



Wellcare Advanced Imaging and Cardiology Program

Provider Training



Evolut Program Agenda

Our Advanced Imaging and Cardiology Program

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

Evolut

Connecting Our Brands is About Connecting Care



Evolut Programs with Wellcare beginning January 1, 2025

RadMD.com

- **Physical Medicine**
- **Interventional Pain Management**
- **Musculoskeletal Surgery**
- **Radiology**
- **Diagnostic Cardiology**
 - CT/CTA
 - MRI/MRA
 - PET Scan
 - Nuclear Stress Test
 - Echocardiography

CarePro

my.newcenturyhealth.com

- **Oncology**
- **Radiation Oncology**
- **Surgical Oncology**
- **Interventional Cardiology**
 - Cardiac catheterization
 - Electrophysiology
 - Vascular radiology and intervention
 - Cardiac surgery
 - Vascular surgery

Interventional Cardiovascular Services Program

Prior Authorization Information

- Log on to the Evolent/NCH web portal at <https://my.newcenturyhealth.com>
- Telephonic intake: 1-888-999-7713
 - Cardiology – Option 1
- Physician discussion: 1-888-999-7713 – Option 1, followed by sub-prompt 9, sub-prompt 2
- Monday – Friday 7:00 AM – 7:00 PM CST (Fully Staffed)*
- Saturday, 7:00 AM – 8:00 PM CST (Limited Staff)
- Sunday, 8:00 AM – 5:00 PM CST (Limited Staff)
- *After hours call coverage available from Monday – Friday 7:00 PM – 7:00 AM CST
- For questions regarding the interventional cardiovascular services authorization process or to request an in-service, please contact Evolent Provider Solutions: 1-888-999-7713 – Option 6 or send an email to providertraining@evolent.com

Advanced Imaging and Cardiology Prior Authorization Program



- Wellcare will begin a prior authorization program through Evolent for the management of Advanced Imaging and Cardiology Services.



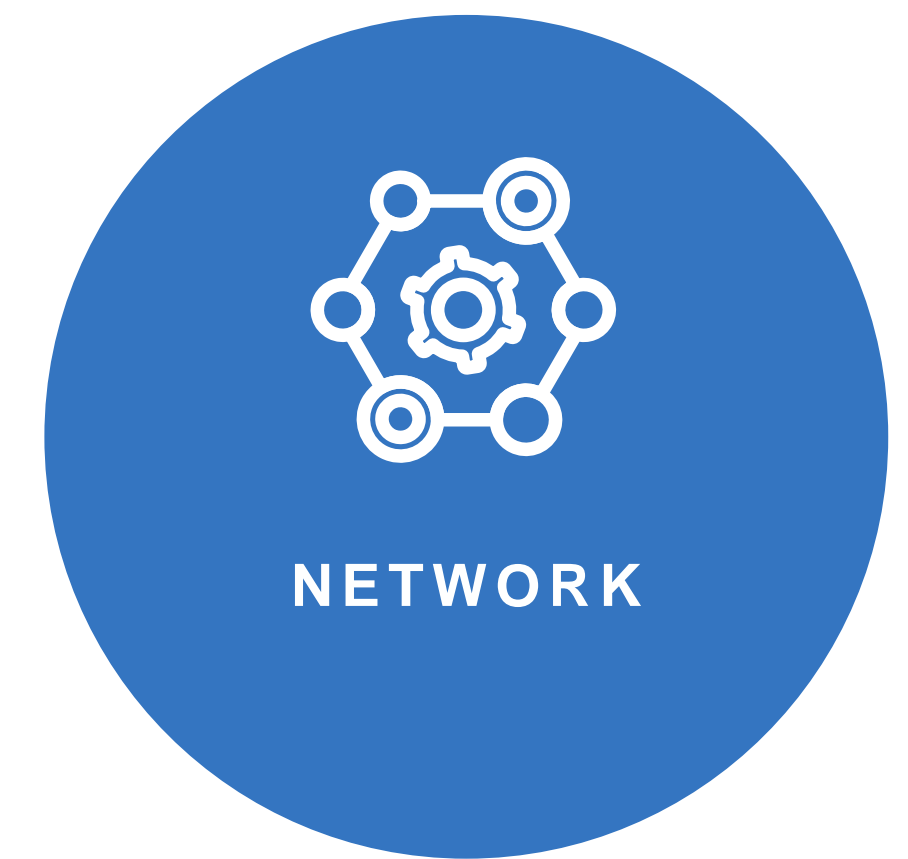
- Program start date: January 1, 2025



- Office
- Outpatient Hospital



- Medicare



- Evolent manages services through the health plan's contractual relationships.

