Evolent **Advanced Imaging and Cardiology Solutions Program** **Frequently Asked Questions (FAQ's)** **For Wellcare Providers**	
Question	**Answer**
GENERAL	
Why is Wellcare implementing Evolent's Advanced Imaging and Cardiology Solutions Program?	Evolent (formally National Imaging Associates, Inc.) was selected as a partner for Wellcare due to their clinically driven programs designed to ensure appropriate care and effectively manage the increasing utilization of non-emergent outpatient advanced imaging and cardiology services.
What Wellcare members will be covered?	Evolent's Advanced Imaging and Cardiology Solutions Programs apply to members requiring non-emergent outpatient advanced imaging and cardiology services.
What providers are required to participate?	Any provider who orders and delivers advanced imaging and cardiology services in an outpatient setting is required to request prior authorization and obtain an authorization number to bill for services.
PRIOR AUTHORIZATION	
What day will the program start?	The program will start on January 1, 2025.
What advanced imaging and cardiology services require prior authorization through Evolent?	Non-emergent, outpatient, advanced imaging and cardiology services requiring prior authorization through Evolent are as follows: • CT/CTA • MRI/MRA • PET Scan • Nuclear Stress Test • Echocardiography • Left Heart Catheterization • Cardiac Implantable Devices (defibrillator, pacemaker) Emergency room/urgent care facility, observation and inpatient procedures do not require prior authorization from Evolent. If an urgent/emergent clinical situation exists outside of a hospital emergency room/urgent care

	facility, please contact Evolent immediately with the appropriate clinical information for an expedited review.
Where do I submit a prior authorization request for advanced imaging and/or cardiology services?	Prior authorization for advanced imaging and diagnostic cardiology services are submitted through RadMD (https://www1.radmd.com/): • CT/CTA • MRI/MRA • PET Scan • Nuclear Stress Test • Echocardiography Prior Authorization for interventional cardiology services are submitted through CarePro (my.newcenturyhealth.com): • Radiation Oncology Management - All Radiation Therapy • Left Heart Catheterization • Cardiac Implantable Devices (defibrillator, pacemaker) Prior authorization for all services can also be submitted by contacting Evolent at 1-800-424-5388.
When do I submit a prior authorization?	Ordering providers must submit for prior authorization before the service is performed.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is a prior authorization number needed for a CT-guided biopsy?	No, prior authorization number is not required for a CT-guided biopsy.
Can a chiropractor order images?	Yes.
Are routine imaging services a part of this program?	No.
Are inpatient advanced imaging (MR/MRI, CT/CTA, PET) procedures included in this program?	No. Inpatient advanced imaging procedures are not included in this program.
Is prior authorization required for services performed in the	No. Prior Authorization is not required for emergency room/urgent care facility services.

emergency room/urgent care facility?	

What information is required to submit a prior authorization request?	To expedite the prior authorization process, please refer to the specific required documentation for advanced imaging and cardiology solutions services, [Evolent Generic Prior Authorization Checklist (non-cardiac) 11112024.pdf](). Have the information listed below ready before submission or contacting Evolent's call center. Required information:
	• Name and office phone number of ordering provider
	• Member name and ID number
	• Requested examination
	• Name of provider office or facility where the service will be performed
	• Anticipated date of service (not required)
	• Details justifying examination
	    • 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, scoped procedures, referrals to specialist, specialist evaluation)
	    • Reason the study is being requested (e.g., further evaluation, rule out a disorder)
	• Be prepared to provide the following information, if requested:
	    • Clinical notes
	    • X-ray reports
	    • Previous related test results
	    • Specialist reports/evaluation
	
	*To assist in collecting information for the authorization process, you may access the specific medical specialty (prior authorization or treatment plan checklists) on [RadMD.com]().

Can multiple prior authorization requests for a member be submitted?	Evolent can handle multiple prior authorization requests. Separate authorization numbers are issued for each service that is authorized.

What is the response time for ordering a prior authorization?	Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.
What does the Evolent authorization number/ request ID look like?	The Evolent authorization number/ request ID consists of alpha-numeric characters. In some cases, an Evolent tracking number (not the same as an authorization number) will be provided prior to a determination being made on a request. Example of authorization number/ request ID: 24327ABC123 Example of tracking number: 160000000000 Providers can use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.
If requesting authorization through RadMD and the request pends, what happens next?	When an authorization request is submitted and it pends for additional clinical information, RadMD users have the opportunity to upload clinical information to assist with the determination process.
How can I submit an expedited prior authorization request?	To submit retrospective or expedited authorization requests, please contact Evolent at 1-800-424-5388.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If an additional service is needed, immediately contact Evolent at 1-800-424-5388 with the appropriate clinical information for an expedited review.
How long is the authorization validity period?	The authorization number is valid for 90 days from the date of request.
Is prior authorization required if Wellcare is NOT the member's primary insurance?	No.
If a provider obtains an authorization number does that guarantee payment?	An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. We encourage providers to check member eligibility at the time an appointment is made and at the time of check-in.

