



# Superior HealthPlan 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



## THE PROGRAM

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



## IMPORTANT DATES

- Program start date: December 1, 2021
- Begin obtaining authorizations from Evolent on November 29, 2021, for services rendered on or after December 1, 2021.
- Effective 10/06/2025, therapy requests must include either a completed Texas Medicaid PT/OT/ST Prior Authorization Form signed/dated by the referring physician OR a signed/dated physician order, as well as a Plan of Care signed/dated by the referring physician. In lieu of having the Plan of Care signed, a physician's referral or order dated on or after the evaluation (or re-evaluation) that specifies frequency and duration of services is acceptable.



## DISCIPLINES & SETTINGS INCLUDED

- Physical Therapy
  - Occupational Therapy
  - Speech Therapy
- 
- Outpatient Facilities
  - Home Health
  - Skilled Nursing Facilities (POS 31 & 32)



## MEMBERSHIP INCLUDED

- Superior Medicaid (STAR, STAR+PLUS\*) and CHIP.
- \*Please note: For Medicaid STAR+PLUS members, this expansion is only applicable to nonSTAR+PLUS HCBS Waiver members.



## NETWORK

- Evolent will manage services through Superior HealthPlan's contractual relationships.

# Physical Medicine Program

## Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

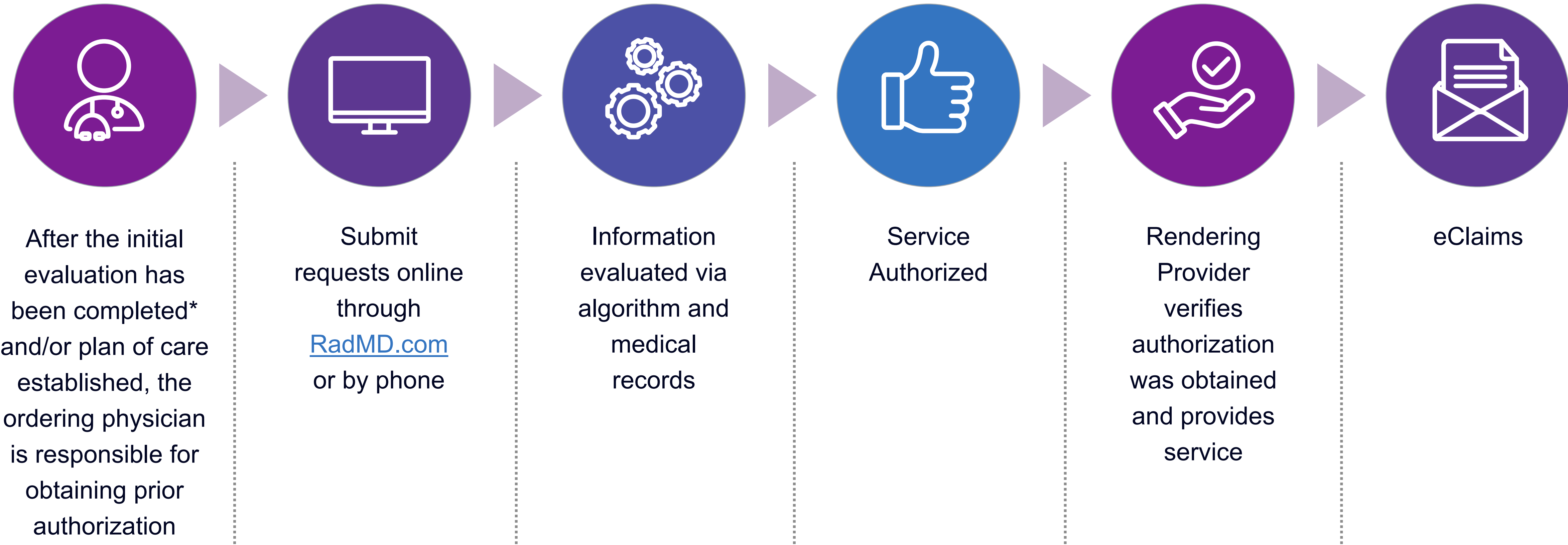
# Physical Medicine Program Exclusions

## Exclusions

- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Acute Rehab Hospital (Inpatient)



