oncology Solutions Training

-  Authorization Process
 - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

**Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

Healthy Blue is offered by BlueChoice HealthPlan, an independent licensee of the Blue Cross Blue Shield Association.

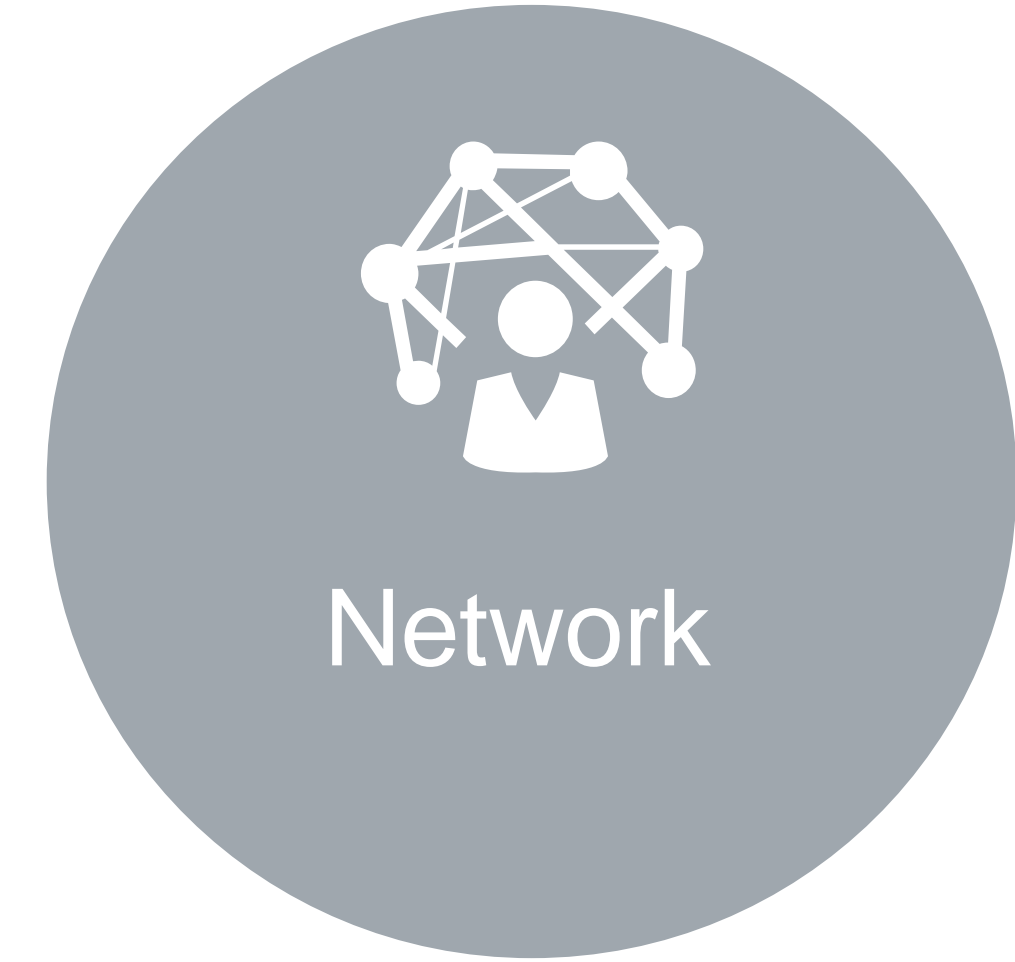
NIA's Prior Authorization Program



- Program start date: January 1, 2024
- Begin obtaining authorizations from NIA on January 1, 2024, via RadMD or Call Center for services rendered on or after January 1, 2024.



- Medicaid



- NIA will use the Healthy Blue network of Radiation Oncologists and Cancer Treatment Facilities as its preferred providers for delivering Radiation Oncology Solutions to Healthy Blue members throughout South Carolina.

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

Billing/Coding

Ensure appropriate billing and coding activities throughout the patient's course of radiation therapy

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
- Brain/Spine
- Head/Neck
- Lung
- Bone
- Other Cancers

3

Radiation Therapy Modalities including:

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

4

Treatment Plans for all Radiation Therapies Delivered including:

- Planning
- Devices
- Guidance
- Physics
- Delivery
- Isodose
- Simulation
- Dosimetry
- Port
- Management

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 [RadMD.com](https://www.radmd.com).



