Evolent **Advanced Imaging and Diagnostic Cardiology** **Frequently Asked Questions (FAQ's)** **For CountyCare Providers**	
Question	**Answer**
GENERAL	
Why is CountyCare implementing an Advanced Imaging and Diagnostic Cardiology Program?	CountyCare is implementing an Advanced Imaging and Diagnostic Cardiology Program to ensure clinically appropriate care and manage the increasing utilization of the following non-emergent outpatient advanced imaging services. * ***Please see the specific FAQ, tip sheets and checklists for each of the Advanced Imaging Program Services.**
Why did CountyCare select Evolent to manage its Advanced Imaging and Diagnostic Cardiology Program?	Evolent (formerly National Imaging Associates, Inc.) was selected to partner with CountyCare because of their clinically driven program designed to effectively manage quality and member safety, while ensuring appropriate utilization of resources for CountyCare membership.
Which CountyCare members will be covered under this relationship and what networks will be used?	Evolent's Advanced Imaging and Diagnostic Cardiology for non-emergent outpatient Advanced Imaging and Diagnostic Cardiology services for CountyCare membership will be managed through CountyCare's contractual relationships.
PRIOR AUTHORIZATION	
What is the Implementation Date for the Advanced Imaging and Diagnostic Cardiology Program?	Implementation is March 1, 2025.

What Advanced Imaging and Diagnostic Cardiology Services require providers to obtain a prior authorization?	The following non-emergent, outpatient, advanced imaging services require prior authorization through Evolent: Effective March 1, 2025: • CT/CTA • MRI/MRA • PET Scan • MUGA Scan • Echocardiography • Myocardial Perfusion Imaging (MPI) 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 (excluding spine surgery).
When is prior authorization required?	Prior authorization is required for outpatient, non-emergent procedures. Ordering providers must obtain prior authorization of these procedures prior to the service being performed at an imaging facility.
Is prior authorization necessary for sedation with an MRI?	No, prior authorization is not required for sedation when performed with an MRI.
Is an Evolent authorization number needed for a CT-guided biopsy?	No, prior authorization is not required for this procedure.
Can a chiropractor order images?	Yes.
Are routine imaging services a part of this program?	No.
Are inpatient advanced imaging and diagnostic cardiology (MR/MRI, CT/CTA, PET, MUGA) procedures included in this program?	No. Inpatient advanced imaging and diagnostic cardiology procedures are not included in this program.
Is prior authorization required for Advanced	No. Advanced imaging and diagnostic cardiology services performed in the emergency room/urgent

Imaging Services performed in the emergency room/urgent care facility?	care facility are not included in this program and do not require prior authorization through Evolent.
How does the ordering provider obtain a prior authorization from Evolent for an Advanced Imaging or diagnostic cardiology outpatient service?	Providers can request prior authorization via the internet (RadMD.com) or by calling Evolent at **1-800-424-1732.**

What information is required to receive prior authorization?	To expedite the prior authorization process, please refer to the specific required documentation for each advanced imaging or diagnostic cardiology service. Have the appropriate information ready before logging into RadMD or calling Evolent's call center (*Information is required.)
	• 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
	• 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)
	
	Please 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 a provider request more than one service at a time for a member?	Evolent can handle multiple authorization requests per contact. Separate authorization numbers are issued by Evolent for each service that is authorized.
What kind of response time can ordering providers expect for prior authorization?	Generally, within 2 - 3 business days after receipt of request with full clinical documentation, a determination will be made. In certain cases, the review process can take longer if additional clinical information is required to make a determination.
What does the Evolent authorization number look like?	The Evolent authorization number consists of alpha-numeric characters. In some cases, the ordering provider may receive an Evolent tracking number (not the same as an authorization number) if the provider's authorization request is not approved at the time of initial contact. 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?	You will receive a tracking number and Evolent will contact you to complete the process.
Can RadMD be used to request an expedited authorization request?	RadMD may only be used for expedited requests that occur after normal business hours. Those expedited requests that occur during normal business hours must be called into Evolent's call center for review and processing.
What happens if a member is authorized for a service and the provider feels an additional study is needed?	If the provider feels that, in addition to the service already authorized, an additional service is needed, please contact Evolent immediately with the appropriate clinical information for an expedited review.