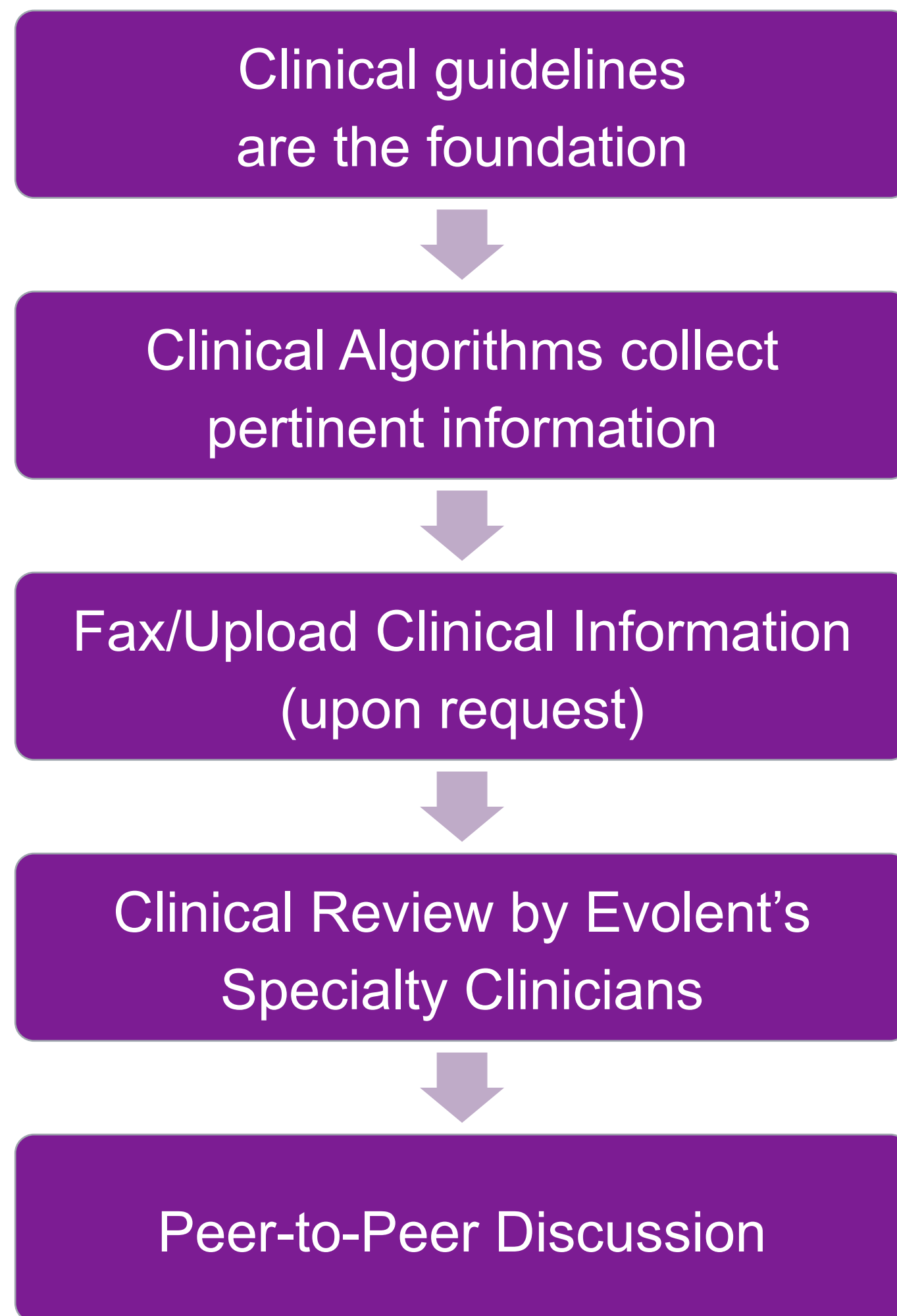
# Prior Authorization Process Overview



*\*The CPT codes for Physical, Occupational and Speech Therapy initial evaluations do not require an authorization for participating providers. All other billed codes, even if performed on the same date as the initial evaluation, will require authorization prior to billing*



# 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 Superior and Evolent 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 therapists and chiropractors, 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: 

[Choose One] ▼

ICD10 Code: 

Add Another Code

Discipline of therapy being requested: 

[Choose One]

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

[Please select one] ▼

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

[Please select one] ▼

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

[Please select one] ▼

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

Back (Provider)

Continue

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# 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.