Defer to Healthy Blue's Policies for Procedures not on Claims/Utilization Review Matrix.

**Healthy Blue
Utilization Review Matrix 2024**

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 Healthy Blue. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any one of the listed procedure 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.

****Please note:** Radiation 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
19296	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298
19297	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298
19298	Brachytherapy Applicator Insertion (Breast Surgeon)	19296, 19297, 19298
77014	CT Guidance - Planning & IGRT	77387, G6001, G6002, 77014, G6017
77280	Simulation - Set Up Simple or Verification	77280
77285	Simulation - Set Up Complex/ Interm.	77285, 77290
77290	Simulation - Set Up Complex/ Interm.	77285, 77290
77295	3D Simulation Plan	77295
77300	Dosimetry - Calculation	77300
77301	IMRT Isodose Plan	77301

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1— Healthy Blue Utilization Review Matrix 2024 — Eff 1.1.2024

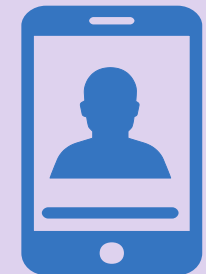
Prior Authorization Process Overview



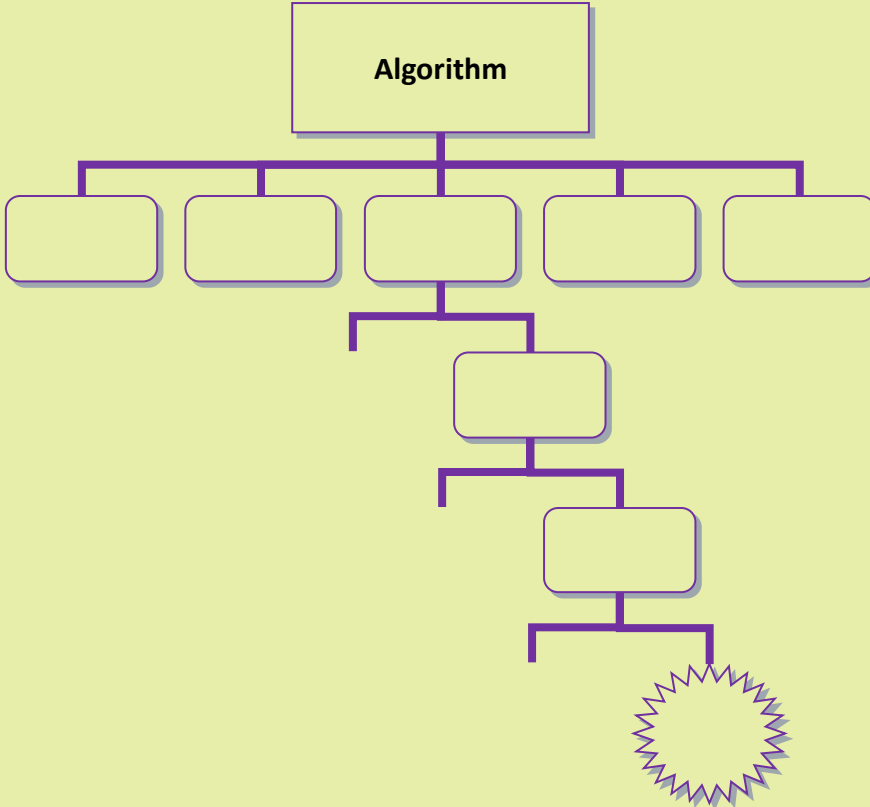
Radiation Oncologist determines treatment plan and is responsible for obtaining prior authorization.




Submit Requests Online Through RadMD.com



or by Phone



Information evaluated via algorithms, medical records and/or treatment plan

Radiation Oncologist and Cancer Treatment Facility is responsible for ensuring that prior authorization has been obtained prior to providing service

Status	Patient	Physician
Current Status: Approved	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147
Auth Number: 12345XYZ1234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

Service Authorized

RadOnc Clinical Guidelines Cover Cancers and Conditions

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 Healthy Blue.
- NIA's Evidence-Based Clinical Guidelines are available on <https://www.RadMD.com>.

