



Wellcare Physical Medicine Program

Provider Training



Evolut Program Agenda

Our Physical Medicine Program

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

Evolent

Connecting Our Brands is About Connecting Care



Physical Medicine Prior Authorization Program



- Wellcare will begin a prior authorization program through Evolent for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative.



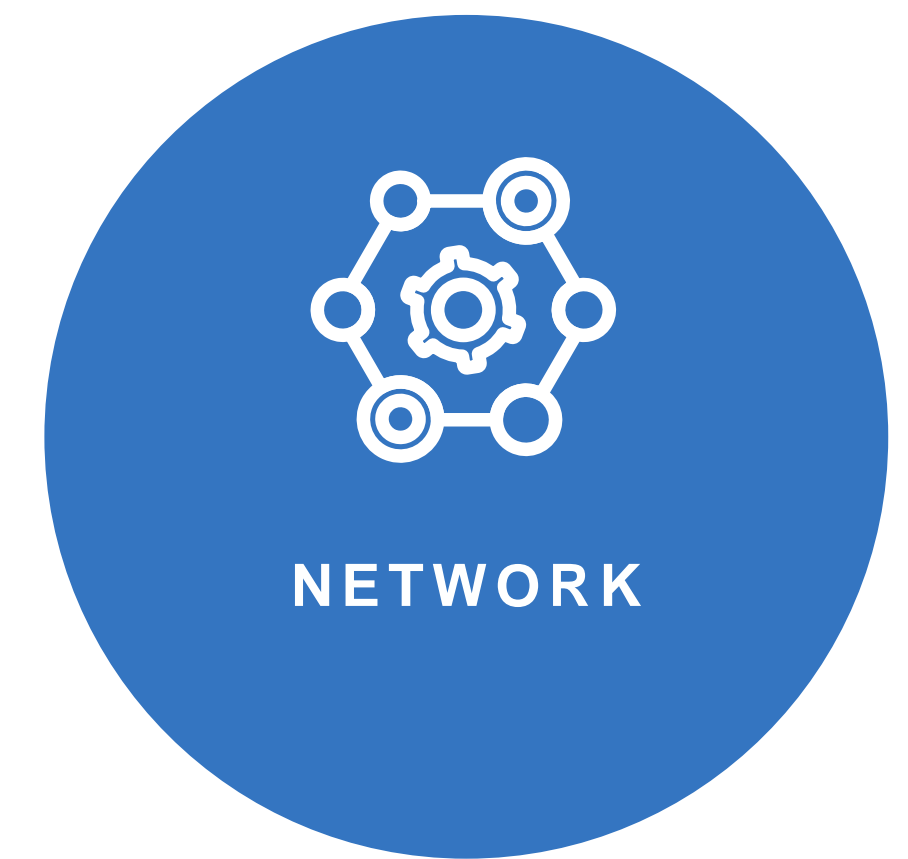
- Program start date: January 1, 2025



- Physical Therapy
 - Occupational Therapy
 - Speech Therapy
-
- Outpatient Office
 - Outpatient Hospital
 - Outpatient Rehabilitation Facility



