



# BlueChoice Health Plan of South Carolina Radiation Oncology Program

Provider Training



# Evolut Program Agenda

## Our Radiation Oncology Program

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

# Evolent

Connecting Our Brands is About Connecting Care



# Radiation Oncology Prior Authorization Program



- BlueChoice Health Plan of South Carolina will begin a prior authorization program through Evolent for the management of Radiation Oncology Services.



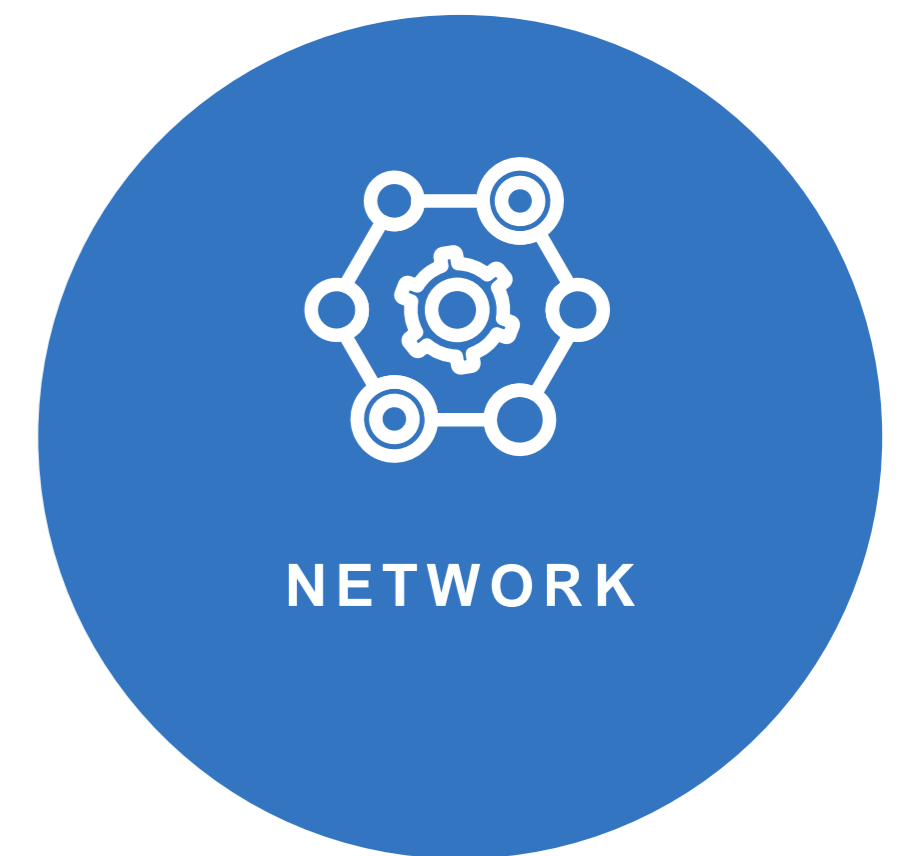
- Program start date: January 1, 2015



- Breast
  - Colon/Rectal
  - Lung
  - Prostrate
  - Brain/Spine
  - Bone
  - Metastatic
  - Head/Neck
  - Other Cancers
- 
- Outpatient setting



- Exchange Programs
- Commercial Programs



- Evolent will manage services through BlueChoice Health Plan of South Carolina's contractual relationships.