Authorization is only required when Wellcare serve as the primary insurer.

Advanced Imaging and Cardiology Solutions

Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan
- Nuclear Stress Test
- Echocardiography

Exclusions

Exclusions

- Hospital Inpatient
- Observation
- Emergency Room

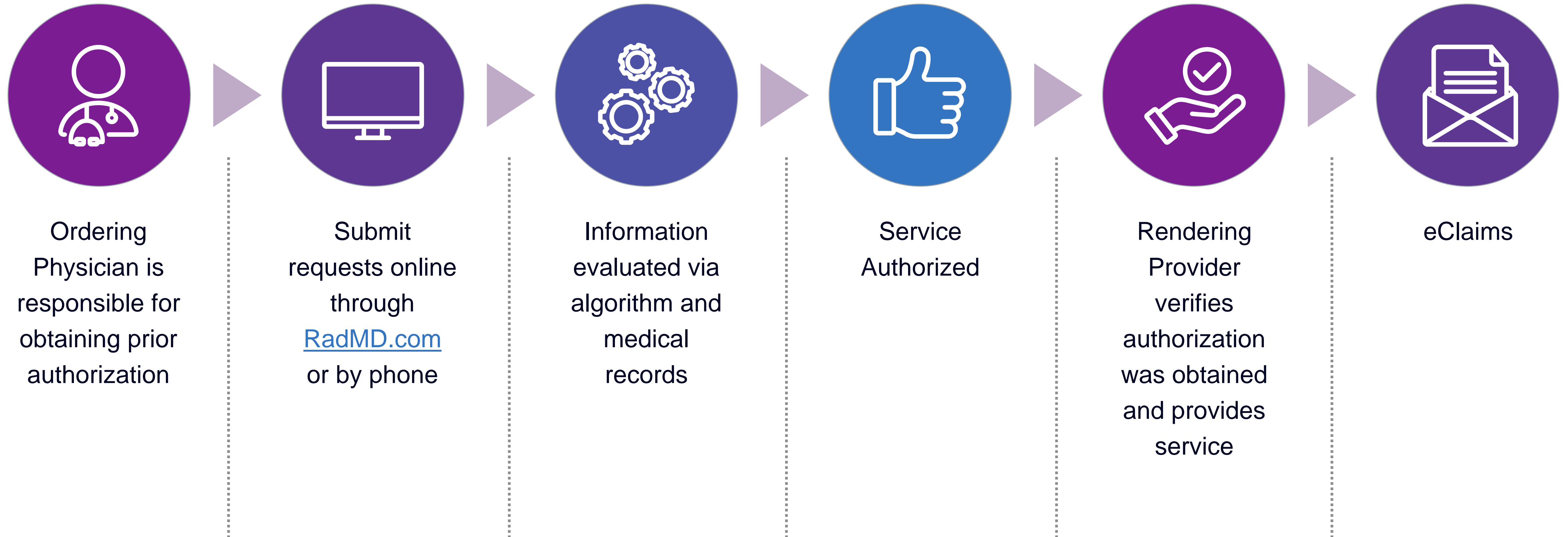


CPT Codes Requiring Prior Authorization

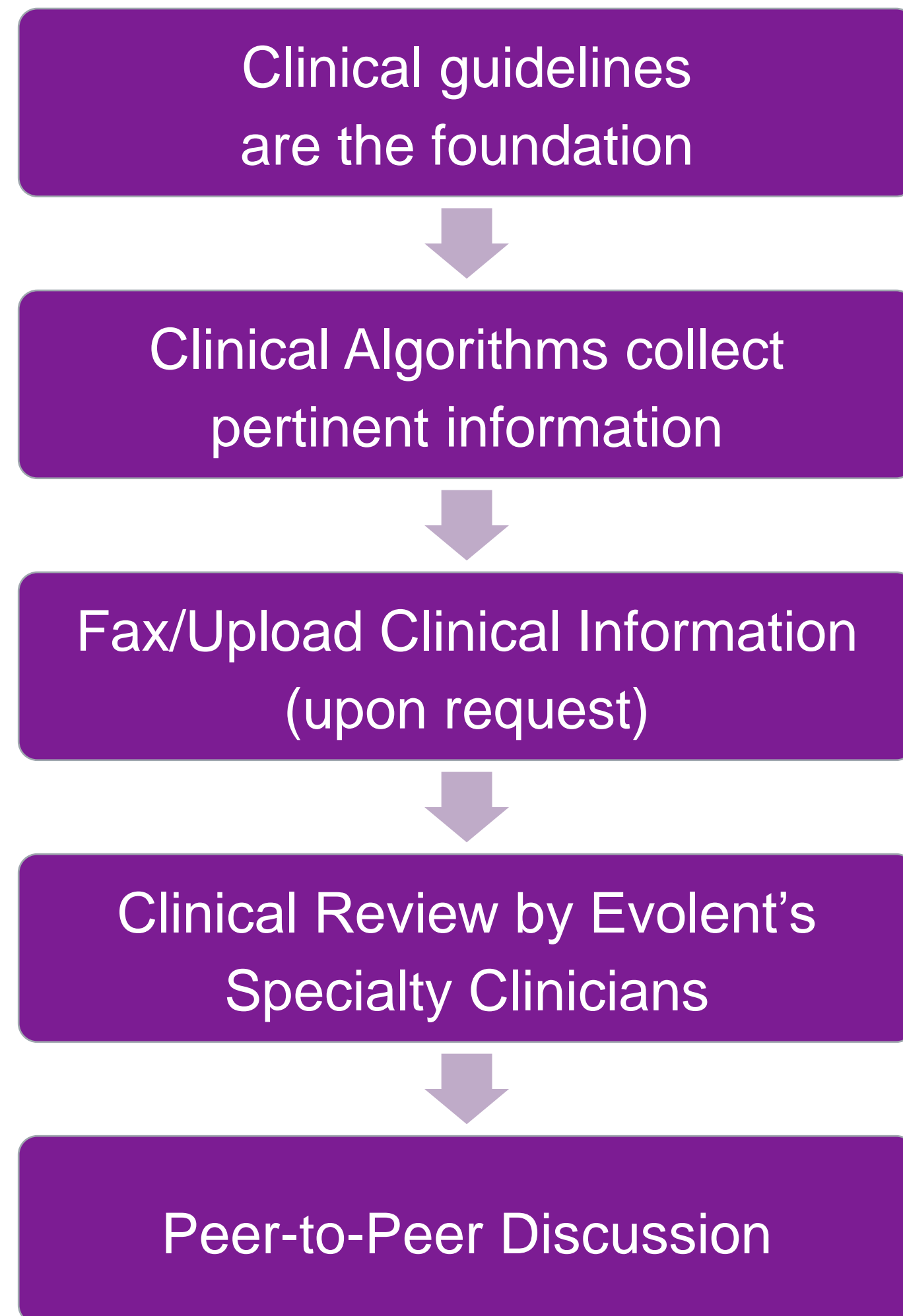
- ✓ Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- ✓ Only one authorization is required when add-on codes are used in conjunction with a primary code listed on the matrix.
- ✓ Located on [RadMD.com](https://www.radmd.com)
- ✓ Defer to the health plan's policies for procedures not on Claims/Utilization Review Matrix.

| ADVANCED IMAGING & CARDIOLOGY PROCEDURES | | |
|--|------------------|------------------------------------|
| Procedure Name | Primary CPT Code | Allowable Billed Groupings |
| MRI Temporomandibular Joint | 70336 | 70336 |
| CT Head/Brain | 70450 | 70450, 70460, 70470, +0722T |
| CT Orbit | 70480 | 70480, 70481, 70482, +0722T |
| CT Maxillofacial/Sinus | 70486 | 70486, 70487, 70488, 76380, +0722T |
| CT Soft Tissue Neck | 70490 | 70490, 70491, 70492, +0722T |

Prior Authorization Process Overview



Evolent's Clinical Foundation & Review




- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by Wellcare, Evolent's medical officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.radmd.com)**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolent has specialized clinical teams.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**


Authorization for Advanced Imaging and Cardiology


Special Information

- Ordering physician information, member information, rendering provider information, and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.
- Preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

Request for Clinical Information

- 

Correspondence sent detailing required clinical information along with a fax coversheet.
- 

Please provide the clinical information as quickly as possible so we can make a determination.
- 

