

# ConnectiCare Radiation Oncology Program

Provider Training



# Evolent 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



## Our Motivation

### Patients

- Better Treatment.
- Better Health.

### Providers

- Less Friction.
- Appropriate Care.

# Radiation Oncology Prior Authorization Program



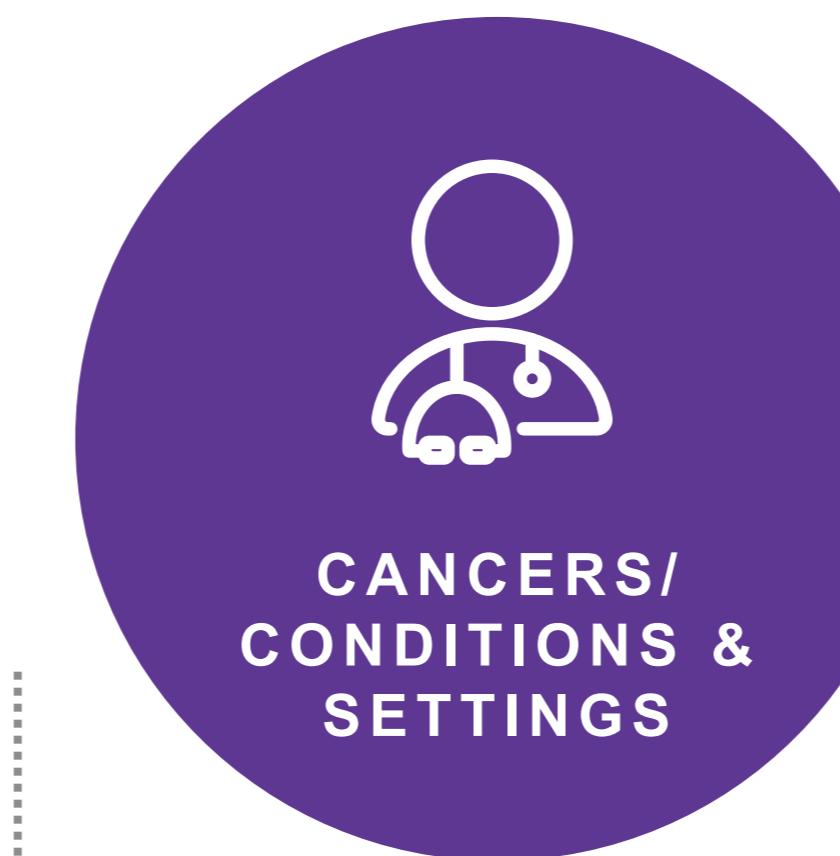
## THE PROGRAM

- ConnectiCare will begin a prior authorization program through Evolent for the management of Radiation Oncology Services.



## IMPORTANT DATES

- Program start date: Jan. 1, 2016.



