







CareSource Military and Veterans (CSMV/TRICARE) Cardiac and Advanced Imaging Program

Provider Training

Program Go Live - January 1, 2026

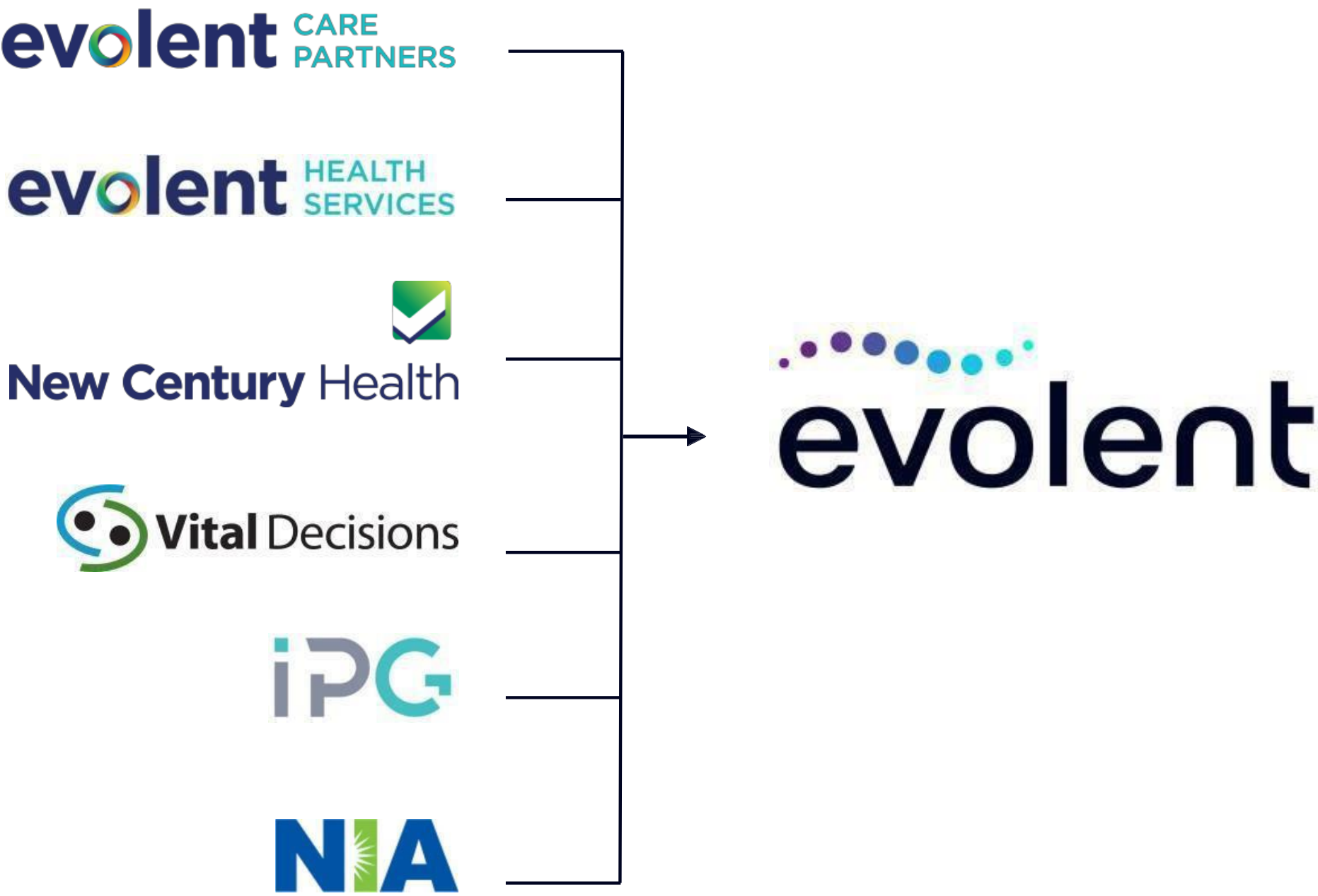
Evolut Program Agenda

Our Program

-  Authorization Process
 - Other Program Components
-  Provider Tools and Contact Information
-  RadMD Demo
-  Questions and Answers