Failure to receive requested clinical information may result in denial.

| | | | |
|---|-----------------------|--------------------|--------------------|
| CC_TRACKING_NUMBER | | FAXC | |
| <p>ABDOMEN - PELVIS CT 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: | HEALTH_PLAN_DESC | | |
| We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible. | | | |
| <p>Study Requested was: Abdomen - Pelvis CT For documentation <u>ALWAYS PROVIDE:</u></p> <ol style="list-style-type: none"> 1. The most recent office visit note 2. Any office visit note since initial presentation of the complaint/problem requiring imaging 3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging <p>Further specifics and examples are listed below: FAX QUESTIONS_ADDL aalfaddlfaqquestions</p> <ol style="list-style-type: none"> a) <u>Abdominal pain evaluation:</u> Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any). b) <u>Abnormal finding on examination, imaging or laboratory test:</u> Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging c) <u>Suspicion of cancer:</u> Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy d) <u>History of cancer:</u> Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date. e) <u>Pre-operative evaluation:</u> Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period. f) <u>Post-operative evaluation:</u> | | | |
| FAXC | | CC_TRACKING_NUMBER | |

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to [RadMD.com](https://www.radmd.com)
 - Fax using Evolent coversheet

- Location of Fax Coversheets:
 - Can be printed from [RadMD.com](https://www.radmd.com)
 - Or call Evolent at:
1-800-424-5388

- Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical Document

Print Fax Cover Sheet

Request Additional Visits

Cases in this Request

Member

Name: Evo Lent
Gender: Female
Date of Birth: 5/24/1971
Member ID: AB123456
Health Plan: ABC Health Plan
HMO
Spoken Language: ENGLISH
Written Language: ENGLISH

Provider

Name: Memorial Hospital
Address: 123 Main St, New City, ST
12345
Phone: 123-456-7890
Tax ID: 987654321
UPIN:
Specialty:

Clinical Specialty Team



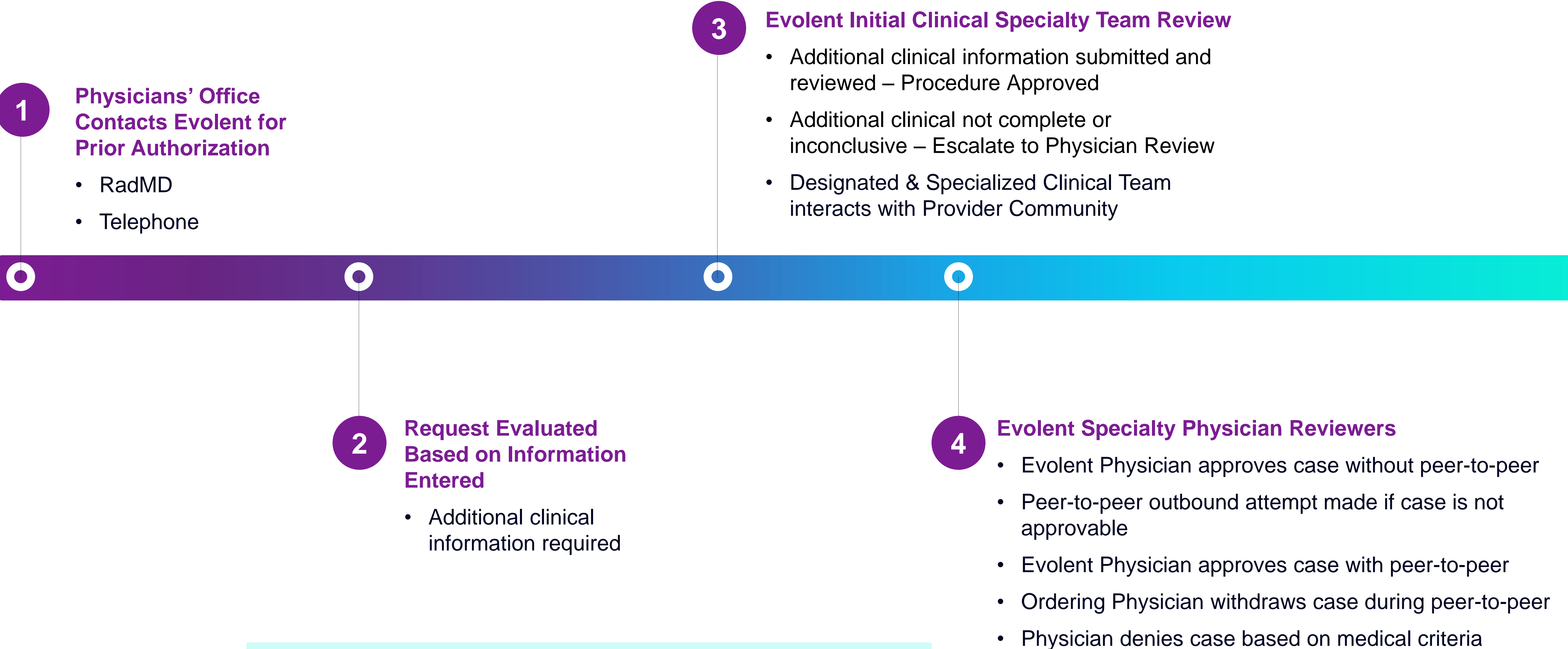
Advanced Imaging and Cardiology Solutions Review