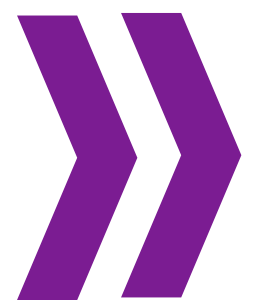
When to Submit Prior Authorization Requests



Perform treatment planning
(Treatment plan and initial set up simulation and guidance)



Prior authorization requests should be submitted to NIA after the treatment plan is completed



Treatment devices and dosimetry calculations



Treatment delivery and management for all radiation therapies delivered or treatment modality and number of treatments/fractions



Submit authorization request ASAP following the simulation to avoid delays in claims processing

Submit Authorization Request

How to Submit Authorization Requests

There are two ways to obtain authorizations -- either through NIA's Website at <https://www.RadMD.com> (preferred method) or by calling NIA at: 1-855-569-6749 using this process:

- 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)
 - Brachytherapy insertions and fractions
- ***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

Breast Cancer Radiation Therapy Treatment Plan Checklist		
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		
✓ Treatment Intent : <input type="checkbox"/> Curative <input type="checkbox"/> Palliative		
✓ 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	✓ Margin Status: <input type="checkbox"/> Negative <input type="checkbox"/> Close <input type="checkbox"/> Positive ✓ Lymph Node Involvement: <input type="checkbox"/> None <input type="checkbox"/> Regional <input type="checkbox"/> Sentinel <input type="checkbox"/> Both Regional/Sentinel ✓ Breast Being Treated: <input type="checkbox"/> Right Breast <input type="checkbox"/> Left Breast ✓ Area Being Treated: <input type="checkbox"/> Whole Breast <input type="checkbox"/> Partial Breast <input type="checkbox"/> Chest Wall ✓ Is this a recurrent tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No ✓ Has patient received pre-operative chemotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No For APBI Only ✓ Tumor Size (cm): _____ Clinically Unifocal Tumor: <input type="checkbox"/> Yes <input type="checkbox"/> No BRCA 1 or 2 Mutation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Treatment Planning Information		
✓ What is the prescription radiation dose for the ENTIRE course of external beam treatment? _____ Gy		
Select Therapy for Initial Treatment Phase Only		
<input type="checkbox"/> 2-Dimension	✓ Fractions: _____	
<input type="checkbox"/> 3D Conformal	✓ Number of ports/arcs/fields: _____	
<input type="checkbox"/> IMRT	✓ Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined? <input type="checkbox"/> Yes <input type="checkbox"/> No	
✓ Which technique will be used? <input type="checkbox"/> Unac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> Other		
✓ Will the IMRT course of therapy be inversely planned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IMRT Only ✓ Will techniques to account for respiratory motion be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NIA to Radiation Oncologist: Request for Clinical Information

[Tracking Number] FAXC

NIA
NIA, Inc.

DO NOT WRITE ABOVE THIS LINE

Date: [Date of Fax]

ORDERING PHYSICIAN: [Requesting Provider Name]	
FAX NUMBER: [Recipient Fax Number]	TRACKING NUMBER: [Tracking Number]
RE: Authorization Request	MEMBER ID: [Member ID]
PATIENT NAME: [Member Name]	
HEALTH PLAN: [Name of Health Plan]	

We have received your request for [service]. We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

URGENT: REPLY REQUIRED FOR CASE REVIEW
Request for Additional Clinical Information

We have received your request for [service] 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.

[Requested clinical information]

The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.

Receipt of written records is required in order to process your request. Once this information has been received, the case will be reviewed by a clinician, and you will be notified of the determination. The ordering provider may call to have a peer to peer discussion.

Submitting a prior authorization request on RadMD is fast and efficient!

Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit www.RadMD.com, select *New User* and submit an *Application for New Account*.

To initiate a peer-to-peer discussion, please sign in at www.RadMD.com, click "Provider Resources" and "Health Plan Call Center Authorization Phone Numbers" for the appropriate Health Plan-specific phone number.

All information supplied is considered part of the member's utilization review record with NIA and will be kept strictly confidential in accordance with HIPAA and/or applicable state law.

IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL NIA. |

[Tracking Number]

FAXC

CONFIDENTIAL NOTICE!
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.