Evolent

Connecting Our Brands is About Connecting Care



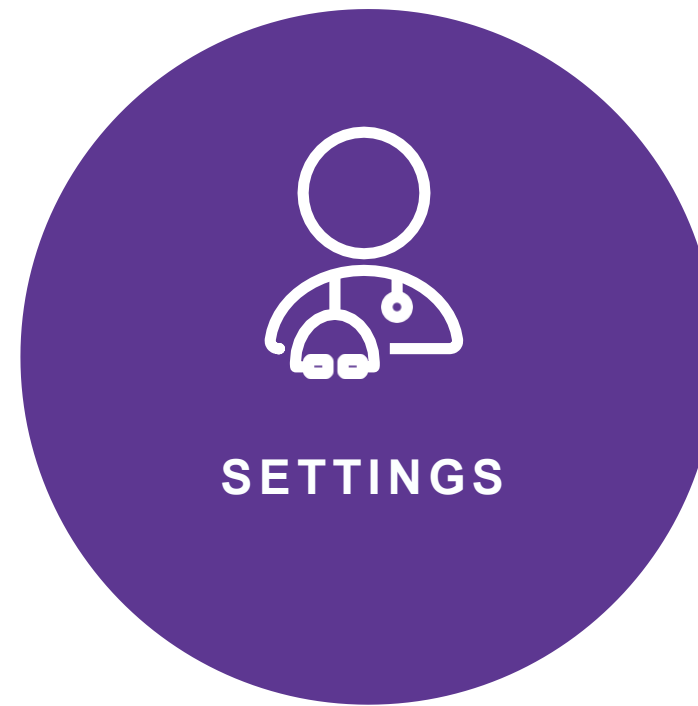
Advanced Imaging Program



- CSMV will begin a prior authorization program through Evolent for the management of non-emergent, advanced outpatient imaging and select cardiac services.



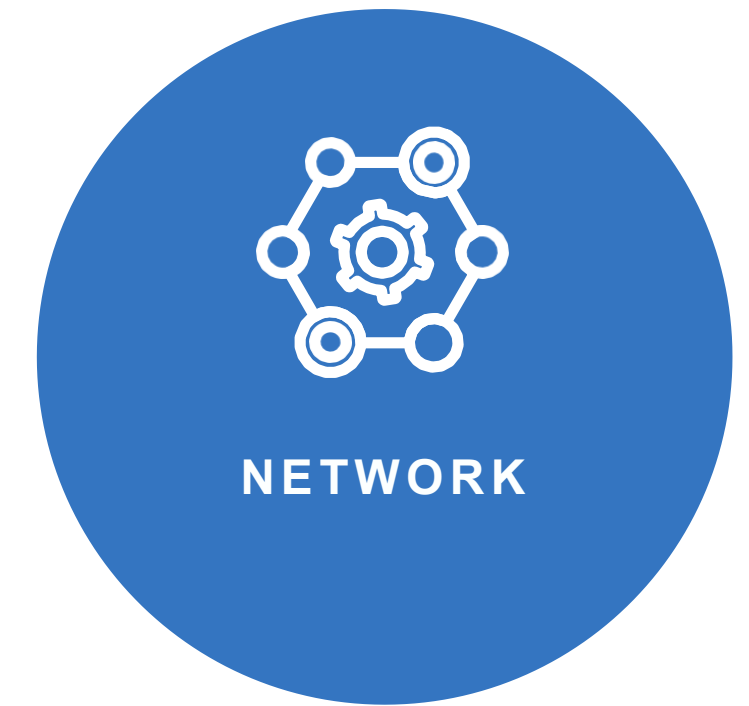
- Program start date: January 1, 2026
- Begin obtaining authorizations from Evolent on January 1, 2026, for services rendered on or after January 1, 2026.



- In Office
- Hospital Outpatient



- CSMV Beneficiaries



- Evolent will manage services through CSMV contractual relationships.