# Radiation Oncology Program

## 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.

# Radiation Oncology Program

## Radiation Therapy Modalities:

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





# Radiation Oncology Program

## Radiation Therapy Treatment Plans:\*

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

\* Treatment Plans for all Radiation Therapies delivered

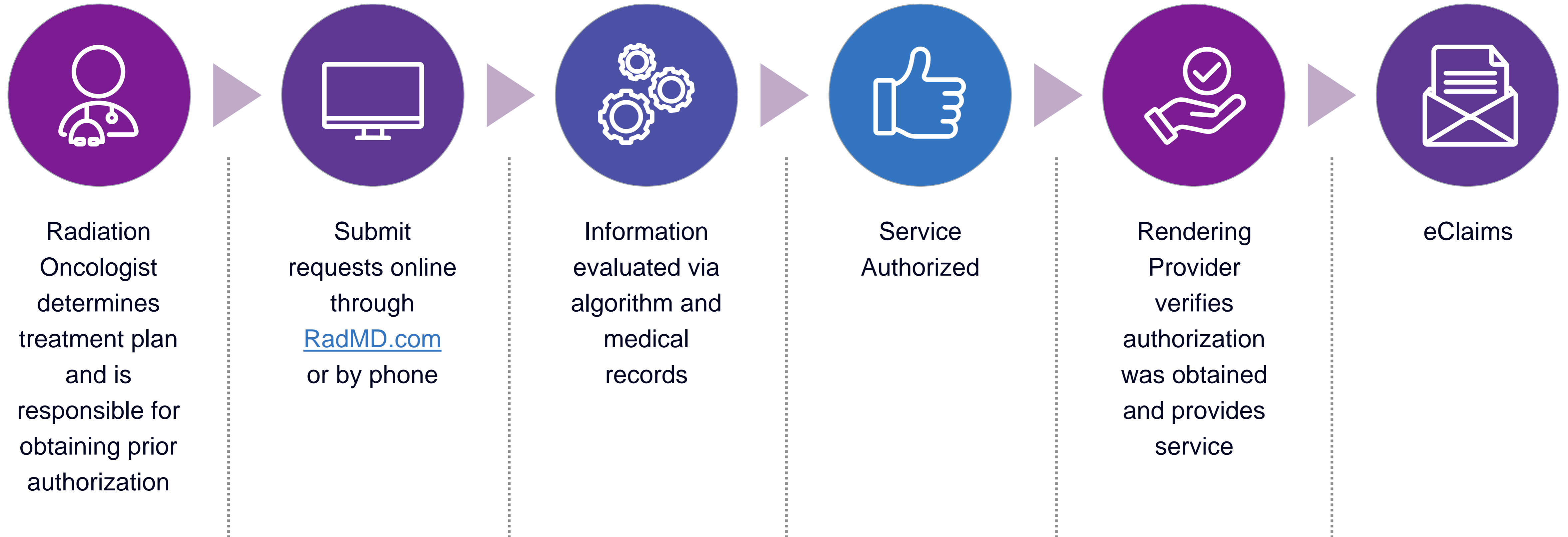
# CPT Codes Requiring Prior Authorization (Radiation Oncology Example)

-  Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.radmd.com)
-  Defer to BlueChoice Health Plan of South Carolina’s Policies for Procedures not on Claims/Utilization Review Matrix.

