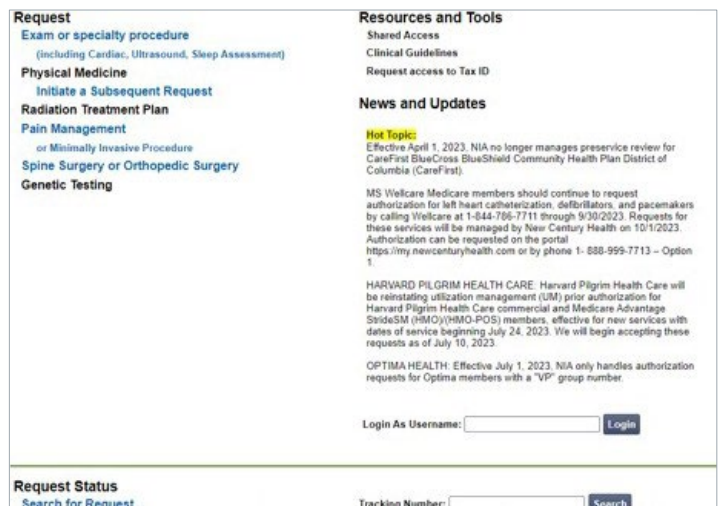


# RadMD Quick Start Guide: Physical Medicine Authorization Requests

This quick start guide assists the ordering provider and staff in obtaining prior authorizations for physical medicine services quickly and easily via RadMD. To start, visit [RadMD.com](https://RadMD.com). Click Login on the right side of the screen. Enter your account ID and password, then click Login.

## 1. Request a physical medicine authorization

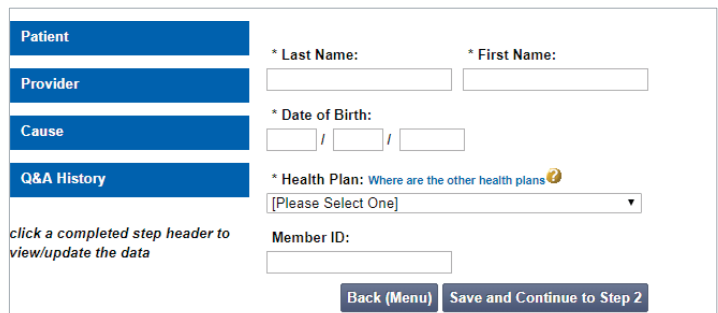
From the main menu under Request, click *Physical Medicine*



The screenshot shows the RadMD Request menu. On the left, under the 'Request' header, there is a list of options: 'Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)', 'Physical Medicine' (highlighted in blue), 'Initiate a Subsequent Request', 'Radiation Treatment Plan', 'Pain Management or Minimally Invasive Procedure', 'Spine Surgery or Orthopedic Surgery', and 'Genetic Testing'. On the right, there are sections for 'Resources and Tools' (Shared Access, Clinical Guidelines, Request access to Tax ID) and 'News and Updates' (Hot Topics, MS Wellcare Medicare members, HARVARD PILGRIM HEALTH CARE, OPTIMA HEALTH). At the bottom, there is a 'Request Status' section with a 'Search for Request' button and a 'Tracking Number' field with a 'Search' button.

## 2. Identify the patient

- Enter the patient's information
- Select Health Plan from drop down menu
- Click *Save and Continue*



The screenshot shows the RadMD Patient Identification form. It has a sidebar with blue headers: 'Patient', 'Provider', 'Cause', and 'Q&A History'. The main form area contains fields for: '\* Last Name:', '\* First Name:', '\* Date of Birth:' (with a dropdown for month, day, and year), '\* Health Plan:' (with a dropdown menu and a link 'Where are the other health plans?'), and 'Member ID:'. At the bottom, there are two buttons: 'Back (Menu)' and 'Save and Continue to Step 2'. A note at the bottom left says 'click a completed step header to view/update the data'.

### 3. Identify the clinic

- For HMSA, utilize the treating provider's name, rather than facility/clinic name
- Click *Search*
- Select the correct treating provider and address

**Search Clinic**

Enter at least one search term.  
To narrow results, enter additional criteria.

|        |   |              |   |
|--------|---|--------------|---|
| Name:  | <input type="text" value="last name"/>                | Zip:         | <input type="text" value="Requires five digits"/>     |
| Phone: | <input type="text" value="Requires 10 digits"/>       | Provider ID: | <input type="text" value="Requires four characters"/> |
| NPI:   | <input type="text" value="Requires four characters"/> | Tax ID:      | <input type="text" value="Requires nine characters"/> |