Cardiac and Advanced Imaging Program

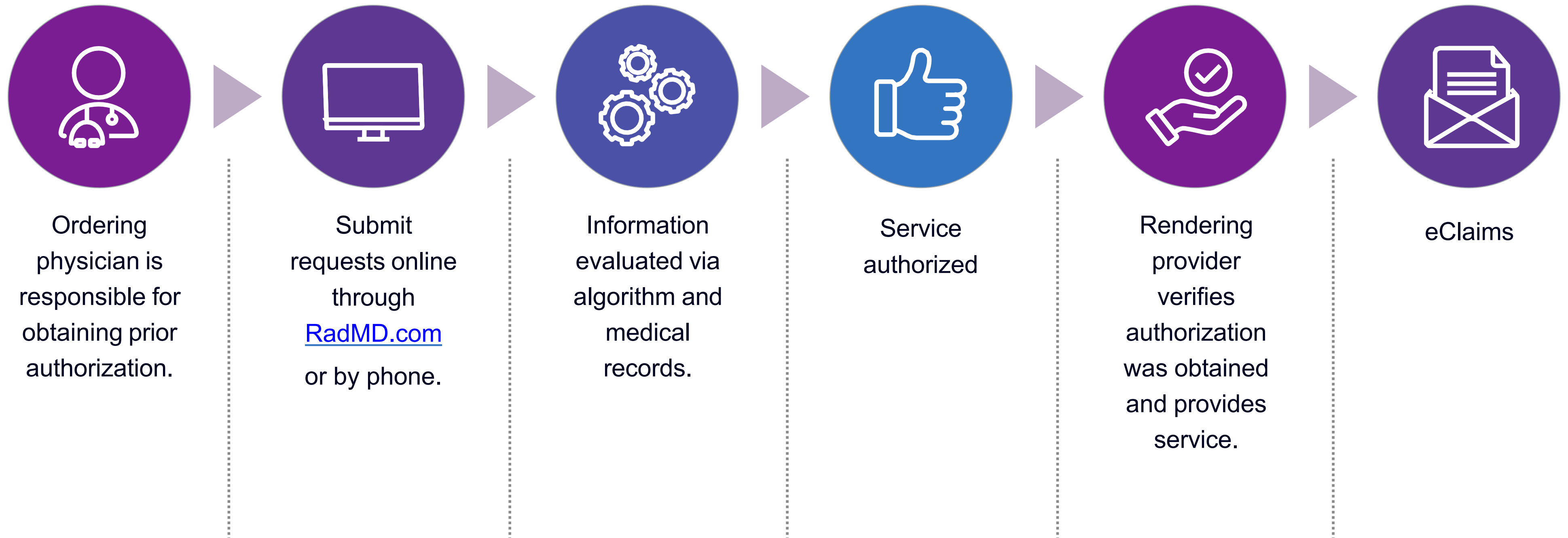
Scope of Service	
Line of Business	CSMV Beneficiaries of all ages
Provider Specialties	All ordering provider specialties are in scope.
Advanced and Cardiac Imaging	<ul style="list-style-type: none">• CT/CTA• CCTA• MRI/MRA• PET scan• Myocardial Perfusion Imaging (MPI)• MUGA Scan• Echocardiography (Transthoracic and Transesophageal Echocardiography)• Stress Echocardiography
Places of Service	11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory
Exclusions	<ul style="list-style-type: none">• Emergent/Urgent Care• Places of treatment and services not specifically listed as in-scope• Services and CPT codes outside of defined scope