- Medicare



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

Physical Medicine Program

Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

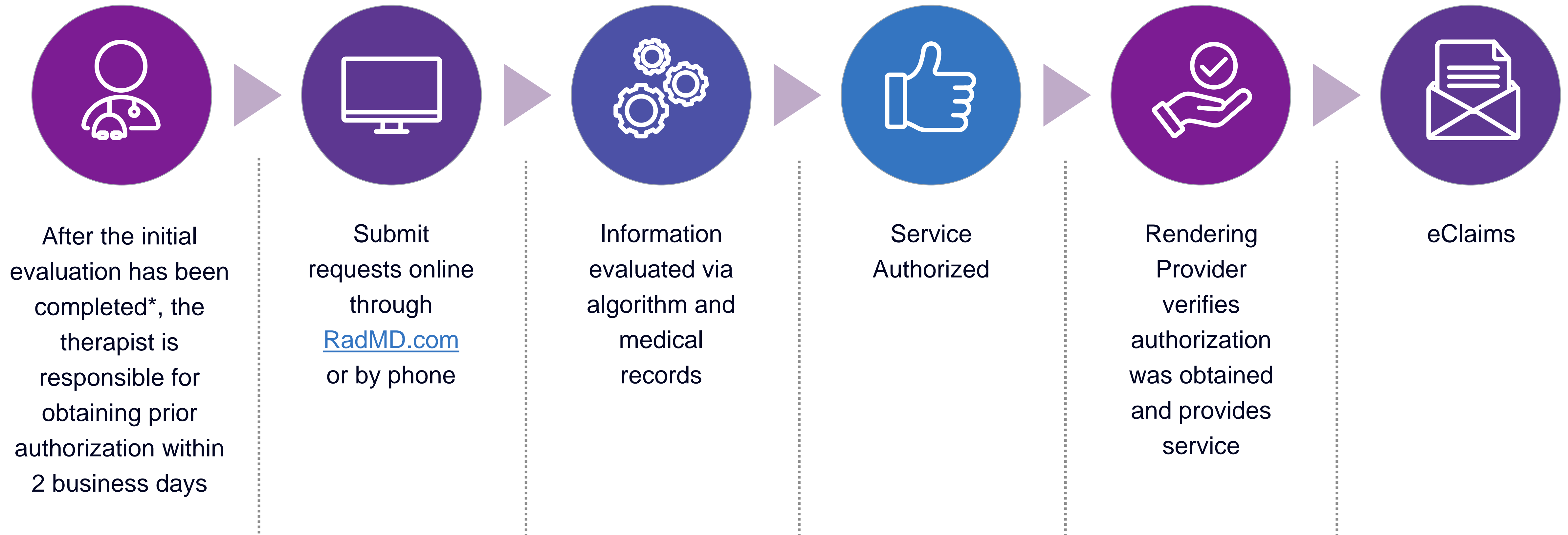
Physical Medicine Program Exclusions

Exclusions

- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Home Health
- Skilled Nursing Facility