A fax is sent to the Radiation Oncologist detailing what clinical information that is needed such as, 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 <https://www.RadMD.com>
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call 1-855-569-6749
- Use the case specific fax coversheets when faxing clinical information to NIA

Exam Request Verification: Detail

Upload Clinical Document Print Fax Cover Sheet Request Additional Visits

Cases in this Request

Member	Provider
Name: Evo Lent	Name: Memorial Hospital
Gender: Female	Address: 123 Main St, New City, ST 12345
Date of Birth: 5/24/1971	Phone: 123-456-7890
Member ID: AB123456	Tax ID: 987654321
Health Plan: ABC Health Plan HMO	UPIN:
Spoken Language: ENGLISH	Specialty:
Written Language: ENGLISH	

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-peer reviews are always available
Response from NIA within 2 business days of receipt of all needed clinical information.
Clinically urgent requests will be handled in 24 hours

NIA Urgent/Expedited Authorization Process

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <https://www.RadMD.com> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at 1-855-569-6749.
- Turnaround time is within 1 Business day not to exceed 72 Business Calendar Hours.

Modifying Treatment Plans

Changing or Adding Services for an Approved Treatment Plan

Authorizations

- All modifications of approved treatment plan requests must be called into the 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 [RadMD.com](https://www.RadMD.com)



Fax the completed form to Healthy Blue at 1-888-656-1321



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



Healthy Blue will confirm receipt of form within 48 hours from receipt

HEALTH PLAN LOGO

Radiation Therapy Treatment Notification Form for Transition Cases

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

- patient began radiation therapy prior to the program start of [start date]
- patient began radiation therapy prior to coverage by [Health Plan]
- patient began radiation therapy while in an inpatient setting and treatment is expected to continue on an outpatient basis

Important Notes

- Providers can send completed forms for each patient to [HEALTH PLAN] by fax at: [FAX NUMBER].
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

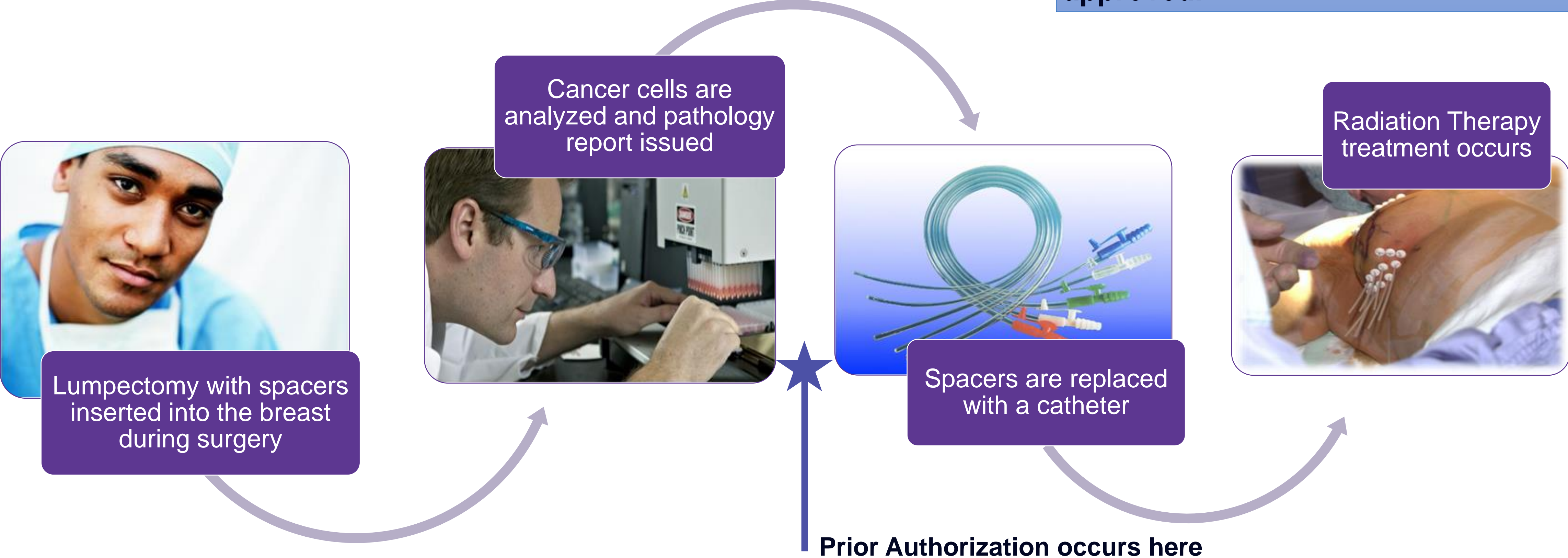
Submitted By	Name (Last, First)	
	Phone #	Fax # *Required
Member Information	Name (Last, First)	
	Address	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB
Provider Information	Radiation Oncologist Name	
	Address	
	Phone #	Fax #
	Physician Tax ID	
	Radiation Therapy Facility	
	Address	
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"/> Prostate <input type="checkbox"/> Rectal <input type="checkbox"/> Other:
	Treatment Start Date	Treatment End Date
	Radiation Therapy Type	CPT code
	<input type="checkbox"/> Low-dose-rate (LDR) Brachytherapy	# of Treatments
	<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:		
Treatment Plan Update	A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date. <input type="checkbox"/> Check here if this form is to report changes to a previously submitted form. 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).	