CPT Codes Requiring Prior Authorization

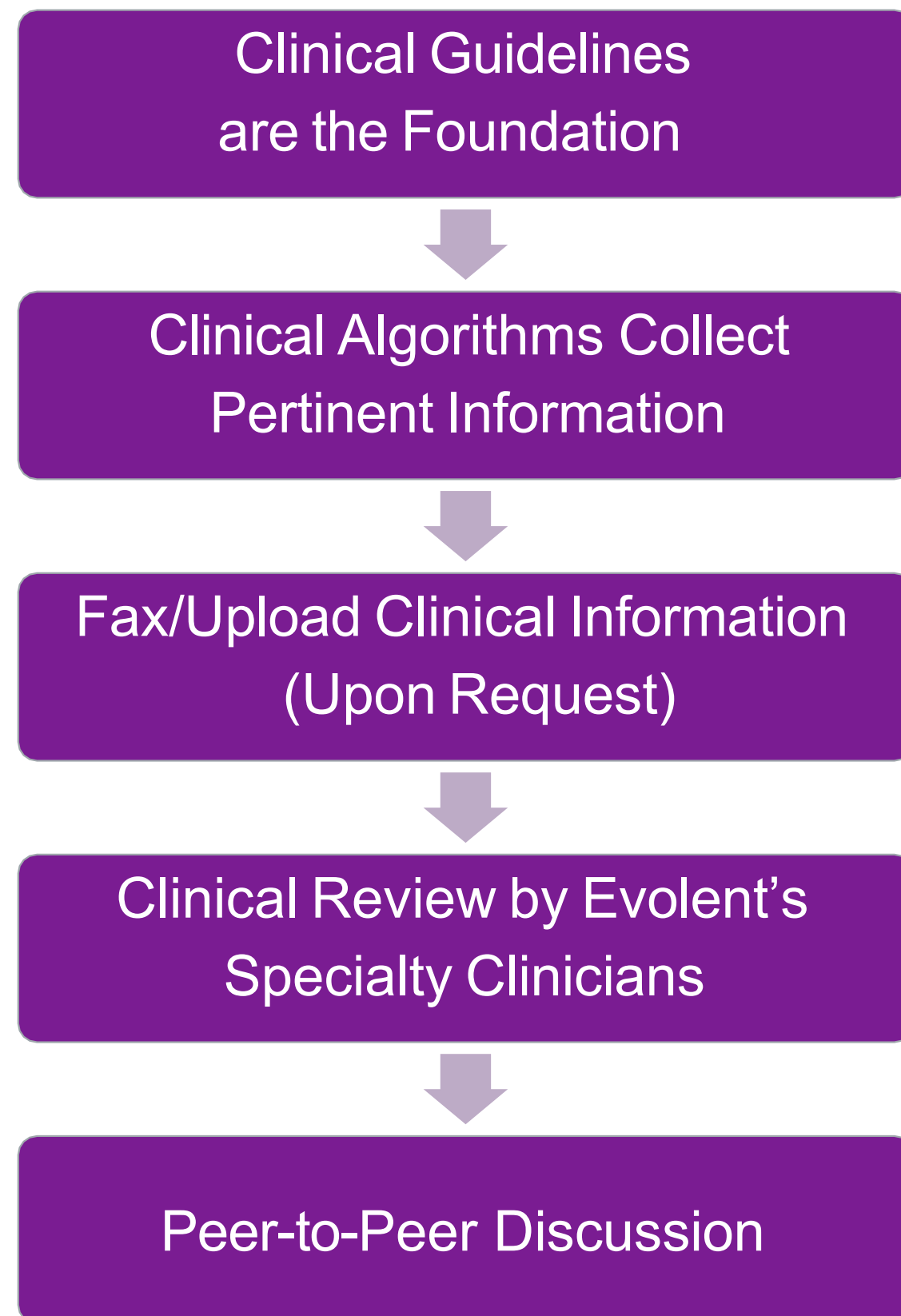
- ✓ Review claims/utilization review matrix to determine Current Procedural Terminology (CPT) codes managed by Evolent.
- ✓ Includes CPT Codes and their allowable billable groupings.
- ✓ Located on [RadMD.com](https://www.radmd.com).
- ✓ Defer to CareSource Policies for Procedures not on claims/utilization review matrix.

ADVANCED IMAGING PROCEDURES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
MRI Temporomandibular Joint	70336	70336
CT Head/Brain	70450	70450, 70460, 70470, +0722T
CT Orbit	70480	70480, 70481, 70482, +0722T
CT Maxillofacial/Sinus	70486	70486, 70487, 70488, 76380, +0722T
CT Soft Tissue Neck	70490	70490, 70491, 70492, +0722T

Prior Authorization Process Overview



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 CSMV and Evolent Medical Officers and clinical experts. **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 beneficiary's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolent has specialized clinical teams.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines. These discussions will be offered as informational only and are not used to overturn original denial decisions.
- **Our goal – ensure that beneficiaries are receiving appropriate care.**

Processing Requirements

Special Information

- Ordering physician information, beneficiary information, rendering provider information and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.
- Details on preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).

Evolut to Physician: Request for Clinical Information

-  A fax is sent to the provider 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.