Clinical Specialization Pods
Overseen by Medical
Director

Physician Review Team
consists of Physician Panel
of Board-Certified Physician
Specialists to meet State
licensure requirements

Physician clinical reviewers
conduct peer reviews on
specialty products

Clinical Review Process



Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.

Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website [RadMD.com](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 Evolent at:
 - 1-800-424-5388
- Turnaround time is within 1 business day not to exceed 72 business calendar hours.

Authorization Validity Period

- Wellcare: 90 days from date of request

If the date of service changes, please contact Evolent to update.

Adverse Determination Notification and Options: Wellcare

- **Notifications:**
 - Notifications include an explanation of services denied and the clinical rationale.
- **Options:**
 - Peer-to-peer discussions must be performed before a final determination has been made on the request but not required.
 - Re-opens are only allowed if the request complies with the CMS definition of a re-open.
 - Appeals: providers are asked to follow the instructions provided in their denial letter.

Claims and Appeals

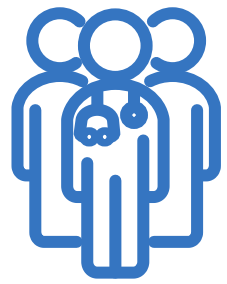
Claims Process:

- Providers should continue to submit their claims to Wellcare.
- Providers are strongly encouraged to use EDI claims submission.

Appeals Process:

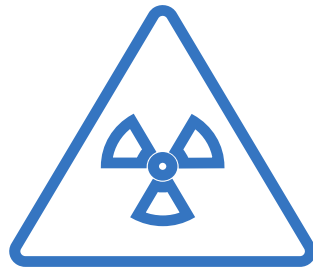
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Wellcare.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness



Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv.

- 1mSv = 4 months of natural exposure/50 chest x-rays



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.



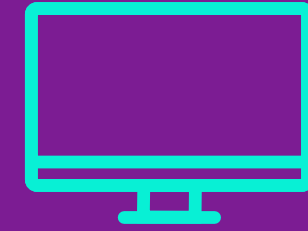
According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

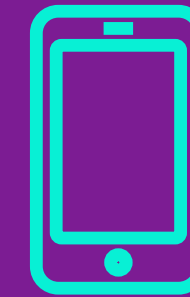
Provider Tools

- Request Authorizations
- View Authorization Status and Denial Rationales
- View and Manage Authorization Requests
- Upload Additional Clinical Information
- View Provider and Member Correspondence
- View Educational Resources
 - Clinical Guidelines
 - Frequently Asked Questions (FAQs)
 - Program Training Presentations
 - Utilization Review Matrices
 - RadMD Quick Start Guides



RadMD.com

Available 24/7



Wellcare: 1-800-424-5388

Available Monday - Friday

7:00 AM – 7:00 PM CST

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.

The screenshot shows two main sections of the RadMD interface. The top section, titled "RadMD Sign In", has a green background and contains the text: "For URGENT/EXPEDITED authorization requests, please contact the Evolent call center." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section, titled "Track an Authorization", has a light beige background and contains the text: "Authorization Tracking Number" above a white input field, followed by an orange "Go" button.

RadMD New User Application Process – Ordering Provider

STEPS

1. Click the **“New User”** button on the right side of the home page.
NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.
2. Under the Appropriate Description dropdown select **“Physician’s office that orders procedures”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Offices that are both ordering and rendering procedures should request ordering provider access. This will allow you to request authorization on RadMD and see the status of requests.