C-17-GEN/9/13

Treatment Authorization Nuances: Partial Breast Irradiation using High Dose Brachytherapy (HDR)

- Involves a Radiation Oncologist and a Breast Surgeon
- Two authorizations required:
 1. Treatment Plan Authorization
 2. Authorization for Insertion of Catheters

NOTE: Once the radiation therapy treatment plan has been approved, the catheter insertion can be approved.



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.

Treatment Plan Authorization - Sample Authorization



Management of Entire Treatment Plan

Coding guidelines are available on RadMD and based on NIA Radiation Oncology Coding Standards (based on Revenue Cycle Guidelines)

Main Menu Logout Help

EXAM REQUEST VERIFICATION: DETAIL

[Print Fax Cover sheet](#)

[Upload Clinical Document](#)

Patient Information

Name: JOHN E DOE Gender: M
 Date of Birth: 2/15/1949 Member ID: 123456000000
 Health Plan: 123456 Employee Health Plan

Rendering Physician

Name: TOM THOMAS, MD Phone: (999) 123-4567
 Tax ID: 123400000000 UPIN: MD12345
 Specialty: Radiation Oncology

Treatment Facility

Name: CANCER TREATMENT CENTER Address: 100 S. MAIN STREET
 Tax ID: 12345000000 ANYTOWN, USA 12345

Case Information

Case Description: Prostate Cancer - Intensity Modulated Radiation Therapy (IMRT)
 Request ID: 121368051 Request Date: 5/15/2012
 Status: Partial Approval Entry Method: RadMD
 Validity Dates: 5/15/2012-11/11/2012 ICD9: 185
 Planning Began: (not available) Treatment Start: 5/21/2012

CPT4	Date	Phase	Procedure Category	Approved Units	Denied Units	
77290	5/17/12 6:26AM	Initial Treatment	Simulation - Setup - Interm/Complex	1	0	Billable Codes
77334	5/17/12 6:26AM	Initial Treatment	Treatment Devices	2	0	Billable Codes
77014	5/17/12 6:26AM	Initial Treatment	CT Guidance - Planning	1	0	
77338	5/17/12 6:26AM	Initial Treatment	Treatment Devices - IMRT (MLC)	1	0	
77301	5/17/12 6:26AM	Initial Treatment	IMRT Isodose Plan	1	0	
77300	5/17/12 6:26AM	Initial Treatment	Dosimetry - Calculation	1	0	
77418	5/17/12 6:26AM	Initial Treatment	Treatment Deliveries - IMRT (MLC)	44	1	
77427	5/17/12 6:26AM	Initial Treatment	Treatment Management - 5 Treatments	9	0	
77336	5/17/12 6:26AM	Initial Treatment	Weekly Physics Consultation	9	0	
77014	5/17/12 6:26AM	Initial Treatment	CT Guidance - IGRT	44	1	
77470	5/17/12 6:26AM	Initial Treatment	Special Treatment Management	1	0	
77280	5/17/12 6:26AM	Initial Treatment	Simulation - Verification	0	1	

Notification of Determination

Authorization 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 will be offered prior to an adverse determination. It can also be initiated after the adverse determination has been made
- A re-review is available with new or additional information
- Timeframe for re-review is 30 calendar days from the date of request
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter

Claims and Appeals

How Claims Should be Submitted

- Radiation Oncologists and Cancer Treatment Centers should continue to submit their claims to Healthy Blue
- Providers are strongly encouraged to use EDI claims submission
- Check on claims status by logging on to Healthy Blue website at <http://www.HealthyBlueSC.com>

Claims Appeals Process

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Healthy Blue
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification

NIA Website

<https://www.RadMD.com>

RadMD Functionality varies by user:

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

Online Tools Available on RadMD

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

The screenshot displays two main sections of the RadMD website. The top section, titled "RadMD Sign In", features a green header and provides "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." Below this text are two buttons: "Sign In" in an orange box and "New User" in a grey box. The second section, titled "Track an Authorization", has a light beige background and includes a form with the label "Authorization Tracking Number" above a white input field, followed by an orange "Go" button. A faint, semi-transparent version of this section is visible below the main one.