CC_TRACKING_NUMBER

FAXC

ABDOMEN - PELVIS CT

PLEASE FAX THIS FORM TO: 1-800-784-6864

Date: TODAY

ORDERING PHYSICIAN:	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:	HEALTH_PLAN_DESC		

We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Study Requested was: Abdomen - Pelvis CT
For documentation ALWAYS PROVIDE:

1. The most recent office visit note
2. Any office visit note since initial presentation of the complaint/problem requiring imaging
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging

Further specifics and examples are listed below:
FAX QUESTIONS_ADDL
aalfaddlifaxquestions

a) Abdominal pain evaluation:
Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any).

b) Abnormal finding on examination, imaging or laboratory test:
Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging

c) Suspicion of cancer:
Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy

d) History of cancer:
Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.

e) Pre-operative evaluation:
Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.

f) Post-operative evaluation:

FAXC

CC_TRACKING_NUMBER

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](#)
 - CareSource Military and Veterans: 1.800.424.5381
- ✓ 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	
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



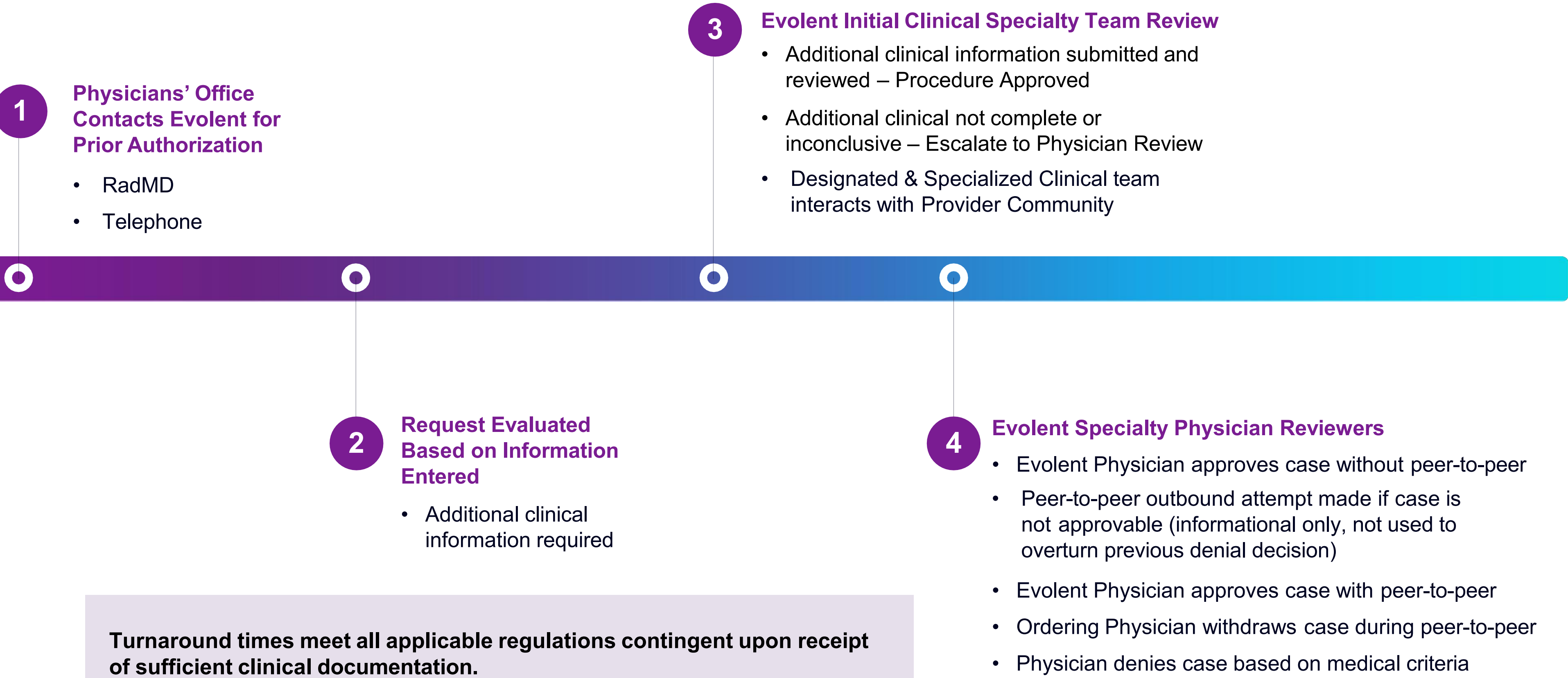
Cardiac and Advanced Imaging Review

Clinical specialization pods
overseen by Medical
Director

Physician Review team
consists of Physician Panel
of Board-Certified Physician
Specialists to meet state
licensure requirements

Physician Clinical
Reviewers conduct peer
reviews on specialty
products

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://www.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 1.800.424.5381.