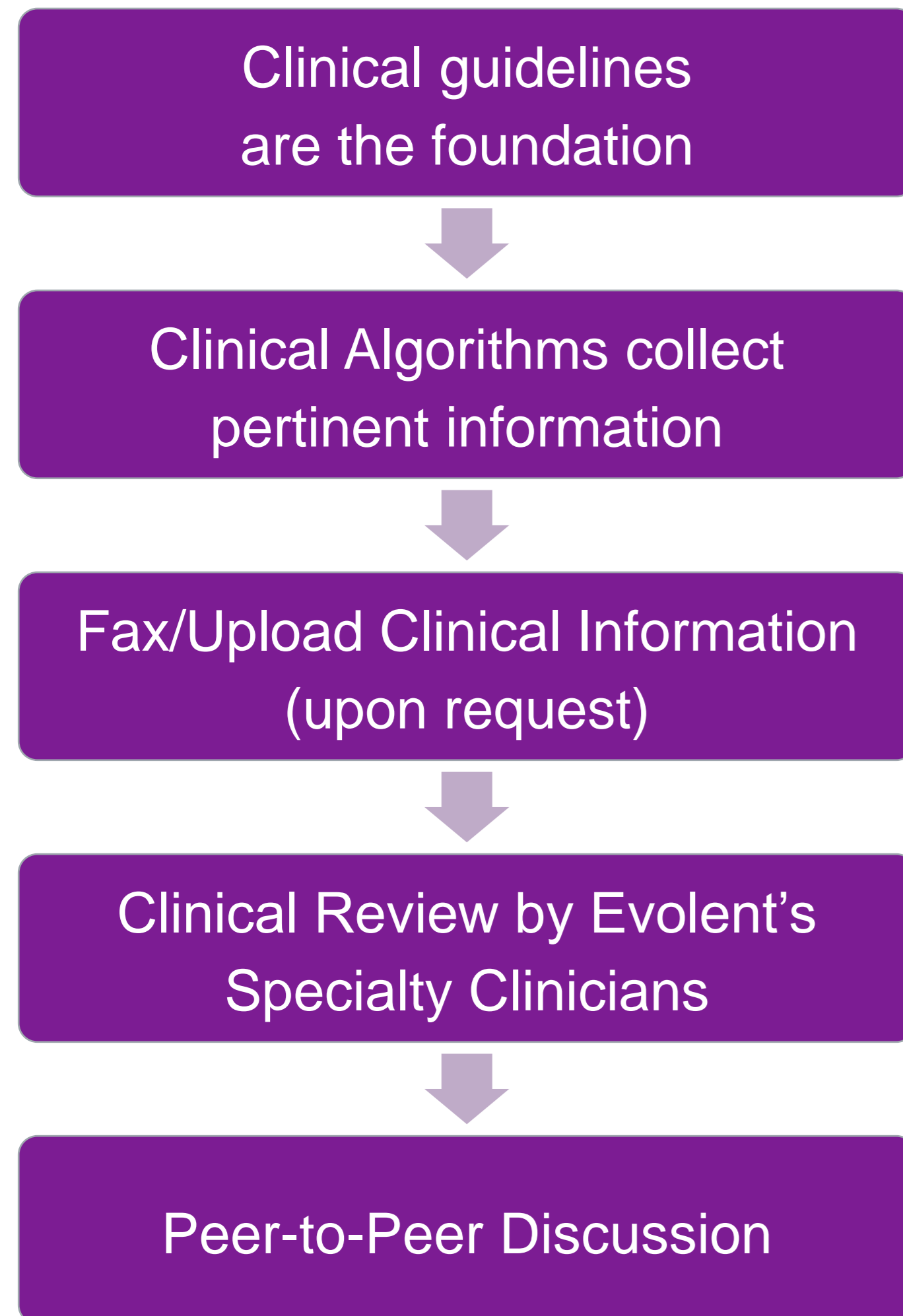
RADIATION ONCOLOGY SERVICES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
Treatment Deliveries - Gamma Knife	77371	77371
Treatment Deliveries – Stereotactic Radiation Therapy	77372	77372, 77373, G0339, G0340
Treatment Deliveries - Stereotactic Radiation Therapy	77373	77372, 77373, G0339, G0340
Treatment Deliveries - IMRT - Simple	77385	77385, 77386, G6015, G6016
Treatment Deliveries - IMRT - Complex	77386	77385, 77386, G6015, G6016



# Prior Authorization Process Overview



# Evolent's Clinical Foundation & Review



- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research and standards of care. Guidelines are reviewed and mutually approved by BlueChoice Health Plan of South Carolina and Evolent 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 a specialized clinical team of Radiation Oncologists.
- 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.**

# 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 Evolent after the treatment plan is completed.
- ✓ Submit authorization request ASAP following set up simulation to avoid delay in claims processing.
- ✓ Submit authorization either through Evolent's website [RadMD.com](https://www.RadMD.com) (preferred method) or by calling Evolent at 1-888-642-9181.
- ✓ Treatment devices and dosimetry calculations.
- ✓ Treatment delivery and management for all radiation therapies delivered or treatment modality and number of treatment/fractions.