Provider Tools



RadMD Website [RadMD.com](https://www.radmd.com)

Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



Toll-Free Number 1-855-569-6749

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 Clinical Guidelines
 - View Frequently Asked Questions (FAQs)
 - View Other Educational Documents
-
- Interactive Voice Response (IVR) System for authorization tracking

Radiation Oncologists Getting Started on RadMD.com

Allows Users the ability to view all approved, pended and in review authorizations for facility

IMPORTANT

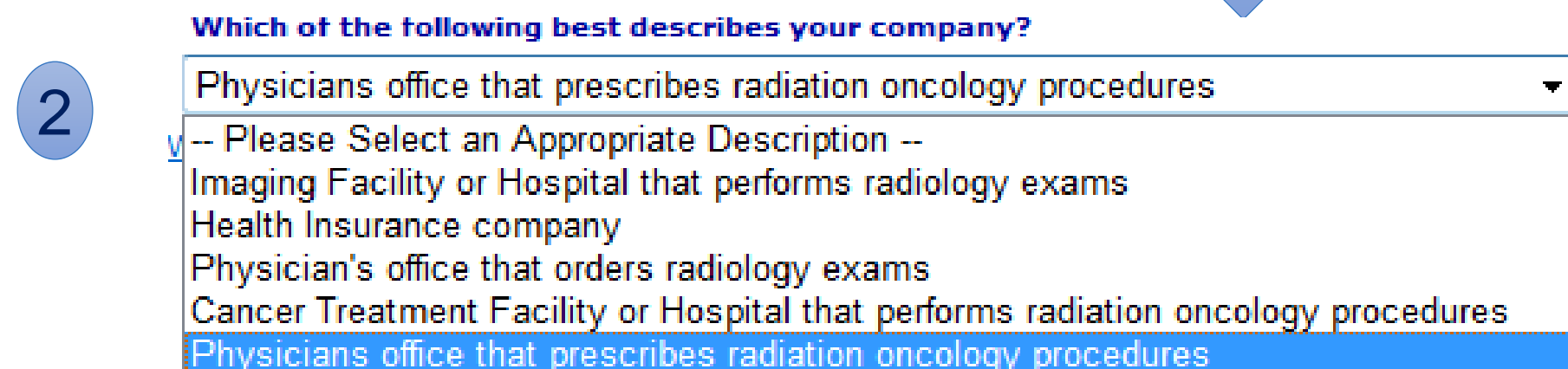
Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

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 “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.
4. New users will be granted immediate access

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



Cancer Treatment Facilities Getting Started on RadMD.com

Allows Users the ability to view all approved, pended and in review authorizations for facility

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.
4. New users will be granted immediate access

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

Application for a New Account
Please fill out this form only for yourself. Shared accounts are not allowed.
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
Facility/office/lab where procedures are performed ▾ What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>		Affiliated Facilities	
Job Title: <input type="text"/>		Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 1: <input type="text"/>		Your Tax IDs: [none]	
Address Line 2: <input type="text"/>			
City: <input type="text"/>	State: [State] ▾		
Zip: <input type="text"/>			



Shared Access

NIA offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering providers to view authorization requests initiated by other RadMD users within their practice.

The screenshot shows the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. The main content area is divided into two columns. The left column has a "Request" section with links for "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine", "Initiate a Subsequent Request", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column has a "Resources and Tools" section with links for "Shared Access", "Clinical Guidelines", and "Request access to Tax ID", and a "News and Updates" section. Below these sections are two search fields: "Login As Username:" with a text input and a "Login" button, and "Tracking Number:" with a text input, a "Search" button, and a link for "Forgot Tracking Number?".

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 [RadMD.com](https://www.radmd.com), allowing them to communicate with members and facilitate treatment.

When to Contact NIA

<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">■ Website, https://www.RadMD.com■ Toll-free numbers:<ul style="list-style-type: none">■ 1-855-569-6749■ Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">■ Call: 1-855-569-6749
<p>Provider Service Line</p>	<ul style="list-style-type: none">■ RadMDSupport@evolent.com■ Call 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">■ Priscilla Singleton Sr. Manager Provider Relations 314-387-5023 psingleton@evolent.com

RadMD Demonstration

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Thank You!