## CANCERS/ CONDITIONS & SETTINGS

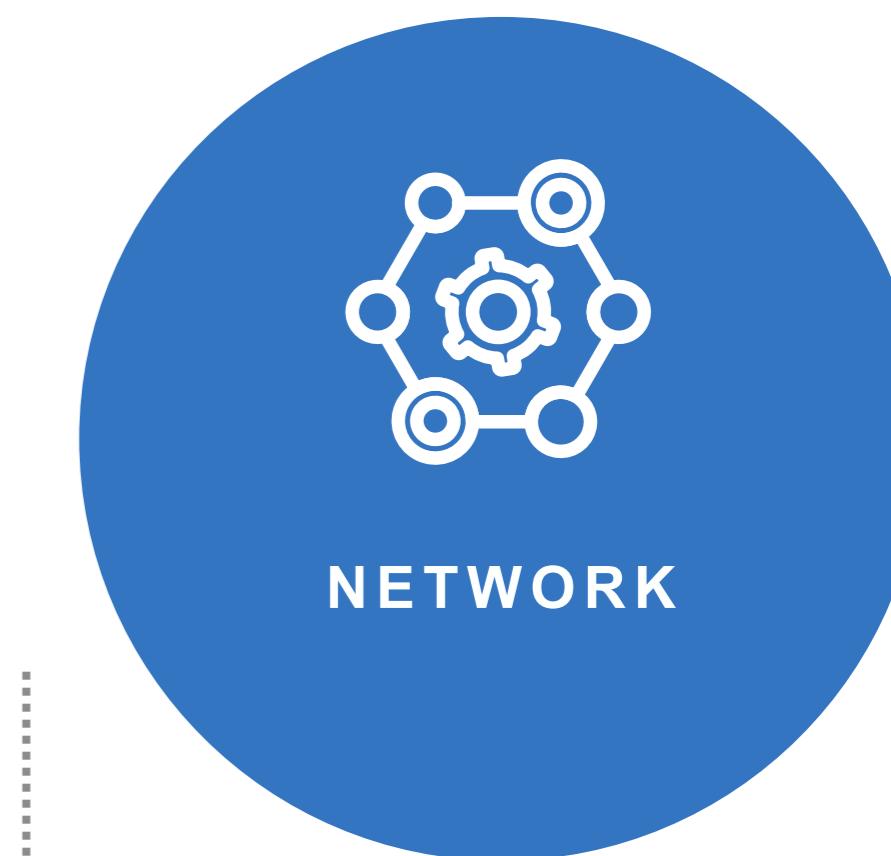
- Breast.
- Colon/Rectal.
- Lung.
- Prostrate.
- Brain/Spine.
- Bone.
- Metastatic.
- Head/Neck.
- Other Cancers.

- Outpatient setting.



## MEMBERSHIP INCLUDED

- Non-Core (Commercial)



## NETWORK

- Evolent will manage services through ConnectiCare'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.

# 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.

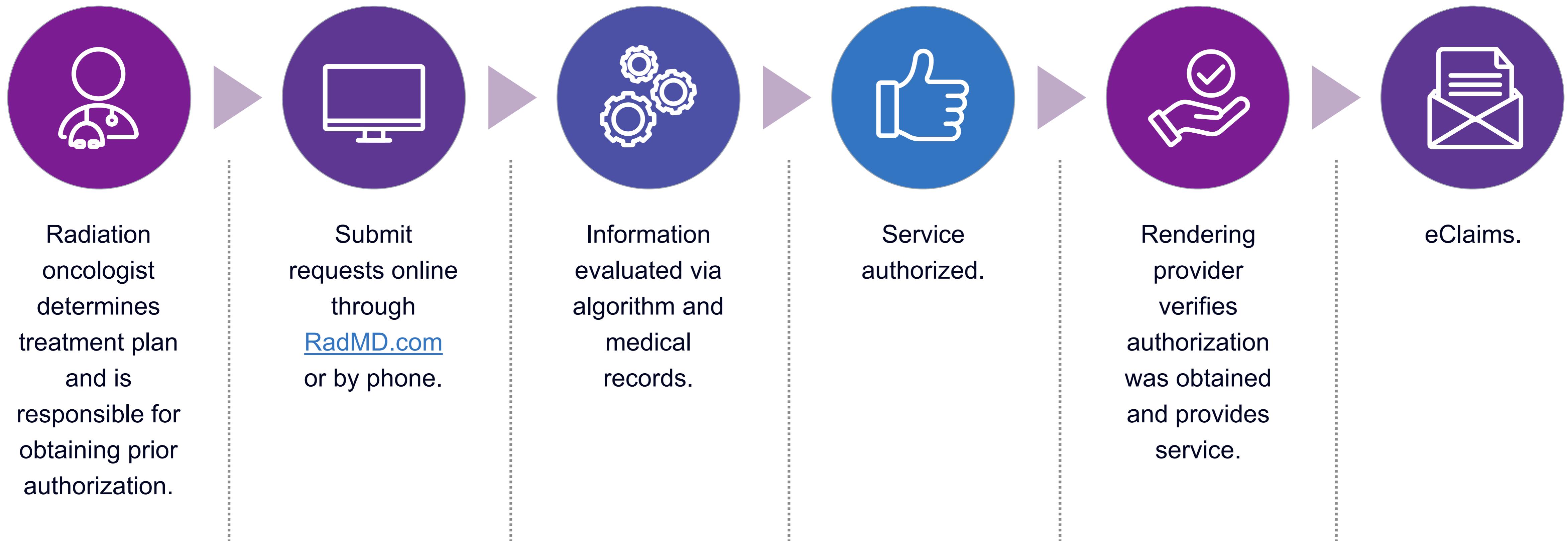
\* Treatment modality and number of treatments/fractions for the course of treatment..