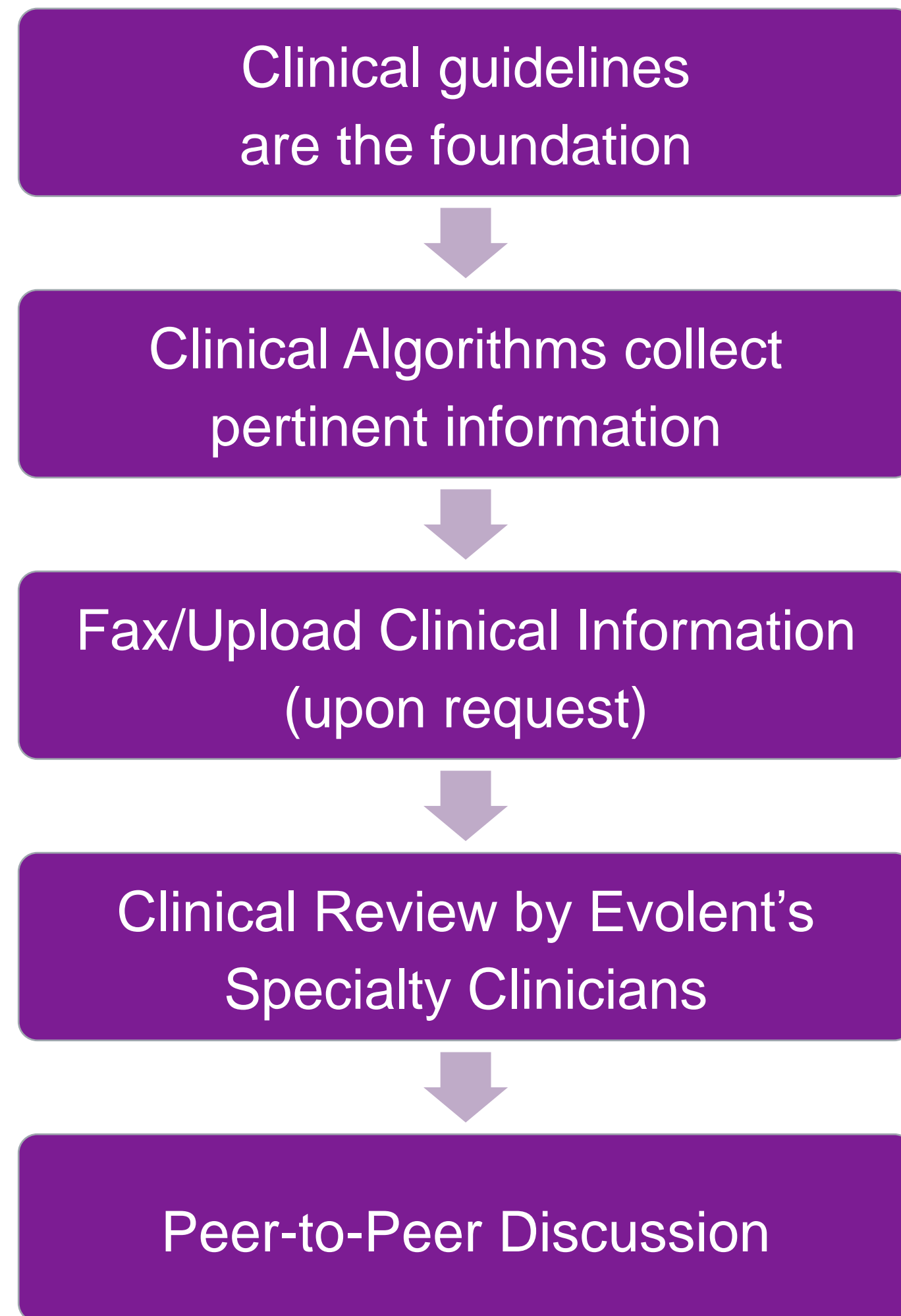


Physical Medicine Prior Authorization Process



**PT, OT and ST Initial evaluation codes do not require authorization. Other billed codes performed on the same date as the initial evaluation date will be considered a visit. Providers should submit for an authorization prior to billing additional services.*

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.
- **Milliman Care Guidelines (MCG)** and **Evolent's 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 a specialized clinical team of like discipline therapists, focused on Physical Medicine.
- 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.**

Goal of Physical Medicine Intake Questions (Algorithm)



Benefit of the algorithm:

- No delay in treatment for member
- No delay in submitting claims



Once you submit your initial request for authorization:

- You will receive visits to get started. It may not be enough visits to cover your episode of care. Additional visits may be requested through the subsequent request process.
- Requests may be approved at the time of submission. A portion of them may pend for documentation submission of the time of entry.
- You will have the option to accept or decline approved visits.

Cause for Therapy:

ICD10 Code:

Discipline of therapy being requested:

***Is the cause of the illness/injury related to a Motor Vehicle Accident?**

***Is Another Party Financially Responsible for the patient's illness/injury?**

***Is the cause of the illness/injury related to the Patient's Employment?**

What is the requested start date of the service? mm/dd/yyyy

Authorization for Physical Medicine

Special Information

- Member, clinician and facility information required.
- Requested start date of service, initial evaluation date, and date of injury.
- Therapy initial evaluation, diagnosis, functional status (prior and current), functional deficits, objective tests and measures, standardized outcome tools* (at your clinician's discretion), plan of care (including frequency, duration, interventions planned and goals**), assessment (prognosis and limitations). Add requested number of visits and validity dates.