# Authorization for Radiation Oncology

## Special Information

- Member, radiation oncologist, and treatment facility information required.
- Complete the **Radiation Therapy Treatment Plan Checklist** to ensure you have all information needed to complete request.
- Identify treatment planning/anticipated treatment planning start date.
- Disease site being treated.
- Patient's clinical presentation:
  - Stage
  - Treatment Intent
  - Disease-specific clinical information
- 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](https://www.radmd.com)

Breast Cancer Radiation Therapy Treatment Plan Checklist		
<b>General Information</b>		
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:
<b>Patient Clinical Information</b>		
✓ 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
<b>Treatment Planning Information</b>		
✓ What is the prescription radiation dose for the ENTIRE course of external beam treatment? _____ Gy		
<b>Select Therapy for Initial Treatment Phase Only</b>		
<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		

# Evolent to Radiation Oncologist: Request for Clinical Information

- ✓ A fax is sent to the radiation oncologist detailing what clinical information is needed, along with a fax coversheet.
- ✓ We stress the need to provide the clinical information as quickly as possible so we can make a determination.
- ✓ Determination timeframe begins after receipt of clinical information.
- ✓ Failure to receive requested clinical information may result in non certification.

[Tracking Number]		FAXC
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.		
<b>URGENT: REPLY REQUIRED FOR CASE REVIEW</b> 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.		
<b>[Requested clinical information]</b>		
<i>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.</i>		
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 <a href="#">peer to peer</a> discussion.		
<b>Submitting a prior authorization request on RadMD is fast and efficient!</b>		
Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit <a href="http://www.RadMD.com">www.RadMD.com</a> , select <i>New User</i> and submit an <i>Application for New Account</i> .		
To initiate a peer-to-peer discussion, please sign in at <a href="http://www.RadMD.com">www.RadMD.com</a> , 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 and will be kept strictly confidential in accordance with HIPAA and/or applicable state law.		
<b>IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL</b>		
FAXC		[Tracking Number]
<small>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.</small>		

# 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)
  - Call 1-888-642-9181

- 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 Radiation Oncology



## Radiation Oncology Review

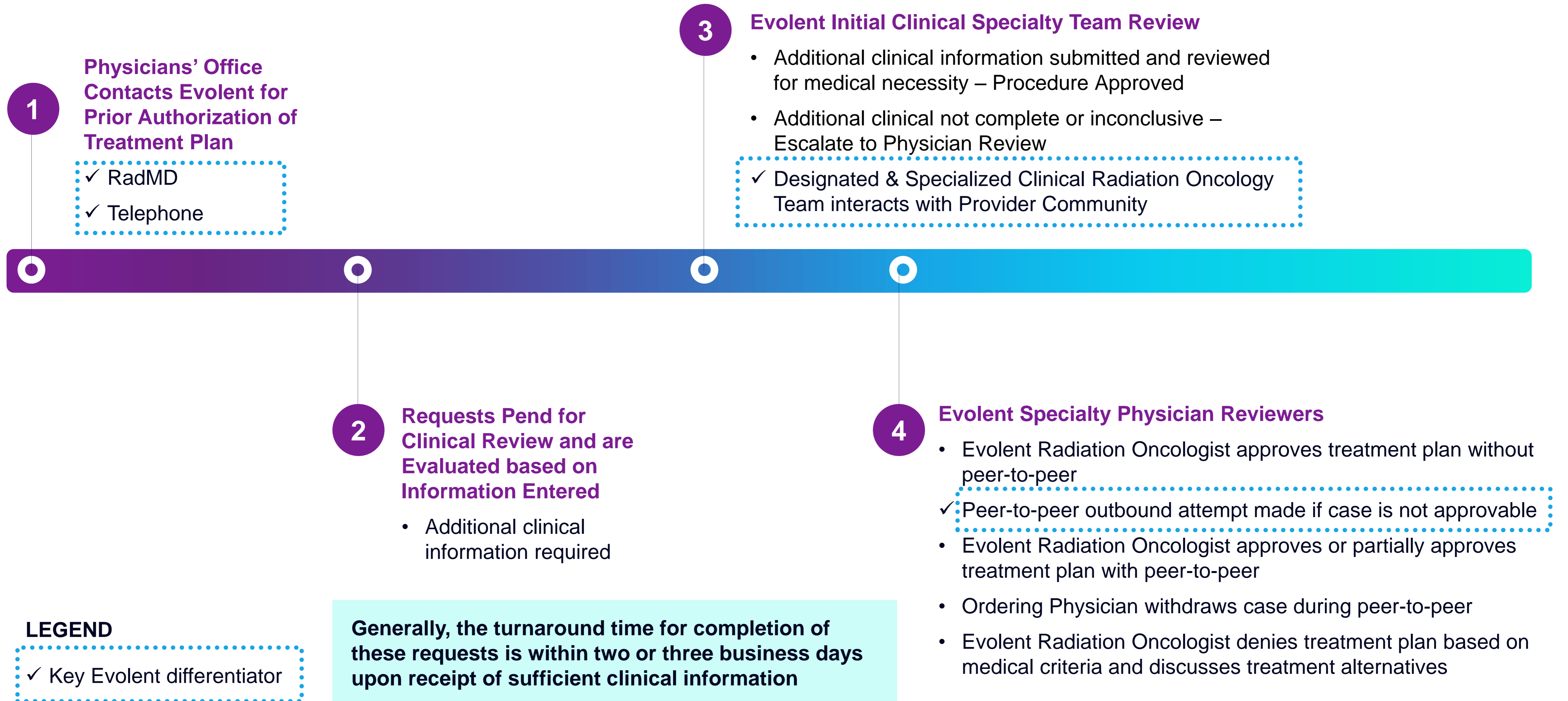
Initial clinical review performed by specialty trained radiation oncology nurses and radiation therapists