# CPT Codes Requiring Prior Authorization (Radiation Oncology Example)

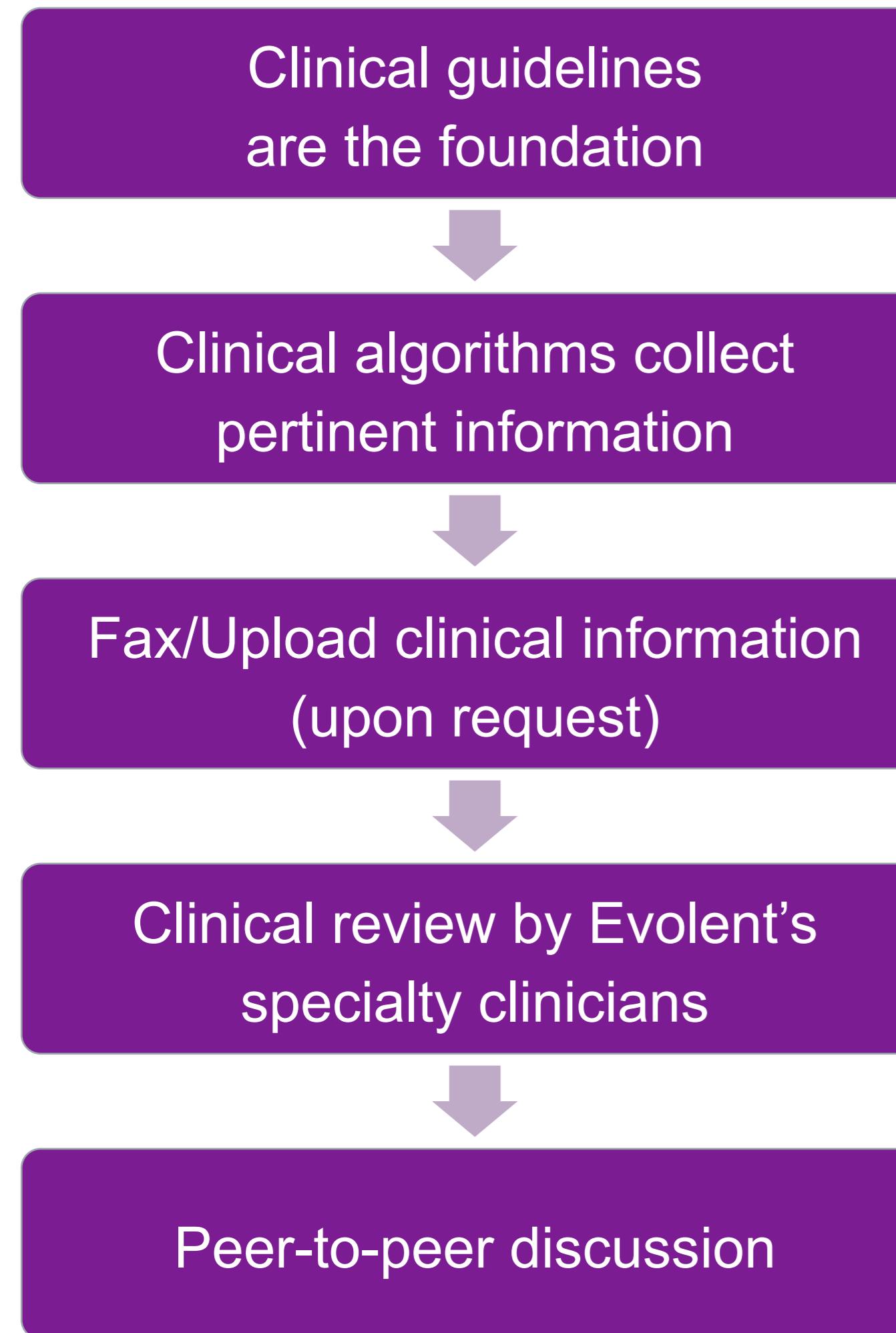
-  Review Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com).
-  Defer to ConnectiCare's Policies for Procedures not on the Utilization Review Matrix.