*\* Formal testing must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided. Test scores should establish presence of a motor or functional delay.*

*\*\*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*

# Evolt to Physician: Request for Clinical Information

- ✓ A fax is sent to the provider detailing what clinical information that 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.

CC\_TRACKING\_NUMBER FAXC

PLEASE FAX THIS FORM TO:

Date: TODAY

ORDERING PROVIDER:	REQ PROVIDER:		
FAX NUMBER:	FAX RECIP PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE:	Authorization Request	MEMBER ID:	MEMBER_ID
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CAR_NAME		

**Request for Further Clinical Information**

We have received your request for PROC\_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (Fax # or phone all relevant information requested below. For information regarding A clinical guidelines used for determinations please see radind.com. To speak with an Initial Clinical Reviewer please call:

1. Treating condition/diagnosis:
2. Brief relevant medical history and summary of previous therapy:
3. Surgery Date and Procedure (if any):
4. Date of initial evaluation: Date of Re-evaluation:

RESULTS OF OBJECTIVE TESTS AND MEASURES:



# Submitting Additional Clinical Information

- Records may be submitted:
  - Upload to [RadMD.com](#)
  - Fax using Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from [RadMD.com](#)
  - Call 1-800-642-7554
- Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical DocumentPrint Fax Cover SheetRequest Additional Visits

Cases in this Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender:	Female		
Date of Birth:	5/24/1971	Address:	123 Main St, New City, ST 12345
Member ID:	AB123456	Phone:	123-456-7890
Health Plan:	ABC Health Plan HMO	Tax ID:	987654321
		UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

# Clinical Specialty Team: Focused on Physical Medicine



## Physical Medicine Review

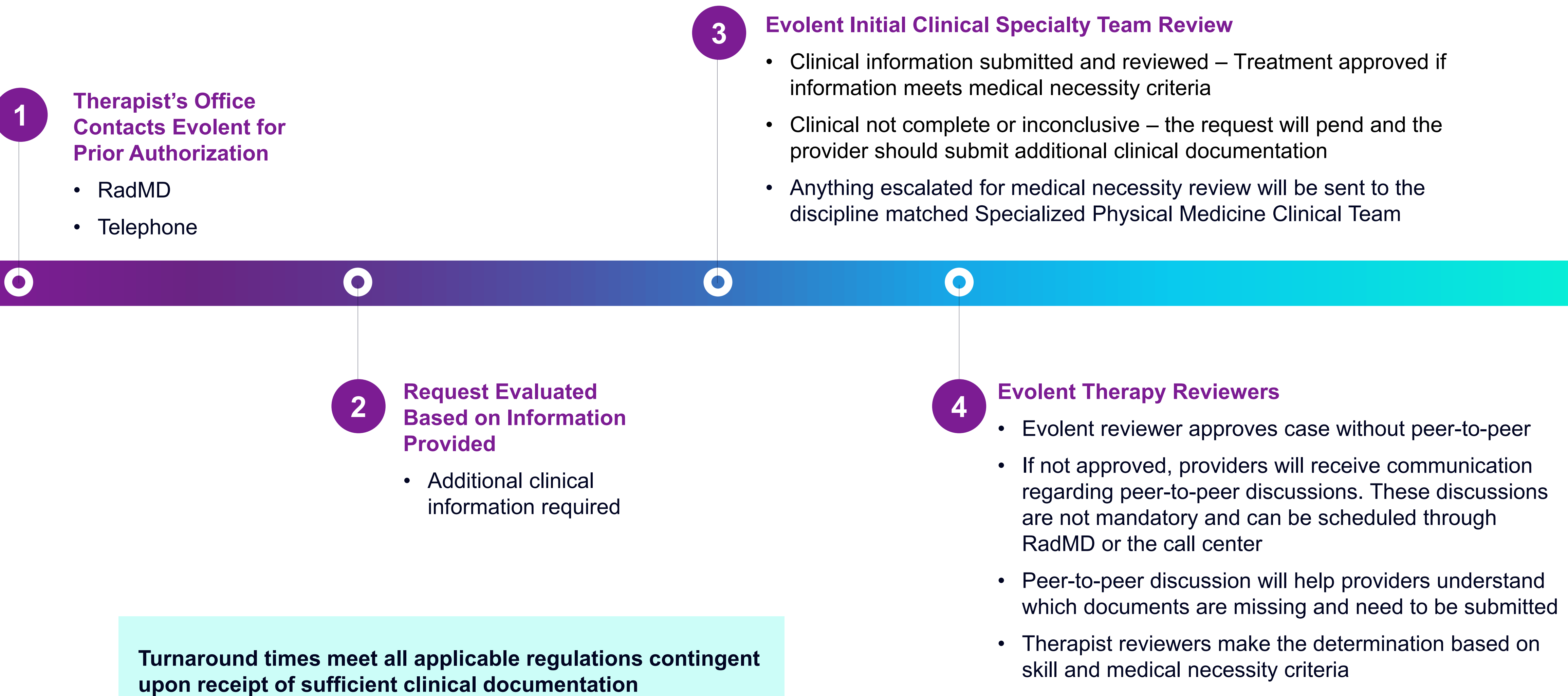
Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