Clinical review team will contact provider for additional clinical information

Radiation Oncologist conducts clinical reviews and peer-to-peer discussions on radiation oncology requests



# Radiation Oncology Clinical Review Process



# 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 the Evolent call center at 1-888-642-9181.
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

# Modifying Treatment Plans



## Changing or Adding Services for Approved Treatment Plan

- ✓ 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 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

# Radiation Therapy Treatment Notification Form for Transition Cases

- ✓ Form available on [RadMD.com](https://www.RadMD.com)
- ✓ Fax the completed form to BlueChoice Health Plan of South Carolina at 1-803-264-0258
- ✓ No Medical Necessity Review Required for these Members. However, notification is required to avoid claims denials
- ✓ BlueChoice Health Plan of South Carolina 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 Regarding Notification**

- 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.

<b>Submitted By</b>	Name (Last, First)			
Date:	Phone #	Fax #	*Required	
<b>Member Information</b>	Name (Last, First)			
	Address			
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Member ID	
<b>Provider Information</b>	<b>Radiation Oncologist Name</b>			
	Address			
	Phone #	Fax #		
	Physician Tax ID			
	<b>Radiation Therapy Facility</b>			
	Address			
	Phone #	Fax #		
	Facility Tax ID			
<b>Radiation Therapy Treatment Plan Information</b>	Diagnosis - ICD			
	Site Being Treated	<input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Prostate <input type="checkbox"/> Rectal <input type="checkbox"/> Lung <input type="checkbox"/> Other:		
	Treatment Start Date		Treatment End Date	
	<b>Radiation Therapy Type</b>		<b>CPT code</b>	<b># of Treatments</b>
	<input type="checkbox"/> Low-dose-rate (LDR) Brachytherapy			
	<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:				
<b>Treatment Plan Update</b>	<p>A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date.</p> <p><input type="checkbox"/> Check here if this form is to report changes to a previously submitted form.</p> <p style="font-size: 0.7em;">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).</p>			

C-17-GEN (9/13)

# Treatment Authorization Nuances

**Partial Breast Irradiation using High Dose Brachytherapy (HDR)** Involves a Radiation Oncologist and a Breast Surgeon

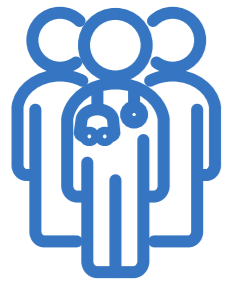
- Two authorizations required:
  1. Treatment Plan Authorization
  2. Authorization for Insertion of Catheters

Process:

- Lumpectomy with spacers inserted into the breast during surgery
- Cancer cells are analyzed and pathology report issued (Prior Authorization occurs here)
- Spacers are replaced with a catheter
- Radiation Therapy treatment occurs

