



Evolut | Independent Health Physical Medicine Program

Provider Training – Go Live October 15, 2025

How We Will Spend Our Time Together

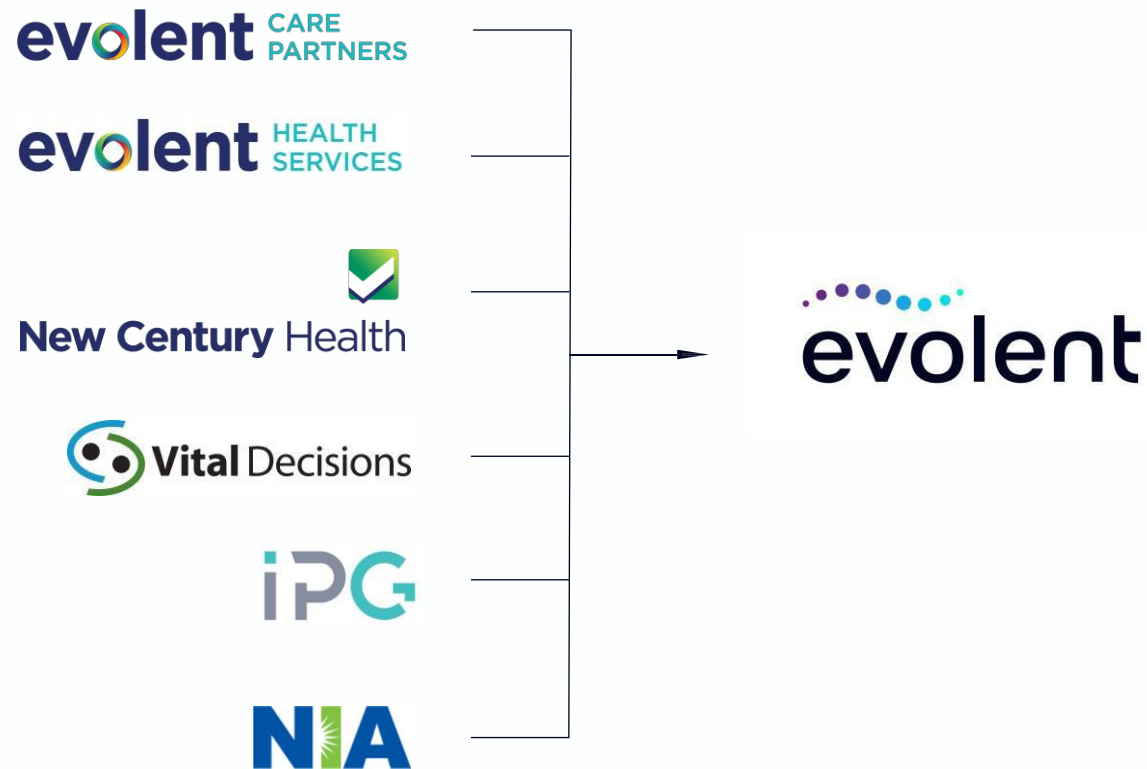
01 | Scope and Process

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03 | Demonstration of RadMD

NIA and New Century Health Are Now Evolent

Connecting Our Brands is About Connecting Care



Evolution | Scope and Process

High Level Partnership Responsibilities Across Entities



Evolut:

- Online portal for authorization requests
- Clinical guidelines and policies
- Review requests for medical necessity
 - Auto-approval of requests that meet criteria.
 - Medical necessity reviews are conducted initially by a nurse and a Clinical Reviewer, if needed
- Ordering provider and member notifications

Independent Health:

- Appeals
- Claims management
- Case management
- Provider contracts and credentialing