Can the rendering facility obtain authorization in the event of an urgent service?	Yes. If they initiate the process, Evolent will follow-up with the ordering provider to complete the process.
How long is the prior authorization number valid?	The authorization number is valid for **60** days from the date of request. When a procedure is authorized, Evolent uses the date of the initial request as the starting point for the 60-day period in which the examination must be completed.
Is prior authorization necessary for an Advanced Imaging and Diagnostic Cardiology outpatient service if CountyCare is NOT the member's primary insurance?	No. This program applies to members through CountyCare as their primary insurance.
If a provider obtains a prior 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.
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 I have a service scheduled for March 1, 2025?	An authorization can be obtained for all advanced imaging services for dates of service March 1, 2025 and beyond, beginning March 1, 2025. Evolent and CountyCare will be working with the provider community on an ongoing basis to continue to educate providers that authorizations are required.
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 CountyCare website?	No.

How does Evolent determine where to schedule Advanced Imaging and Diagnostic Cardiology Services for CountyCare members?	Evolent manages Advanced Imaging and Diagnostic Cardiology services through the CountyCare contractual relationships.
Why does Evolent ask for a date of service when authorizing a procedure? Do providers have to obtain an authorization before the services are rendered?	During the authorization process, Evolent asks where the procedure is being performed and the anticipated date of service. The exact date of service is not required. Providers should obtain authorization before scheduling the member.

WHICH MEDICAL PROVIDERS ARE AFFECTED?

Which medical providers are affected by the Advanced Imaging program?	Any provider who orders Advanced Imaging or Diagnostic Cardiology Services in an outpatient setting. Ordering providers will need to request a prior authorization and the delivering/servicing providers will need to ensure there is an authorization number to bill the service. • Ordering providers, including Primary Care Providers (PCPs) and Specialty Care providers. • Delivering/Servicing providers who perform Advanced Imaging and Diagnostic Cardiology Services at**:** • Freestanding diagnostic facilities • Ambulatory Surgical Centers • Hospital outpatient diagnostic facilities • Provider offices • Radiation Treatment Facilities • Rehab Facilities

CLAIMS RELATED

Where do providers send their claims for Advanced Imaging and Diagnostic Cardiology outpatient services?	Providers should continue to send claims to the address indicated on the back of the CountyCare member ID card. Providers are also encouraged to follow their normal EDI claims process.

How can providers check claims status?	Providers should check claims status on the CountyCare claim website at: http://countycare.valence.care
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 CountyCare. Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.
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 Diagnostic Cardiology Services?	Evolent's Clinical Guidelines can be found on Evolent's website, RadMD.com under Online Tools/Clinical Guidelines. Evolent's guidelines for Advanced Imaging and Diagnostic Cardiology Services have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
Will the CountyCare member ID card change with the	No. The CountyCare member ID card will not contain any Evolent information on it and the

implementation of this Advanced Imaging and Diagnostic Cardiology Program?	member ID card will not change with the implementation of this Advanced Imaging and Diagnostic Cardiology Program.
What is an OCR Fax Coversheet?	By utilizing Optical Character Recognition (OCR) technology, Evolent can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from RadMD.com or contact Evolent to obtain one. Evolent can fax this coversheet to the ordering provider during authorization intake or at any time during the review process. By prefacing clinical faxes to Evolent with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.

RE-REVIEW AND APPEALS PROCESS

Is the Re-review process available for the outpatient Advanced Imaging services once a denial is received?	Once a denial determination has been made, if the office has new or additional information to provide, a re-review can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A re-review must be initiated within **5 business days** from the date of denial and prior to submitting a formal appeal. Evolent has a specialized clinical team focused on Advanced Imaging services. Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. Providers can call the phone number(s) above 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.
Who should a provider contact if they want to appeal a prior authorization decision?	Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Benefits (EOB) notification.

RADMD ACCESS

What option should I select to receive access to initiate authorizations?	Selecting "**Physician's office that orders procedures**" will allow you access to initiate authorization requests for outpatient exams and/or specialty procedures.

How do I apply for RadMD access to initiate authorization requests?	Prospective users should go to our website RadMD.com. • 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
Which link on RadMD will I select to initiate an authorization request for an outpatient exam or specialty procedure?	Clicking the "**Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)**" link will allow the user to submit a request for an outpatient exam or specialty procedure.

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 information has been uploaded or faxed to Evolent?	Clinical Information that has been received via upload or fax can be viewed by clicking the member name via the "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 will allow 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 if we need RadMD support?	For assistance, please contact RadMDSupport@evolent.com or call 1-800-327-0641. RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m. to 12 a.m. PST.
Who can a provider contact at Evolent for more information?	You may contact your dedicated Evolent Provider Solutions Manager: Sharee Adams 1-314-387-5761 or SAdams@evolent.com
Who can a provider contact at the CountyCare if they have questions or concerns?	Contact CountyCare provider services at 312-864-8200. Providers may access the CountyCare portal: http://countycare.valence.care