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

# Radiation Oncology Points



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.com](https://www.radmd.com). 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 radiation treatment plan will cover the course of treatment. In order to provide the required 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

## Treatment and Deliveries

Member	Rendering Physician	Treatment Facility
<b>Name:</b> Paris Noel	<b>Name:</b> Addison Gray	<b>Name:</b> Pinecrest LLC
<b>Gender:</b> Female	<b>Address:</b> 987 Park St. Outfield, IA 50012	<b>Address:</b> 987 Park St. Outfield, IA 50012
<b>Date of Birth:</b> 05/20/1960	<b>Phone:</b> 563-555-6541	<b>Phone:</b> 563-555-6542
<b>Health Plan:</b> ABC Health Plan	<b>Tax ID:</b> 111223456	<b>Tax ID:</b> 111223454
<b>Spoken Language:</b> Not Indicated	<b>Specialty:</b> Oncology	
<b>Written Language:</b> Not Indicated		

Case	Radiation Oncology
<b>Case Description:</b> Breast Cancer- Three Dimensional Radiation Therapy (3D-CRT)	<b>Request ID:</b> 123ABC456
<b>Request Date:</b> 05/01/2023	<b>Tracking:</b> 014569874123
<b>Entry Method:</b> RadMD	<b>Approved</b>
<b>ICD10:</b> D05.12 <a href="#">Update</a>	<b>Validity Dates:</b> 05/01/2023-10/28-2023
<b>Initial Determination Date:</b> 05/01/2023 01:04 PM	<b>Contact Name:</b> Elvis Pawsley (Referring Provider)
<b>Final Determination Date:</b> 05/01/2023 01:04 PM	<b>Written Language:</b> Not Indicated
<b>Extension:</b> No	

Please be advised that all data was current as of Tuesday, May 16, 2023 at 3:00 PM MST

CPT4	Date	Phase	Procedure Category	Approved Units	Denied Units	
77412	05/01/23 1:04PM	Initial Treatment	Treatment Deliveries-EBRT	16	0	<a href="#">Billable Codes</a>
77412	05/01/23 1:04PM	Boost Treatment	Treatment Deliveries-EBRT	16	0	<a href="#">Billable Codes</a>

## Partial Approval

Main Menu Logout Help

### EXAM REQUEST VERIFICATION: DETAIL

[Print Fax Coversheet](#)

[Upload Clinical Document](#)

#### Patient Information

**Name:** JOHN E DOE  
**Date of Birth:** 2/15/1949  
**Health Plan:** 123456 Employee Health Plan  
**Gender:** M  
**Member ID:** 12345600000

#### Rendering Physician

**Name:** TOM THOMAS, MD  
**Tax ID:** 12340000000  
**Specialty:** Radiation Oncology  
**Phone:** (999) 123-4567  
**UPIN:** MD12345

#### Treatment Facility

**Name:** CANCER TREATMENT CENTER  
**Tax ID:** 1234500000  
**Address:** 100 S. MAIN STREET ANYTOWN, USA 12345

#### Case Information

**Case Description:** Prostate Cancer - Intensity Modulated Radiation Therapy (IMRT)  
**Request ID:** 121368051  
**Status:** Partial Approval  
**Validity Dates:** 5/15/2012-11/11/2012  
**Planning Began:** (not available)  
**Request Date:** 5/15/2012  
**Entry Method:** RadMD  
**ICD9:** 185  
**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	<a href="#">Billable Codes</a>
77334	5/17/12 6:26AM	Initial Treatment	Treatment Devices	2	0	<a href="#">Billable Codes</a>
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	



Coding guidelines available on [RadMD.com](http://RadMD.com) and based on Evolent Radiation Oncology Coding Standards (based on Revenue Cycle Guidelines)



# Authorization Validity Period

- Authorizations are valid for :
  - 180 days from date of request for Radiation Oncology allows for all circumstances

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated prior to or after an adverse determination has been made.
- In some cases, a peer-to-peer discussion will be for consultation purposes only.
- Reconsideration may be available with new or additional information.
- Reconsideration must occur within 7 business days from the date of denial and prior to submitting a formal appeal.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# Claims and Appeals