Physical Medicine Program Scope Overview

 	
Service Area	New York
Lines Of Business (LOB)	<u>Effective October 15, 2025</u> Independent Health Medicare Members 18 years of age and older
Evolut Physical Medicine Scope	Services: <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy Places of Service: <ul style="list-style-type: none"> 11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 62 - Outpatient Rehab Center
Authorization Process	Ordering provider's office must submit prior authorization requests to Evolut. <ul style="list-style-type: none"> Via the Evolut RADMD provider portal at evolent.com/provider-portal Telephonic Intake at 1.800.642.7452 Initiating a Peer-to-Peer consultation: 1.800.642.7452 <p style="text-align: center;">Hours of Operation Monday – Friday, 8:00 AM – 8:00 PM EST</p> <p style="text-align: center;">RADMD Support RadMDSupport@Evolut.com 1.800.327.0641</p>
Evolut Turnaround Times (TAT)	Standard Request: 14 calendar days Expedited Request: 72 calendar hours
Retrospective Authorizations	Providers have 5 business days from the date of service to submit the request.
Re-opens	Re-opens are only allowed when they meet CMS criteria for re-open.
Appeals	In the event Evolut issues a prior authorization denial, providers may appeal the decision through Independent Health.

Additional Notes:

- Providers have up to 5 business days from the date of service to submit a prior authorization request. Evolut will backdate the authorization to cover the original date of service.
- CPT codes associated with evaluations do not require an authorization. Treatment and all other codes such as HCPCS and revenue codes require an authorization.
- Per discipline, each date of service counts as a visit

Exclusions	<ul style="list-style-type: none"> Evolut Physical Medicine clinical guidelines, checklists and tip sheets can be located at RADMD Physical Medicine.
	<ul style="list-style-type: none"> All places of service not specifically listed in defined scope Appeals and grievances Claims management/provider contracting Lines of business outside defined scope Emergent/non-elective services

Prior Authorization Process



* Retro Requests may be submitted up to **5 business days** from the date of service

Clinical Guidelines

- Evolent Clinical Guidelines, Milliman Care Guidelines (MCG), and Medicare LCD/NCD
- Evolent's guidelines are developed by practicing clinicians through literature reviews using evidence-based research.
- All guidelines have been reviewed and approved by the Health Plan and Evolent's medical leadership
- Guidelines are available on RadMD.com

Resources and Tools

Shared Access

[Clinical Guidelines](#) 

Request access to Tax ID

Physical Medicine Documentation Requirements

Rehabilitative

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

Habilitative

Habilitative Request beyond a Year of Care:

Clinical documents should include:

- Re-evaluation (annually):
 - 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
- Recent progress note with updated plan of care (performed within the past 90 days)
- Two to three of the most recently daily notes

Subsequent Requests

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
- The addition of a new diagnosis

How are subsequent requests initiated?

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

When can it be initiated?

- When most of the visits have been used
- Visits build on the previous authorizations

Will I lose visits?

- Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization
- If the authorization expires, you will lose the visits

Treating an Additional Body Part

Initial Steps

- Perform a new evaluation on that body part/condition
- Develop goals for treatment

Treating body parts concurrently:

- Submit a subsequent request including:
 - Evaluation of the new body part or condition
 - Updated plan of care
 - Results of any standardized outcome measures
- Authorization will include:
 - New ICD10 code(s)
 - Additional visits as needed
 - Possibly a change to the validity period

Discontinuing care on original body part:

- Submit a new request including:
 - Discharge for the original condition or body part
 - Evaluation of the new body part or condition
 - Updated plan of care
 - Results of any standardized outcome measures
- New authorization will include:
 - Visits approved
 - New validity period
 - Original authorization will be discontinued

Options Following a Denial



- **Peer-to-Peer Discussion:**
 - Consultation purposes only
 - Scheduled by calling Evolent's call center or through the request on RadMD
 - Peer-to-peer discussions must be performed before a final determination has been made on the request
- **Reconsideration, Re-reviews, and Re-opens**
 - Medicare re-opens are only allowed when they meet CMS's criteria for a re-open
- **Appeals:**
 - Directions to submit an appeal are included in the denial notification

Approved Authorization

Exam Request Verification: Detail

Upload Clinical Document Print Fax Cover Sheet Request Additional Visits Request Validity Date Extension

Member		Provider		Facility / Location	
Name:	Joey Smith	Name:	Champion PT	Name:	Champion PT
Gender:	Female	Address:	2002 Championship Drive College Park, GA 30337	Address:	2002 Championship Drive College Park, GA 30337
Date of Birth:	6/7/1986	Phone:	(470) 987-6543	Phone:	(470) 987-6543
Member ID:	U123456789	Tax ID:	987654321	Tax ID:	987654321
Health Plan:	26111 Ambetter from Peach State Secure Care - HMO FI	UPIN:			
Spoken Language:	SPANISH	Specialty:	Physical Medicine		
Written Language:	SPANISH				