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 and chiropractors.



# Physical Medicine Clinical Review Process



# 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
- The addition of a new diagnosis



## **How are subsequent requests initiated?**

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



## **When can it be initiated?**

- Can be initiated at any time after receiving notification about previous authorization
- Visits build on the original authorization



## **What happens when the documentation does not support a need for additional visits?**

- If medical necessity is not supported for continuation of care, a 15-day notice of pending adverse determination will be given to transition to a home program

# 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.
- It is important that the service is performed within the validity period.

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- In some cases, a peer-to-peer discussion will be for consultation purposes only.
- In the event of a denial, 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 Superior.
- Providers are strongly encouraged to use EDI claims submission.

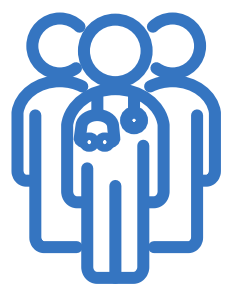
## Appeals Process:

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



# Physical Medicine Points

Effective 10/06/2025, therapy requests must include either a completed Texas Medicaid PT/OT/ST Prior Authorization Form signed/dated by the referring physician OR a signed/dated physician order, as well as a Plan of Care signed/dated by the referring physician. In lieu of having the Plan of Care signed, a physician's referral or order dated on or after the evaluation (or re-evaluation) that specifies frequency and duration of services is acceptable.



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



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



After the initial visit, providers will have up 3 business days to request approval from the date of the evaluation. If requests are received timely, Evolent is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.



# 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.



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.

# 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



1-800-642-7554

Available

During business hours

# Evolut 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

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



The screenshot displays the RadMD website interface. The top section, titled "RadMD Sign In", has a green background and contains the text: "For URGENT/EXPEDITED authorization requests, please contact the Evolut call center." Below this text are two buttons: "Sign In" (orange) and "New User" (grey). The bottom section, titled "Track an Authorization", has a light orange background. It features the text "Authorization Tracking Number" in orange, followed by a white input field. To the right of the input field is an orange "Go" button.