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 and 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 ConnectiCare and Evolent Medical Officers and clinical experts. **Clinical guidelines are available on [RadMD.com](https://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://RadMD.com) (preferred method) or by calling Evolent at **877-607-2363**.
-  Treatment delivery and management for 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.
- 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**

**General Information**

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:	

**Patient Clinical Information**

<input checked="" type="checkbox"/> Treatment Intent: <input type="checkbox"/> Curative <input type="checkbox"/> Palliative		
<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Margin Status: <input type="checkbox"/> Negative <input type="checkbox"/> Close <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Lymph Node Involvement: <input type="checkbox"/> None <input type="checkbox"/> Regional <input type="checkbox"/> Sentinel <input type="checkbox"/> Both Regional/Sentinel <input checked="" type="checkbox"/> Breast Being Treating: <input type="checkbox"/> Right Breast <input type="checkbox"/> Left Breast <input checked="" type="checkbox"/> Area Being Treated: <input type="checkbox"/> Whole Breast <input type="checkbox"/> Partial Breast <input type="checkbox"/> Chest Wall <input checked="" type="checkbox"/> Is this a recurrent tumor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Has patient received pre-operative chemotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No
		For APBI Only <input checked="" type="checkbox"/> Tumor Size (cm): <input checked="" type="checkbox"/> Clinically Unifocal Tumor: <input checked="" type="checkbox"/> BRCA 1 or 2 Mutation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Treatment Planning Information**

<input checked="" type="checkbox"/> 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 <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT	<input checked="" type="checkbox"/> Fractions: _____ <input checked="" type="checkbox"/> Number of ports/arcs/fields: _____ <input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> 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		
<input checked="" type="checkbox"/> Will the IMRT course of therapy be inversely planned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> 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 time frame 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]													
<table border="1" style="width: 100%;"><tr><td style="width: 15%;">ORDERING PHYSICIAN:</td><td style="width: 85%;">[Requesting Provider Name]</td></tr><tr><td>FAX NUMBER:</td><td>[Recipient Fax Number]</td></tr><tr><td>RE:</td><td>Authorization Request</td></tr><tr><td>PATIENT NAME:</td><td>[Member Name]</td></tr><tr><td>HEALTH PLAN:</td><td>[Name of Health Plan]</td></tr><tr><td colspan="2">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.</td></tr></table>		ORDERING PHYSICIAN:	[Requesting Provider Name]	FAX NUMBER:	[Recipient Fax Number]	RE:	Authorization Request	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.	
ORDERING PHYSICIAN:	[Requesting Provider Name]												
FAX NUMBER:	[Recipient Fax Number]												
RE:	Authorization Request												
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													
<p>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.</p>													
<p>[Requested clinical information]</p>													
<p><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></p>													
<p>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 <u>peer to peer</u> discussion.</p>													
<p style="text-align: right;">Submitting a prior authorization request on RadMD is fast and efficient!</p>													
<p>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 New User and submit an Application for New Account.</p>													
<p>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.</p>													
<p>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.</p>													
<p style="text-align: right;">IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL</p>													
[Tracking Number]	FAXC												
<p><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></p>													