** If formal habilitative testing is provided, it must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided on an annual basis. Test scores should establish presence of a motor or functional delay. While not required, testing is used as one component when assessing a member.*

*** Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits.*

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation



Initial Authorization Request:

If a case pends for clinical information:

- Initial evaluation with the plan of care for clinical review



Subsequent Authorization Request:

If requesting additional visits on an existing authorization:

- Most recent evaluation/re-evaluation (if not previously submitted)
- Most recent progress note and updated plan of care
- Two to three of the most recent daily notes

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation (Continued)




Habilitative Request beyond a Year of Care (Annual Re-evaluation is Required):


Clinical documents should include:


- Re-evaluation:
 - Including start of care and progress compared to baseline measures
 - Summary of prior episode(s) of care and/or therapeutic break(s)
 - Information regarding additional services if being provided
 - Updated standardized testing as applicable
- The most recent progress note with updated plan of care
- Two to three of the most recently daily notes


Refer to the “Tip Sheet/Checklist” on [RadMD.com](https://www.radmd.com) 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.

	Tracking #	FAXC
		
DO NOT WRITE ABOVE THIS LINE		
Date/Time:		
ORDERING PHYSICIAN:		
FAX NUMBER:		TRACKING NUMBER:
RE:	Authorization Request	MEMBER ID:
PATIENT NAME:		
HEALTH PLAN:		
Date of Service:		

I attest that the information sent in this fax, along with any previously submitted documents, contains all relevant clinical documentation for the services rendered. There is no additional clinical information for Evolent to review.

The rendering provider is responsible for obtaining and submitting the clinical records if requested. Please respond within 24 hours with the clinical information identified below to avoid any delays in patient care.

Additional information is still needed.

We have received your request for **Therapy-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.

You may submit records for this episode of care as requested by uploading them on www.radmd.com. Please do not resend the information previously submitted.

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*.

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: Focused on Physical Medicine