## Claims Process:

- Radiation Oncologists and Cancer Treatment Centers should continue to submit their claims to BlueChoice Health Plan of South Carolina.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to BlueChoice Health Plan of South Carolina website at [BlueChoiceSC.com](https://www.BlueChoiceSC.com)

## Appeals Process:

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

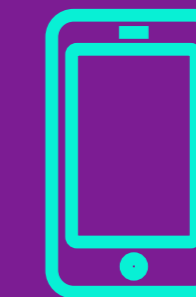
# Provider Tools

- 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



RadMD.com

Available 24/7



1-888-642-9181

Available Monday - Friday

8:00 AM – 8:00 PM EST

# Evolent Website

[RadMD.com](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

- Evolent's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- Checklists
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# RadMD New User Application Process – Radiation Oncologists

## 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 **“Physicians office that prescribes radiation oncology procedures”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

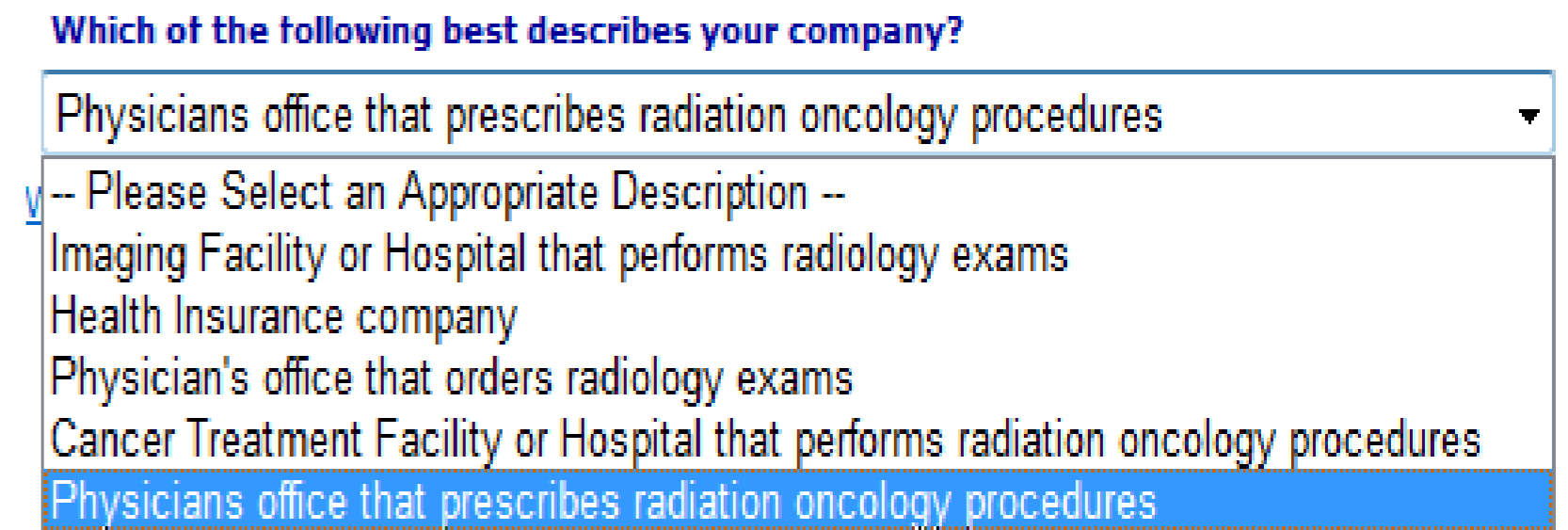
## IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

1



2



3

# RadMD New User Application Process – Cancer Treatment Facilities

## 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 **“Cancer Treatment Facility or Hospital that performs radiation oncology 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.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

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?  
-- 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] ▼		
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)
- 1-888-642-9181

Initiating a Peer-to-Peer Consultation

- 1-888-642-9181

Provider Service Line

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

Provider Education requests or questions specific to Evolent

Priscilla W. Singleton  
Provider Relations Manager  
1-314-387-5023 • [psingleton@evolent.com](mailto:psingleton@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.