# 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 **877-607-2363**.



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

# Clinical Specialty Team: Focused on Radiation Oncology



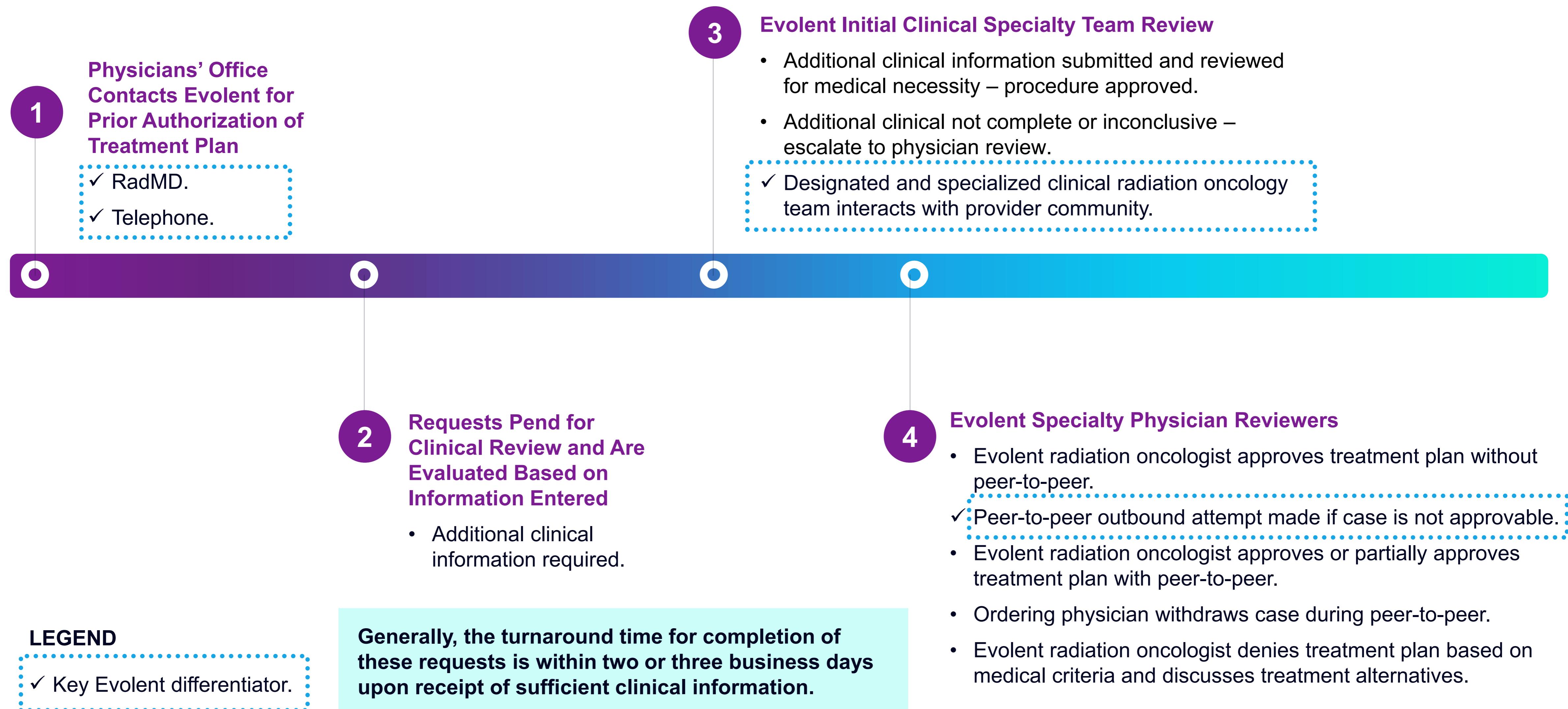
## Radiation Oncology Review

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://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 **877-607-2363**.
- Turnaround time is within 1 business day not to exceed 72 business 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 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 Evolent at:

- Commercial/Exchange: **800-923-2882**.
- Medicare VIP: **866-706-6929**.



No medical necessity review required for these members. However, notification is required to avoid claims denials.



Evolent 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.

Submitted By	Name (Last, First)		
Date:	Phone #	Fax #	*Required
Member Information	Name (Last, First) Address Gender <input type="checkbox"/> M <input type="checkbox"/> F    DOB    Member ID		
Provider Information	Radiation Oncologist Name Address Phone #    Fax # Physician Tax ID Radiation Therapy Facility Address Phone #    Fax # Facility Tax ID		
Radiation Therapy Treatment Plan Information	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 Radiation Therapy Type    CPT code    # of Treatments <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:		
Treatment Plan Update	A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date. <input type="checkbox"/> Check here if this form is to report changes to a previously submitted form. 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).		