# RadMD New User Application Process – Ordering Provider

## 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.

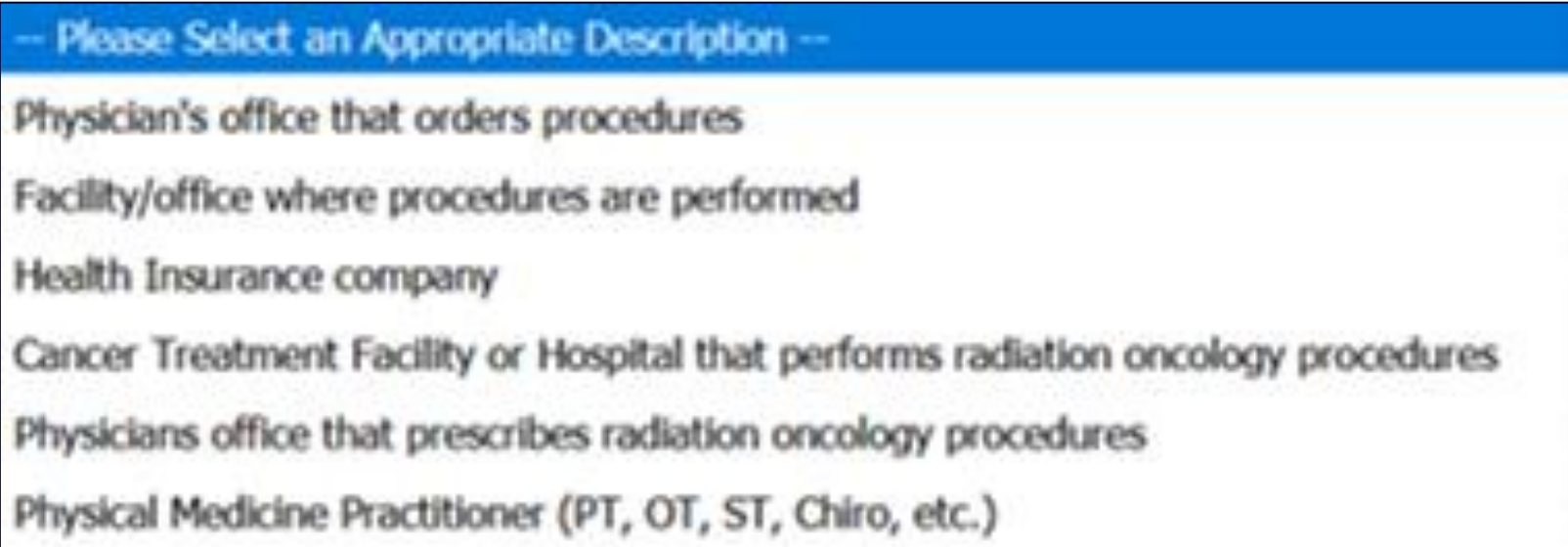
## IMPORTANT

- 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.