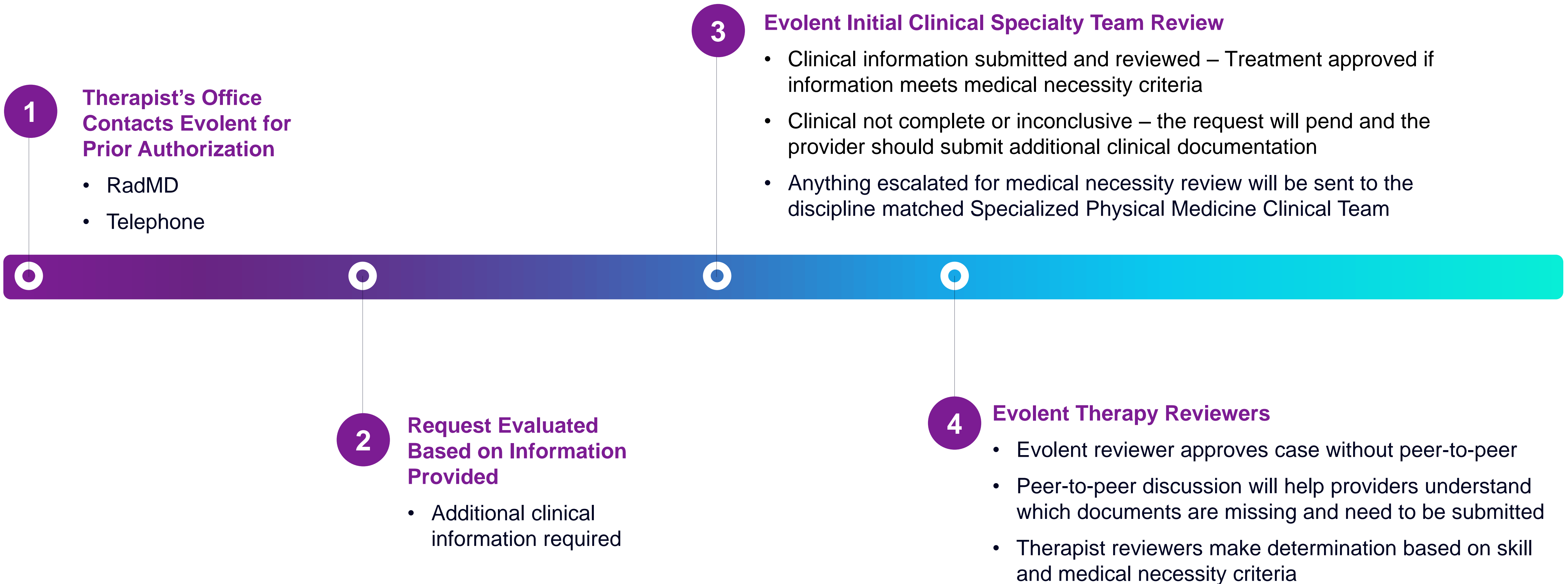
Physical Medicine Review

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

Evolent Peer Clinical Review. If information captured is insufficient, clinical records must be submitted for review.

Specialized Physical Medicine Clinical Review Team consisting of therapists.

Physical Medicine Clinical Review Process



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

Initiating a Subsequent Request



When is a subsequent request appropriate?

- When you have an active authorization
- A need for continued skilled care
- A change in the treatment plan or plan of care
- Addition of a new diagnosis or body part



How are subsequent requests initiated?

- [RadMD.com](https://www.radmd.com) or Upload or fax updated clinical documentation

When can it be initiated?



- **Wellcare:** Any time after determination notifications have been sent on the prior request.
- Documentation should show progress or address reason for prior adverse determination.



Will I lose visits if the subsequent request is submitted prior to all the visits being used?

- Requests have definitive start and end dates. Visits from prior authorizations cannot be transferred to new subsequent requests. Unused visits will be lost.

Treating an Additional Body Part

If a provider is in the middle of treatment and gets a new therapy prescription for a different body part/condition, the provider will perform a new evaluation on that body part/condition and develop goals for treatment. See below for process:

Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- Evolent will add additional ICD 10 code(s) and visits to the existing authorization.

Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area.
- A new authorization will be processed to begin care on the new body part/condition and the previous will end.

Authorization Validity Period

- The approval notification will include a fax coversheet that can be used for any subsequent requests.
- Authorizations will include the number of approved visits with a validity period.
- **Wellcare:** The validity period end date may be modified when subsequent request is approved.
- If you have an active authorization, a 30-day extension of the validity period can be obtained via [RadMD.com](https://www.RadMD.com) or call center.

Adverse Determination Notification and Options: Wellcare

- **Notifications:**
 - Notifications include an explanation of services denied and the clinical rationale.
 - (Physical Medicine only) Adverse determinations include full denial and partial denial/approval.
 - Example of a partial denial: 20 visits requested, 10 approved after review of the documents
- **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

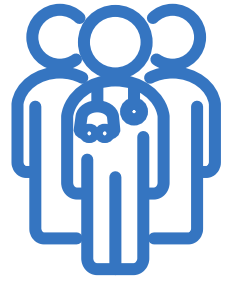
Claims Process:

- 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.

Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, OT and ST)



CPT codes billed for Physical, Occupational, and Speech Therapy initial evaluations do not require an authorization for participating providers. All other codes require an authorization.



Treatment performed on the same date as the initial evaluation date will be considered a visit and requires an authorization.

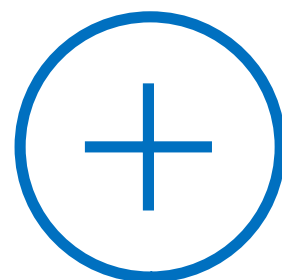
Physical Medicine Points (Continued)



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to [RadMD.com](https://www.RadMD.com) or faxed to Evolent at 1-800-784-6864.



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



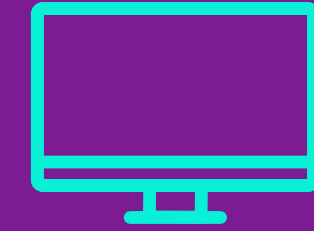
30-day extensions to the end date of current authorizations can be added by utilizing the “Request Validity Date Extension” option on RadMD.