Search

### 4. Identify the physical medicine treating provider

- Enter treating provider search criteria
- Click *Next*

**What is the name of the treating provider or therapist?**

|             |  |   |
|-------------|--|---|
| First Name: | <input type="text" value="Provider's first name"/> | * |
| Last Name:  | <input type="text" value="Provider's last name"/>  | * |
| Suffix:     | <input type="text" value="Enter Suffix:"/>         |   |

Next

### 5. Confirm the clinic

- For HMSA, utilize the treating provider's name, rather than facility name
- Click *Search*
- Select the correct treating provider and address

#### Request Physical Medicine: Search Clinic

**Clinic Search:**

|         |   |              |                      |
|---------|---|--------------|----------------------|
| Name:   | <input type="text" value="provider's last name"/> | City:        | <input type="text"/> |
| Tax ID: | <input type="text"/>                              | Zip:         | <input type="text"/> |
| NPI:    | <input type="text"/>                              | Provider ID: | <input type="text"/> |

Search

### 6. Cause for therapy

- Select the cause for therapy
- Provide diagnosis code(s)
- Answer general questions
- Click *Save and Continue*

|                 |   |
|-----------------|---|
| <b>Patient</b>  | Cause for Therapy: <input type="text" value="[Choose One]"/>  |
| Name:           | ICD10 Code: <input type="text"/>  |
| DOB:            | <input type="button" value="Add Another Code"/>   |
| ID:             | *Is the cause of the illness/injury related to a Motor Vehicle Accident?<br><input type="text" value="[Please select one]"/>    |
| Carrier:        | *Is Another Party Financially Responsible for the patient's illness/injury?<br><input type="text" value="[Please select one]"/> |
| <b>Provider</b> | *Is the cause of the illness/injury related to the Patient's Employment?<br><input type="text" value="[Please select one]"/>    |
| <b>Cause</b>    | <div>Back (Provider) Continue</div>   |

### 7. Confirm the provider's phone and fax numbers

- Enter provider callback phone and fax numbers
- Choose email or fax mnotifications
- Click *Continue to Clinical Questions*

#### Physical Medicine: Confirm the Provider's Phone and Fax Numbers

Evolent may need to contact the provider in regards to this request.

|                     |                      |
|---------------------|----------------------|
| Phone Number:       | <input type="text"/> |
| Contact Name:       | <input type="text"/> |
| Fax Number:         | <input type="text"/> |
| Confirm Fax Number: | <input type="text"/> |

#### Paperless Option

In an effort to minimize our impact on the environment, Evolent is defaulting communications, including service request notifications, to paperless/electronic. Notifications will be sent to Your email address with a link to RadMD, where you can retrieve correspondence electronically. If you prefer to continue receiving paper correspondence, please change the selection below to Fax.

☒ Email ☐ Fax

Continue to Clinical Questions

## 8. Select the evaluation date

### Physical Medicine: Clinical Q/A

What is the evaluation date of the Physical Therapy? Date cannot be in the future date and must be entered in mm/dd/yyyy format

## 9. Clinical questions

- Answer questions specific to the service
- Click *Next* after answering each question

## 10. Request complete

A set of visits specific to the requested treatment plan may be offered as an initial authorization based on the responses to the preceding questions. "Do you want to accept the approved visits?"

**Yes** - Begin using visits to provide service

**No** - Proceed with clinical validation process to continue request

If we are not able to offer an initial set of visits based on the responses provided, or if you choose not to accept the initial offering, you will be prompted to submit clinical information to continue processing the request. Your request will enter a pended status until the clinical information is received.

Upload supportive clinical documentation or fax clinical documentation using fax cover sheet.

### Physical Medicine: Clinical Q/A

What is the type of habilitation?

- ☐ Rehabilitative
- ☐ Habilitative
- ☐ Neuro Rehabilitative

### Physical Medicine - Confirm Approved Visits

| Therapy Type     | Approved Visits | Validity Period     |
|------------------|-----------------|---------------------|
| Physical Therapy | 10              | 6/9/2025 - 8/8/2025 |

Do you accept the approved visits?

☐ Yes ☐ No

**Next**

#### Disclaimer

This case is being pended for further evaluation. You may fax clinical information for review to 1 800 784-6864. Clinical review criteria and current status are available with your tracking number using our automated phone options or at [www.radmd.com](http://www.radmd.com). Your tracking number is 159244.

| Status                            | Patient                  | Provider       |
|-----------------------------------|--------------------------|----------------|
| Current Status: Pending           | Name:                    | Name:          |
| Validity Period: [Not Applicable] | Member ID:               |                |
| Tracking Number: 159244           | Date of Birth: 7/20/1980 | Provider ID:   |
|                                   | Gender: Female           |                |
| Facility                          | Details                  | RadMD.com User |

### FOR HELP...

For assistance, please contact the provider support team at:  
[radmdsupport@evolent.com](mailto:radmdsupport@evolent.com) or 1.800.327.0641.

RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m.–12 a.m. PST.