# Treatment Authorization Nuances

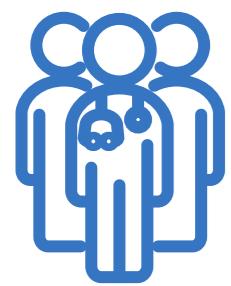
- Involves a radiation oncologist and a breast surgeon.
- Two authorizations required:
  1. Treatment plan authorization.
  2. Authorization for insertion of catheters.

## 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				
Name: Paris Noel Gender: Female Date of Birth: 05/20/1960 Health Plan: ABC Health Plan Spoken Language: Not Indicated Written Language: Not Indicated	Name: Addison Gray Address: 987 Park St. Outfield, IA 50012 Phone: 563-555-6541 Tax ID: 111223456 Specialty: Oncology	Name: Pinecrest LLC Address: 987 Park St. Outfield, IA 50012 Phone: 563-555-6542 Tax ID: 111223454				
Case	Radiation Oncology					
Case Description: Breast Cancer-Three Dimensional Radiation Therapy (3D-CRT) Request Date: 05/01/2023 Entry Method: RadMD ICD10: D05.12 Initial Determination Date: 05/01/2023 01:04 PM	Request ID: 123ABC456 Tracking: 014569874123 Approved Validity Dates: 05/01/2023-10/28/2023 Contact Name: Elvis Pawsley (Referring Provider) Written Language: Not Indicated	Planning Began: 05/01/2023 12:00 AM Treatment Start: 05/04/2023 Extension: No				
Final Determination Date: 05/01/2023 01:04 PM	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	Billable Codes
77412	05/01/23 1:04PM	Boost Treatment	Treatment Deliveries-EBRT	16	0	Billable Codes

# 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.
- Reconsideration peer-to-peer discussions can be initiated once the adverse determination has been made.
- Reconsideration may be available with new or additional information.
- Reconsideration must occur within 15 calendar days from the date of denial and prior to submitting a formal appeal.
- **Medicare:** Once a denial determination has been made, it is considered final.
- A request to reopen may be initiated by the requesting provider within the following time frames:
  - From the date of denial and prior to submitting a formal appeal.
  - Anytime to correct a clinical error on which the determination was made.
- Reopen peer-to-peer discussions are offered prior to the final denial decision for any request that does not meet medical necessity guidelines. The peer-to-peer must take place prior to the denial decision being issued.
- 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 ConnectiCare.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by signing on to Connectic平e's website at [connecticare.com](http://connecticare.com).

## Appeals Process:

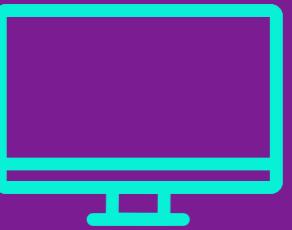
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through ConnectiCare.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# 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.

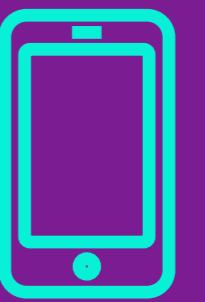
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- Interactive voice response (IVR) system for authorization tracking.



**RadMD.com**

Available 24/7



**877-607-2363**

Available Monday – Friday  
8 a.m. – 8 p.m. ET

# Evolent Website

## 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.
- Checklists.
- RadMD Quick Start Guide.
- 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 drop-down, 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.