Each date of service counts as a visit.

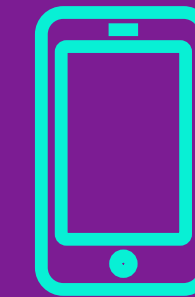
Provider Tools

- Request Authorizations
- View Authorization Status and Denial Rationales
- View and Manage Authorization Requests
- Upload Additional Clinical Information
- View Provider and Member Correspondence
- Schedule Peer-to-Peer Discussions Where Applicable
- Accept Visits with a Partial Approval/Denial (Physical Medicine only)
- View Educational Resources
 - Clinical Guidelines
 - Frequently Asked Questions (FAQs)
 - Program Training Presentations
 - RadMD Quick Start Guides



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

Available 24/7



Wellcare: 1-800-424-5388

Available Monday - Friday

7:00 AM – 7:00 PM CST

RadMD New User Application Process – Physical Medicine Practitioner

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 **“Physical Medicine Practitioner (PT, OT, ST, Chiro, etc)”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

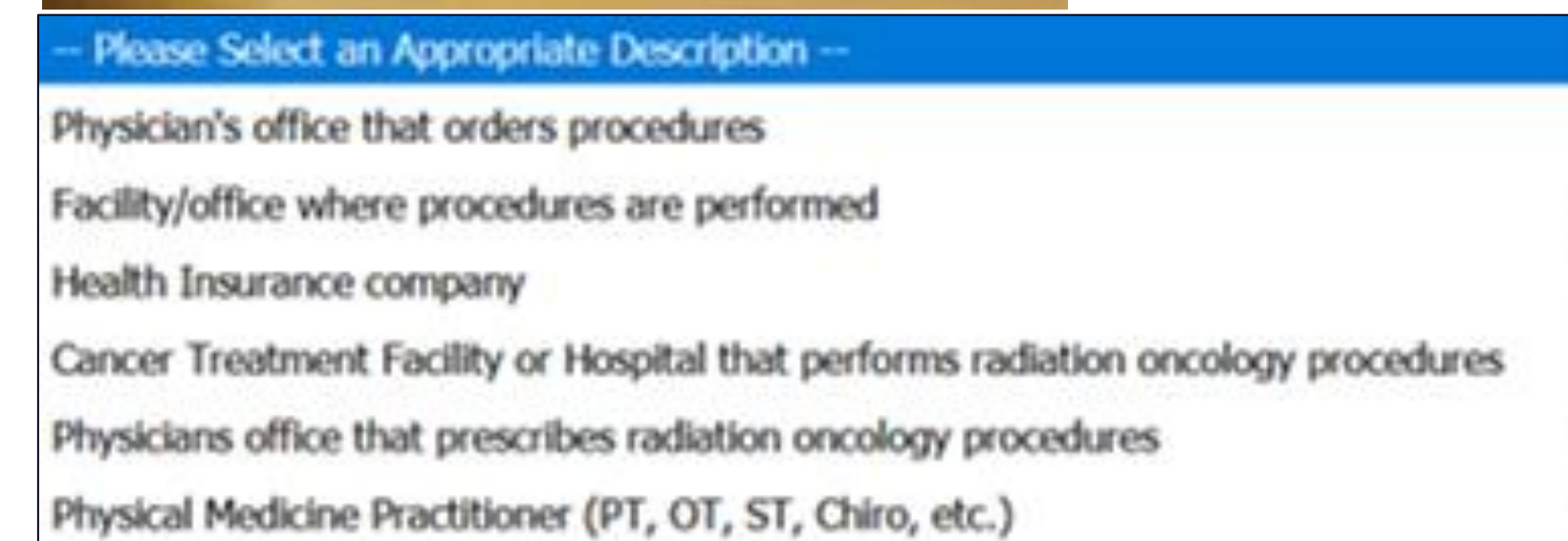
IMPORTANT

- 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



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?
-- 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"/>			

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 requests or questions specific to Evolent

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