1



2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

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@evolent.com. Please check with your email administrator to ensure that emails from RadMDSupport@evolent.com can be received.

Which of the following best describes your company?
-- Please select an appropriate description -- [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"/> | Job Title: <input type="text"/> | | |
| Address Line 1: <input type="text"/> | Address Line 2: <input type="text"/> | | |
| City: <input type="text"/> | State: <input type="text"/> | | |
| Zip: <input type="text"/> | | | |

RadMD New User Application Process – Rendering Provider

STEPS

1. Click the **“New User”** button on the right side of the home page.
NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.
2. Under the Appropriate Description dropdown select **“Facility/office where procedures are performed”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

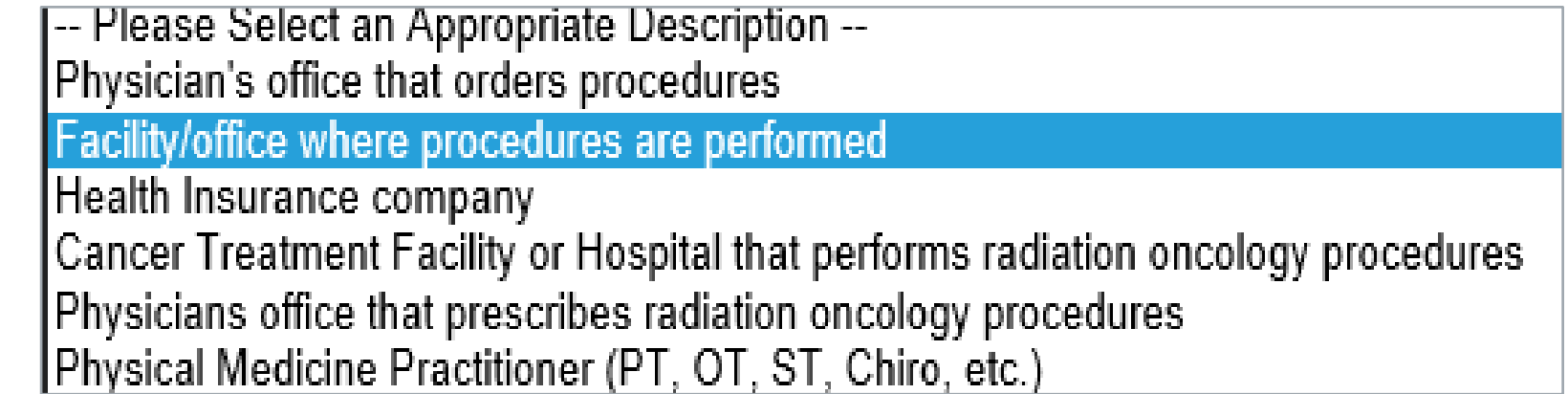
IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.
- If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1



2



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@evolent.com. Please check with your email administrator to ensure that emails from RadMDSupport@evolent.com can be received.

Which of the following best describes your company?
 -- Please select an appropriate description -- [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"/> | Job Title: <input type="text"/> | | |
| Address Line 1: <input type="text"/> | Address Line 2: <input type="text"/> | | |
| City: <input type="text"/> | State: [State] <input type="text"/> | | |
| Zip: <input type="text"/> | | | |
| <input type="button" value="Submit"/> | | | |

Shared Access

Evolent 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.

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.

Request

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

Genetic Testing

Resources and Tools

Shared Access

1 share offer requires your attention

Clinical Guidelines

Request access to Tax ID

News and Updates

Hot Topic:

Login As Username:

Request Status

[Search for Request](#)

[View All My Requests](#)

[View Customer Service Calls](#)

Tracking Number:

[Forgot Tracking Number?](#)

When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: [RadMD.com](https://www.radmd.com)
- 1-800-424-5388

Initiating a Peer-to-Peer Discussion

- 1-800-424-5388

Provider Service Line

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

Provider Education questions specific to PM, IPM, Radiology/Cardiology, Musculoskeletal Surgery

Seth Cohen
Director, Provider Solutions
410-953-2418 • seth.cohen@evolent.com

Provider Education requests or questions specific to Oncology and Interventional Cardiology

Betsy Roberts
Provider Network Manager
571.261.8621 • betsy.roberts@evolent.com

RadMD Demonstration



THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.