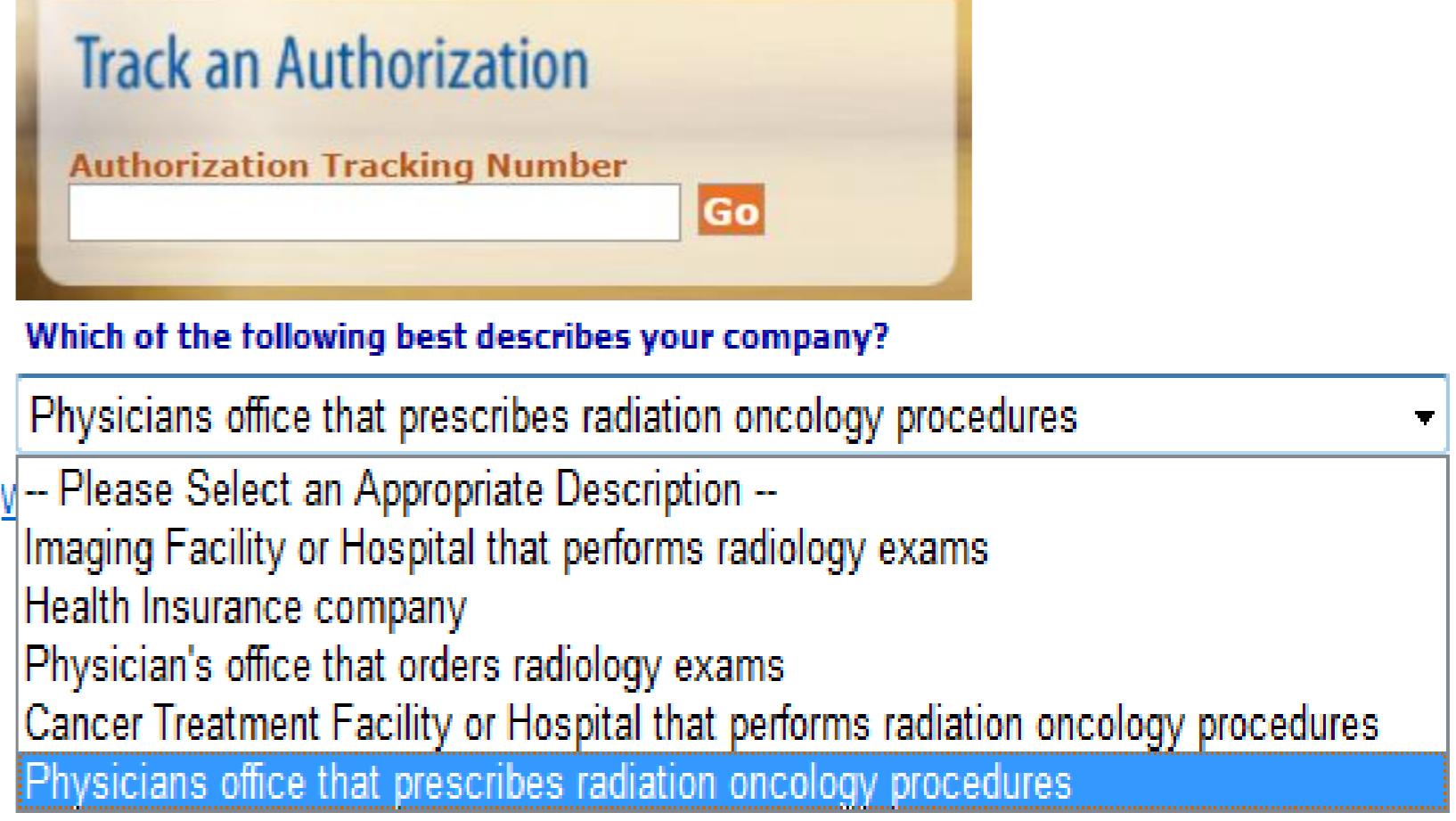
### IMPORTANT

- 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.