Does Evolent allow retro-authorizations?	Yes. However, it is important that the rendering facility staff be educated on the prior authorization requirements. Claims will not be reimbursed if they have <u>not</u> been properly authorized. The rendering facility **<u>should not</u>** schedule services without prior authorization.
What happens if services are scheduled on January 1, 2025?	Providers can begin obtaining authorizations on January 1, 2025, for dates of service January 1, 2025, and beyond.
Can a provider verify an authorization number online?	Yes. Providers can check the status of member authorizations quickly and easily by going to the Evolent website at RadMD.com.
Will the Evolent authorization number be displayed on the Wellcare website?	No.

SCHEDULING SERVICES

How does Evolent determine where to schedule services?	Evolent manages advanced imaging and cardiology services through Wellcare contractual relationships.

CLAIMS RELATED

Where do providers submit claims?	Providers should continue to submit claims to Wellcare. Providers are also encouraged to submit electronic claims. For claims questions or concerns, contact the local Provider Engagement Account Management team at ProviderRelations@iowatotalcare.com.
How can providers check claim status?	Providers can check claim status in the Wellcare Secure Provider Portal or Availity.
Who should a provider contact if they want to appeal a prior authorization or claims payment denial?	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. For additional details on prior authorization and/or claim payment denial appeals, please review the Provider Manual: https://www.wellcare.com/iowa/providers/medicare

MISCELLANEOUS

How is medical necessity defined?	Evolent defines medical necessity as a service that: • Meets generally accepted standards of medical practice; is appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards; • Is appropriate to the illness or injury for which it is performed as to type of service and expected outcome; • Is appropriate to the intensity of service and level of setting; • Provides unique, essential, and appropriate information when used for diagnostic purposes; • Is the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and • Is not furnished primarily for the convenience of the member, the attending provider, or other provider.
Where can a provider find Evolent's Guidelines for advanced imaging and cardiology services?	Clinical guidelines can be found on the Evolent website at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. Evolent's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data. https://www.wellcare.com/iowa/providers/medicare
Will member ID cards change with the implementation of the program?	No. The Wellcare member ID cards will not change with the implementation of this program.
RE-OPEN AND APPEALS PROCESS	
Is a re-open process available if a denial is received?	Before a final denial determination, we offer peer-to-peer discussions for any request that does not meet medical necessity guidelines. Providers can contact Evolent at 1-800-424-5388 to initiate the peer-to-peer process. These discussions provide an opportunity to discuss the case and collaborate on the appropriate services for the member based on the clinical information provided. Medicare re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers

	will continue to have the option to submit an appeal utilizing the health plan's process.
RADMD ACCESS	
How do I apply for RadMD access to initiate authorization requests?	Prospective users should go to our website <u>RadMD.com</u>. • Click New User • Choose "**Physician's office that orders procedures**" from the drop-down box • Complete application with necessary information • Click Submit Once an application is submitted, the user will receive an email from our RadMD support team within a few hours after completing the application with an approved username and a temporary passcode. Please contact the RadMD Support Team at 1-800-327-0641 if you do not receive a response within 72 hours.
What is rendering provider access?	Rendering provider access allows users the ability to view all approved authorizations for their office or facility. If an office is interested in signing up for rendering access, you will need to **designate an administrator** through the account application process on RadMD**.** • Click New User • Choose "**Facility/Office where procedures are performed**" from the drop-down box • Complete application with necessary information • Click Submit Examples of a rendering facility that only need to view approved authorizations: • Hospital facility • Billing department • Offsite location A user in another location who is not interested in initiating authorizations
What link do I select to initiate an authorization request for an advanced imaging or diagnostic cardiology procedure?	Clicking the "**Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)**" link will allow the user to submit a request.
How can providers check the status of an authorization request?	Providers can check on the status of an authorization by clicking the "Search for Request" link on RadMD's main menu.
How can I confirm what clinical	Clinical Information that has been received via upload or fax can be viewed by clicking the member name via the

information has been uploaded or faxed to Evolent?	"Search for Request" link from the main menu. At the bottom of the "Exam Request Verification: Detail" page, click "View" in the "Documents Received" section and select the appropriate link for the upload or fax.
Where can providers find their case-specific communication from Evolent?	Links to case-specific communication to include requests for additional information and determination letters can be found via the "Search for Request" link.
If I did not submit the initial authorization request, how can I view the status of a case or upload clinical documentation?	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 for Request" feature. A tracking number is required to use this search method.
Can I share my RadMD access with my coworkers?	Yes, through our "Shared Access" feature. This process allows providers to view authorization requests initiated by other RadMD users within your practice. By sharing access with other users, the user will be able to view and manage the authorization requests that you initiated, allowing them to communicate with your patients and progress with treatment if you are not available.
Paperless Notification: How can I receive notifications electronically instead of paper?	Evolent defaults communications including final authorization determinations to paperless/electronic. Correspondence for each case is sent to the email of the person submitting the initial authorization request. Users will be sent an email when determinations are made. • No PHI will be contained in the email. • The email will contain a link that requires the user to log into RadMD to view PHI. Providers who prefer paper communication will be given the option to opt out and receive communications via fax.
CONTACT INFORMATION	
Who can I contact for RadMD support?	For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641.
Who does a provider contact at Evolent for support?	You may contact your dedicated Evolent Provider Relations representative: Radiology/Cardiology: Seth Cohen, Director, Provider Solutions

	1-410-953-2419 Seth.Cohen@Evolent.com Interventional Cardiology: Betsy Roberts, Provider Network Manager 1-571-261-8621 Betsy.Roberts@Evolent.com