Case

Case Description:	Therapy-PT	Request ID:	98765PSH4321
		Tracking:	0987654321
Request Date:	07/01/2025 04:46 PM	Status:	Approved
Entry Method:	RadMD	Validity Dates:	6/28/2025-7/28/2025
ICD10:	Z43.1 Update	Contact Name:	Keith Booth
Initial Determination Date:	07/01/2025 04:46 PM	Email:	ChampionPT@email.com
Final Determination Date:	07/01/2025 04:46 PM	Extension:	No

Please be advised that all data was current as of Thursday, July 03, 2025 at 11:18 AM MST

Request ID	Visits Requested	Visits Approved	Created Date	Created User	Outcome	Updated Date	Updated User	Treatment Start	Treatment End
98765PSH4321	1	1	7/1/25 4:46PM	RadMD	Notify Approved			6/28/25 12:00AM	7/28/25 12:00AM

- **Notifications will include:**
 - Authorization Number or Request ID
 - Tracking Number
 - Visits Approved
- **Validity Period:** varies based on the number of visits approved and the plan of care
- **Modifying Authorization:**
 - Extend up to 30 days
 - Shorten the validity period

Partial and Full Denials

Request ID	Visits Requested	Visits Approved	Created Date	Created User	Outcome	Updated Date	Updated User	Treatment Start	Treatment End
	14	3	1/9/25 11:43AM	RadMDNotify	Partially Approved	1/12/25 1:59PM		1/9/25 12:00AM	2/7/25 12:00AM
	12		2/6/25 2:57PM	RadMDNotify	Disapproved	2/6/25 3:52PM		2/8/25 12:00AM	2/8/25 12:00AM

Denial Rationale

- You asked for physical therapy because of chronic back pain.
- To approve this service the following criteria must be met: Evolent Clinical Guideline 605 for Measurable Progressive Improvement.
- These criteria are not met because the notes do not show why a skilled therapist is needed and that care is helping. We reviewed your therapy notes. The notes sent to us show limited change in objective measures since your last report. It is not clear how therapy is helping you. Notes do not show the care you requested is needed.

Evolut | Common Reasons for Physical Medicine Denials

Common Reasons for Physical Medicine Denials

Need for Skilled Care	<ul style="list-style-type: none">• Interventions do not require the skills of a licensed therapist
Lack of Information	<ul style="list-style-type: none">• No clinical documentation received• Lacks recent objective measures or functional outcome measures
Lack of Progress	<ul style="list-style-type: none">• Minimal gains with therapy• Limited change in objective measures and improvement toward goals
Excessive Request	<ul style="list-style-type: none">• High frequency or number of visits requested without justification• Ongoing care and documented goals are not supported

Common Reasons for Physical Medicine Denials (Continued)

Excessive Frequency	<ul style="list-style-type: none">• Interventions do not require the skills of a licensed therapist
Overlapping Authorizations	<ul style="list-style-type: none">• Treatment should not duplicate services provided in multiple settings or clinics
Goals and Plan of Care (Habilitative)	<ul style="list-style-type: none">• Treatment goals must be realistic, measurable, functional, and promote attainment of developmental milestones commensurate to member age and circumstance
Episodic Care Model (Habilitative)	<ul style="list-style-type: none">• Care may be needed throughout the members lifetime, but when the member is has achieved and/or functional improvement is not evident or expected to occur

Evolent | RadMD Demonstration

Questions and Next Steps

Link for additional training sessions:

<https://go.evolent.com/program-changes-october-15-2025>

Access to the Evolent provider portals:

evolent.com/provider-portal

Evolent Provider Solutions Manager:

Mara Grimm|Mara.Grimm@evolent.com|804.548.0584

Upcoming Training Sessions

Physical Medicine:

- September 16, 2025 | 12:00 p.m. - 1:00 p.m. ET
- September 25, 2025 | 9:00 a.m. - 10:00 a.m. ET
- September 30, 2025 | 12:00 p.m. - 1:00 p.m. ET
- October 8, 2025 | 12:00 p.m. - 1:00 p.m. ET

We welcome
your feedback to
help us improve.