Authorization Validity Period

Authorizations are valid for sixty (60) days from date of request.

Denial Notifications

- 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.
- A reconsideration is not in scope for CSMV.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

Retrospective Requests, Claims and Appeals

Retrospective Requests:

- Retro authorizations are in scope for CSMV. Timeframe to submit retrospective requests is within 30 calendar days of date of service.

Claims Process:

- Providers should continue to submit their claims to CareSource Military and Veterans (CSMV).
- Providers are strongly encouraged to use electronic data interchange (EDI) claims submission.

Appeals Process:

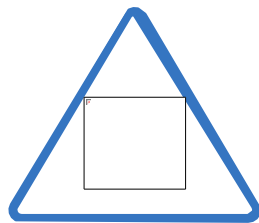
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through CSMV.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness



Studies suggest a significant increase in cancer in dose estimates in excess of 50 mSv.

- 1 mSv = 4 months of natural exposure/50 chest x-rays



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.



According to the 2019 National Council on Radiation Protection and Measurements (NCRP) Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



Evolent has developed a Radiation Awareness program designed to create beneficiary and physician awareness of radiation concerns.

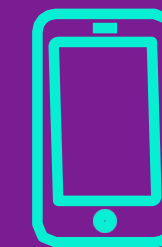
Provider Tools

- 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



CareSource Military and Veterans:
1.800.424.5381

Available Monday – Friday
8 a.m. – 8 p.m. Eastern Time (ET)

When to Contact Evolent

Initiating or checking the status of an authorization request	<ul style="list-style-type: none">CareSource Military and Veterans: 1.800.424.5381	
Initiating a peer-to-peer consultation	<ul style="list-style-type: none">CareSource Military and Veterans: 1.800.424.5381	
Provider service line	<ul style="list-style-type: none">RadMDSupport@Evolent.comCall 1-800-327-0641	
Provider education requests or questions specific to Evolent	Georgia Providers Priscilla Singleton <i>Sr. Provider Engagement Manager</i> psingleton@evolent.com 1. 314.387.5023	Florida Providers Brandi Patterson <i>Sr. Provider Engagement Manager</i> bpatterson@evolent.com 1. 571.260.0051

RadMD Demonstration

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
- RadMD Quick Start Guide
- Claims/Utilization Matrices



The screenshot displays the RadMD website interface. At the top, there is a green header with the text "RadMD Sign In". Below this, a message states: "For URGENT/EXPEDITED authorization requests, please contact the Evolut call center." Underneath the message are two buttons: "Sign In" (orange) and "New User" (grey). Below the sign-in section is a white box with the heading "Track an Authorization". Inside this box, there is a label "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

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 **“Physician’s office that orders 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 Health Insurance Portability and Accountability Act (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



2

-- Please Select an Appropriate Description --

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

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

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		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			

RadMD New User Application Process - Rendering

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 **“Facility/office where procedures are performed”**.
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 access for users.
- If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1



2

-- Please Select an Appropriate Description --

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

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

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Which of the following best describes your company?
Facility/office/lab where procedures are performed [What about read-only radiology offices?](#)

New Account User Information		Your Supervisor	
Choose a Username: <input type="text"/>		Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.	
First Name: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>		Facility Tax ID #: <input type="text"/> Add	
Address Line 1: <input type="text"/>		Your Tax IDs: [none]	
City: <input type="text"/>	State: [State] <input type="text"/>		
Zip: <input type="text"/>			

[Submit](#)

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

News and Updates

Hot Topic:

Request Status
[Search for Request](#)
View All My Requests

Tracking Number:

Search

[Forgot Tracking Number?](#)



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.