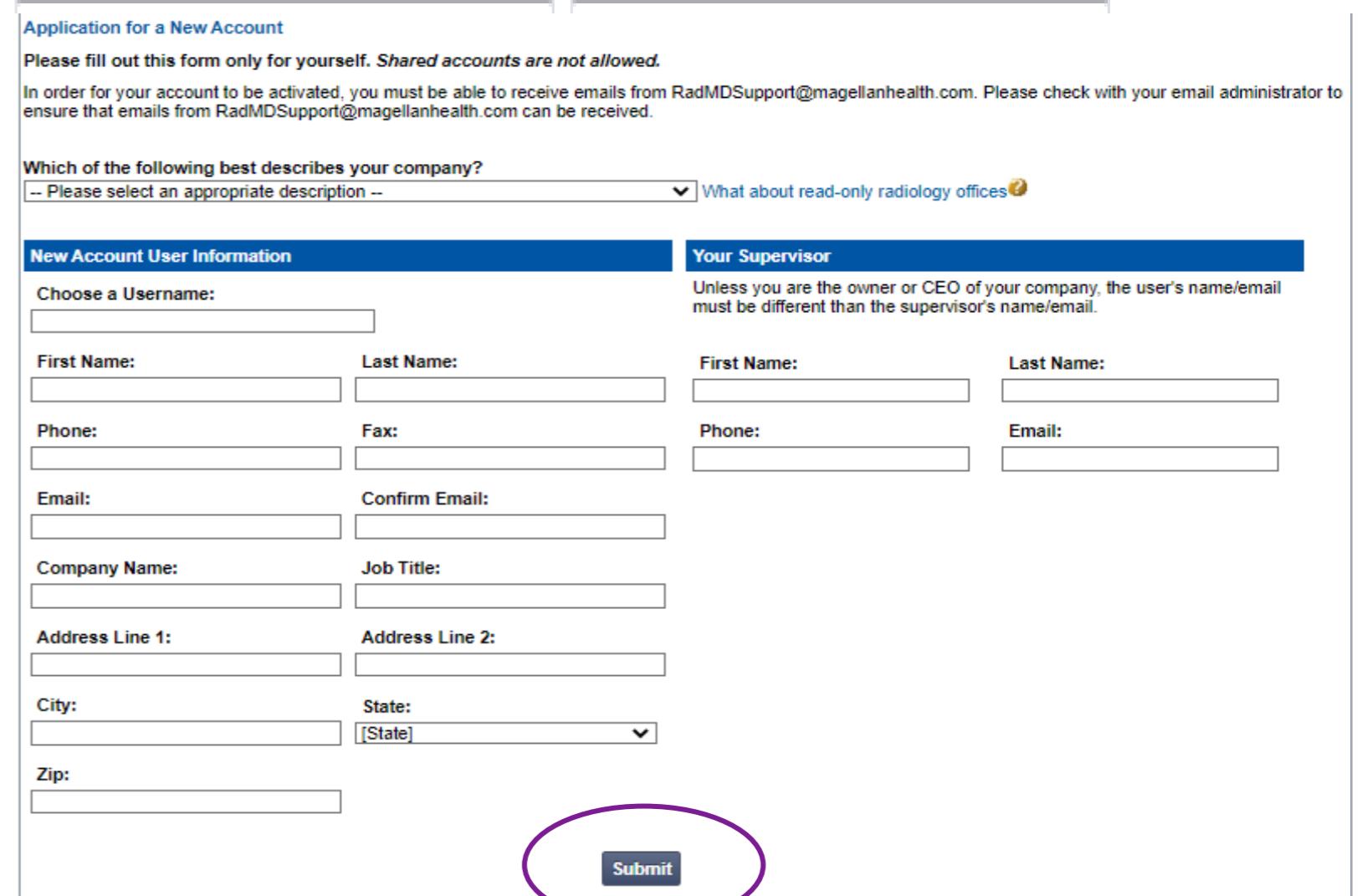
1



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 drop-down, 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

Choose a Username:

First Name:  Last Name:  First Name:  Last Name:

Phone:  Fax:  Phone:  Email:

Email:  Confirm Email:

Company Name:  Job Title:

Address Line 1:  Address Line 2:

City:  State:  [State]

Zip:

# 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:

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## 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](http://RadMD.com)
- **877-607-2363**

**Initiating a peer-to-peer  
consultation**

- **877-607-2363**

**Provider Service Line**

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

**Provider education requests  
or questions specific to  
Evolent**

Janet Nunez  
*Provider Engagement Manager*  
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# RadMD Demonstration

# Questions and Answers



# THANK YOU!

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