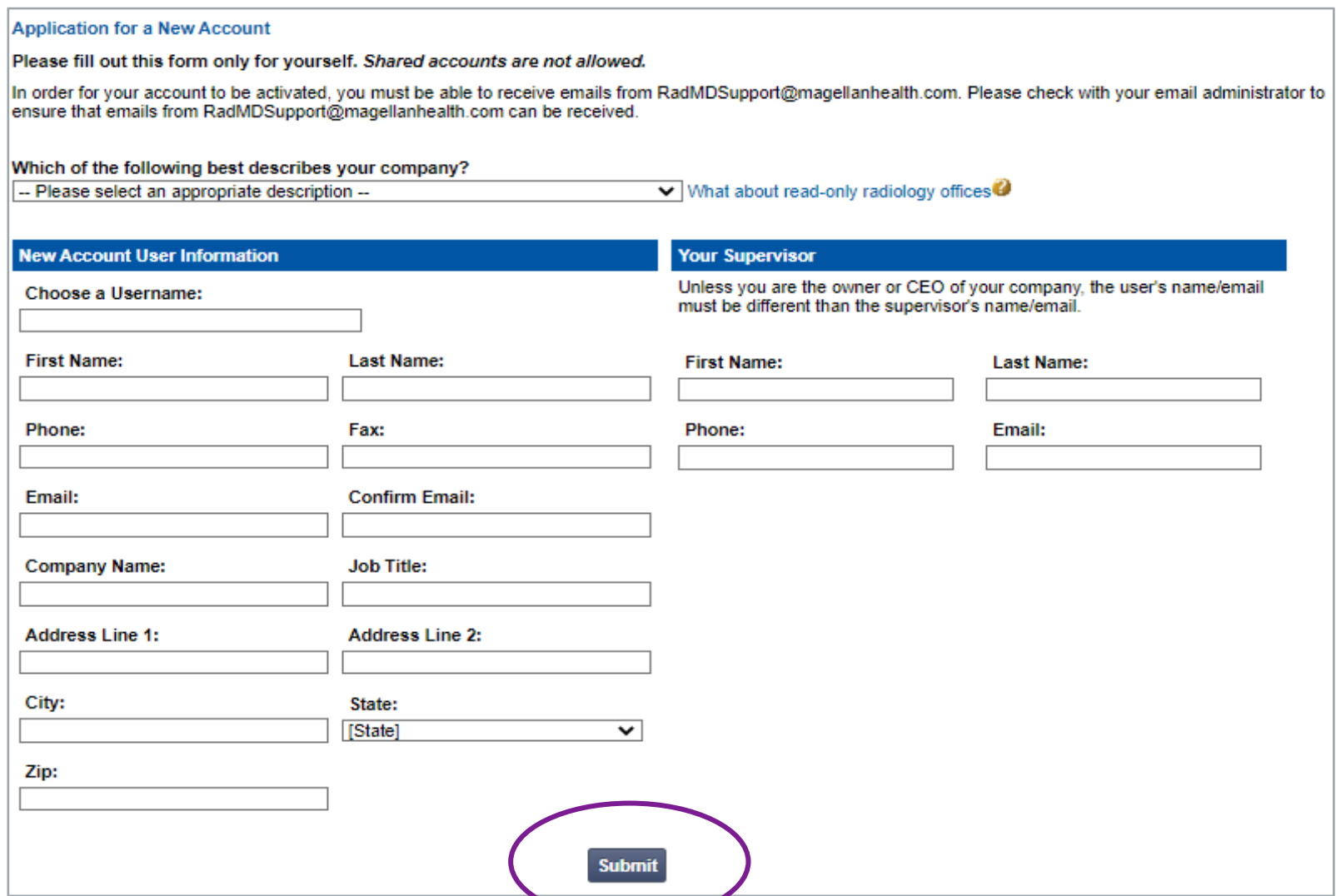
1

The image shows the RadMD Sign In page. At the top, it says "RadMD Sign In". Below that, it says "For URGENT/EXPEDITED authorization requests, please contact the Evolent call center." There are two buttons: "Sign In" and "New User". Below these buttons is a section titled "Track an Authorization". It has a text input field for "Authorization Tracking Number" and a "Go" button.

2

The image shows a dropdown menu titled "Please Select an Appropriate Description --". The dropdown is open, showing several options: "Physician's office that orders procedures", "Facility/office where procedures are performed", "Health Insurance company", "Cancer Treatment Facility or Hospital that performs radiation oncology procedures", "Physicians office that prescribes radiation oncology procedures", and "Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)".

3

The image shows the "Application for a New Account" form. It has a title "Application for a New Account" and a subtitle "Please fill out this form only for yourself. Shared accounts are not allowed." Below the subtitle, it says "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." There is a dropdown menu for "Which of the following best describes your company?" with the same options as in step 2. Below this is a section titled "New Account User Information" with fields for "Choose a Username:", "First Name:", "Last Name:", "Phone:", "Fax:", "Email:", "Confirm Email:", "Company Name:", "Job Title:", "Address Line 1:", "Address Line 2:", "City:", "State:", and "Zip:". There is also a section titled "Your Supervisor" with fields for "First Name:", "Last Name:", "Phone:", and "Email:". At the bottom right, there is a "Submit" button circled in red.

# Shared Access

Evolent offers a Shared Access feature on our [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](#), 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:

Login

**Request Status**  
[Search for Request](#)  
View All My Requests  
View Customer Service Calls

Tracking Number:

Search

[Forgot Tracking Number?](#)

# When to Contact Evolent

Initiating or checking the status of an authorization request	<ul style="list-style-type: none"><li>Website: <a href="https://www.RadMD.com">RadMD.com</a></li><li>1-800-642-7554</li></ul>
Initiating a Peer-to-Peer Consultation	<ul style="list-style-type: none"><li>1-800-642-7554</li></ul>
Provider Service Line	<ul style="list-style-type: none"><li><a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a></li><li>Call 1-800-327-0641</li></ul>
Provider Education requests or questions specific to Evolent	<p>Charles Allison Provider Relations Manager 1-602-572-2390 • <a href="mailto:callison@evolent.com">callison@evolent.com</a></p>

# 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.