

**HAP CareSource™
Medical Specialty Solutions Program
Quick Reference Guide (QRG) for Ordering and Rendering Providers**

Effective November 1, 2024

HAP CareSource has entered into an agreement with Evolent (formerly National Imaging Associates, Inc.) to manage a suite of Medical Specialty Solutions services. The program is consistent with industry-wide efforts to both ensure clinically appropriate care and manage the increasing utilization of these services.

Effective November 1, 2024, the program will require prior authorization from Evolent for non-emergent, advanced outpatient imaging and related services. Providers may begin contacting Evolent on November 1, 2024, to obtain prior authorization for the procedures below scheduled on or after November 1, 2024.

- CT/CTA, MRI/MRA, PET Scan

***Please see the specific QRG for each of the Evolent Medical Specialty Solutions Program services.**

Please refer to Evolent's website to obtain the HAP CareSource/Evolent Billable CPT® Codes Claim Resolution/Utilization Review Matrix for the CPT-4 codes that Evolent authorizes on behalf of HAP CareSource.

Evolent will manage Medical Specialty Solutions services through HAP CareSource contractual relationships with providers. Services performed in the following settings do not require authorization through Evolent:

- Inpatient
- Observation
- Emergency room
- Urgent care facility

Urgent/Emergent Care

If an urgent/emergent clinical situation exists outside of a hospital emergency room, please contact Evolent immediately with the appropriate clinical information for an expedited review. Evolent's website [RadMD.com](https://www.radmd.com) cannot be used for urgent/emergent clinical situations during normal business hours. For prior authorization of urgent/emergent care during normal business hours contact Evolent at 1-866-500-7660.

Obtaining Authorizations

The ordering provider is responsible for obtaining prior authorizations for the Medical Specialty Solutions services listed above.

It is the responsibility of the provider rendering this service to:

- Ensure that an authorization was obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for these procedures.
- Communicate to all personnel involved in outpatient scheduling that prior authorization is required for the above procedures under HAP CareSource.
- Request the authorization number if a provider office calls to schedule a member for a procedure requiring prior authorization.
- Advise the provider to obtain an authorization if the referring provider has not obtained prior authorization when required, inform the provider of this requirement.
- Direct the member back to the referring provider who ordered the procedure if a member calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number.

Prior Authorization Process

There are two ways to obtain authorizations -- either through [RadMD.com](https://www.radmd.com) or by calling Evolent at 1-866-500-7660. Call center hours of operation are Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time (ET). A separate prior authorization number is required for each procedure ordered.

Information Needed to Obtain Prior Authorization

To expedite the prior authorization process, please refer to the specific required documentation for each Medical Specialty Solutions service. Have the appropriate information ready before logging into [RadMD.com](https://www.radmd.com) or calling Evolent's call center. (*Information is required).

- Name and office phone number of ordering provider*
- Member name and ID number*
- Requested procedure*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service
- Details justifying procedure*
 - Symptoms and their duration
 - Physical exam findings
 - Conservative treatment member has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to provide the following information, if requested
 - Clinical notes
 - Specialist reports/evaluation
 - Previous related test results
 - X-ray reports
 - Ultrasound reports

***To assist in collecting information for the authorization process, you may access Medical Specialty Solutions Clinical Checklists and Tip Sheets on [RadMD.com](https://www.radmd.com).**

Website Access

- It is the responsibility of the **provider ordering the Medical Specialty Solutions Services** to access Evolent’s website or call for prior authorization.
- **To get started**, go to [RadMD.com](https://www.radmd.com), click the New User button and submit a RadMD Application for New Account by selecting “**Physician’s office that orders procedures.**” Your RadMD login information should not be shared.
- If a user already has access to RadMD to initiate authorizations, RadMD access will allow users to submit an authorization for any procedures/products managed by Evolent.
- You can request prior authorization at [RadMD.com](https://www.radmd.com) by clicking the “**Request an exam or specialty procedure including cardiac**” link which is a part of your main menu options. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. – 12 a.m. Pacific Time (PT).
- **Pended requests:** If you are requesting prior authorizations through the Evolent website and your request pends, you will receive a tracking number. You will then be required to submit additional clinical information to complete the process.
- **Authorization status:** You can check on the status of prior authorizations quickly and easily by using the “View Request Status” link on RadMD’s main menu. In addition to the ability to view clinical documentation received by Evolent, users can view links to case-specific communication to include requests for additional information and determination letters.
- The “Track an Authorization” feature allows users who did not submit the original request to view the status of an authorization, as well as upload clinical information. This option is also available as a part of your main menu options using the “Search by Tracking Number” feature. A tracking number is required with this feature.

Submitting Claims

Submit claims directly to HAP CareSource. Please send your claims for services to the following address:

HAP CareSource
P.O. Box 1186
Dayton, OH 45401-1186

For electronic submission, the HAP CareSource payor ID number is 38224.

Important Notes

- Authorizations are valid for 60 days from the date of request.
- The Evolent authorization number consists of alpha/numeric characters. In some cases, you may instead receive an Evolent tracking number (not the same as an authorization number) if your authorization request is not approved at the time of initial contact. You can use either number to track the status of the request on the RadMD website or via our Interactive Voice Response telephone system.
- Evolent’s Clinical Guidelines can be found on [RadMD.com](https://www.radmd.com) under Online Tools/Clinical Guidelines. Evolent’s guidelines for Medical Specialty Solutions services have been

developed from practice experience, literature reviews, specialty criteria sets and empirical data.

- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time of the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.
- To educate your staff on Evolent procedures and to assist you with any provider issues or concerns, contact your Evolent Area Provider Relations Manager.
- The HAP CareSource member ID card does not have Evolent identifying information on it. HAP CareSource redirects calls to Evolent for Medical Specialty Solutions Services.
- Prior authorization and claims payment complaints/appeals: Follow the instructions on your denial letter or Explanation of Payment (EOP).

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