CareSource
Cardiac and Advanced Imaging Program

Provider Training

Program Go Live - January 1, 2026
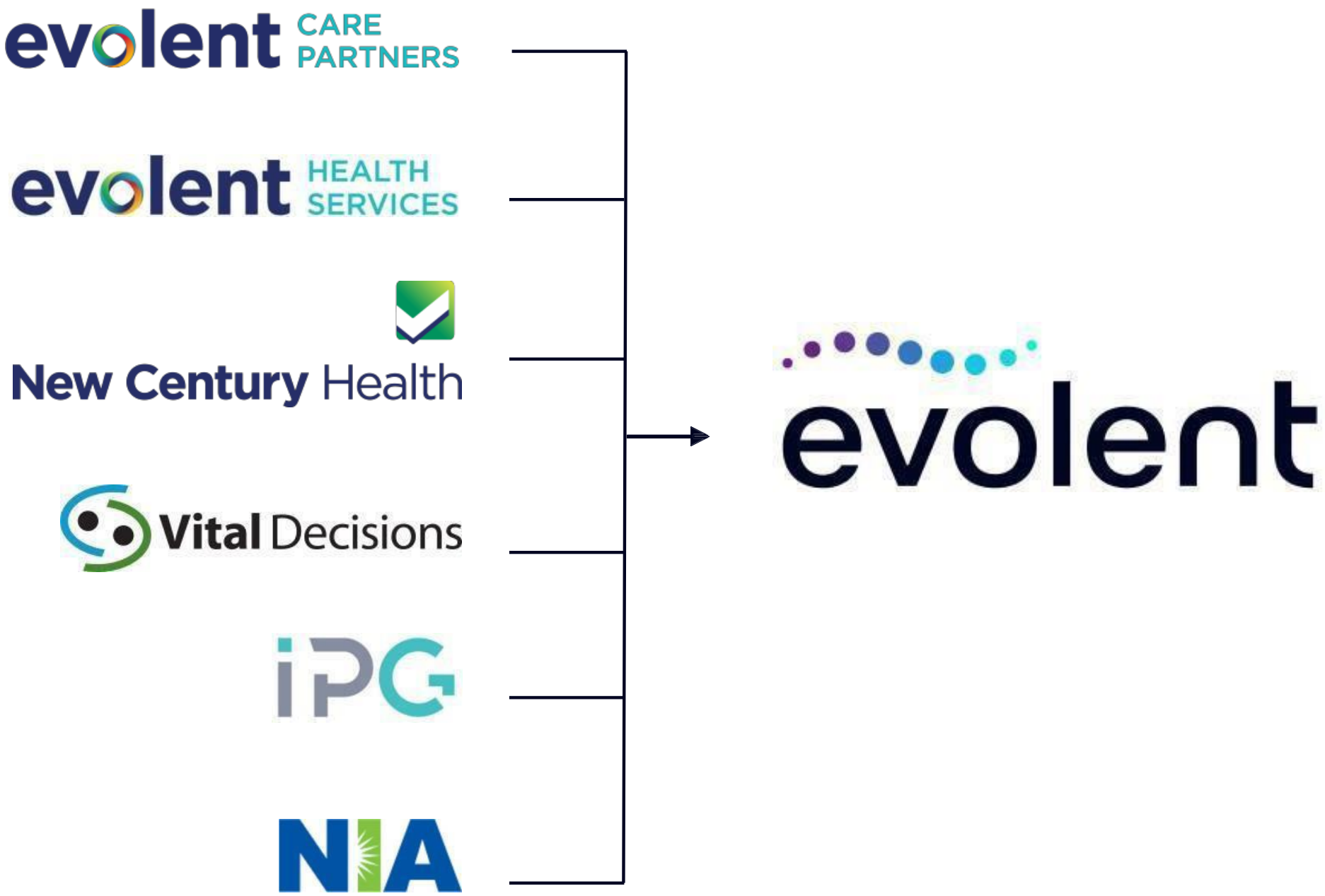
Evolent Program Agenda

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

THE PROGRAM

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

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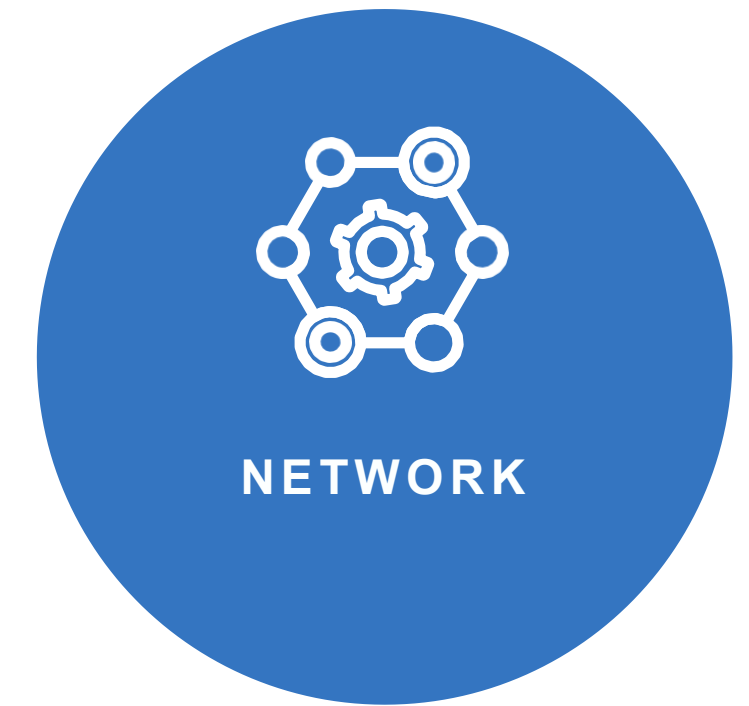
- Program start date: January 1, 2026
- Begin obtaining authorizations from Evolent on January 1, 2026, for services rendered on or after January 1, 2026.

SETTINGS
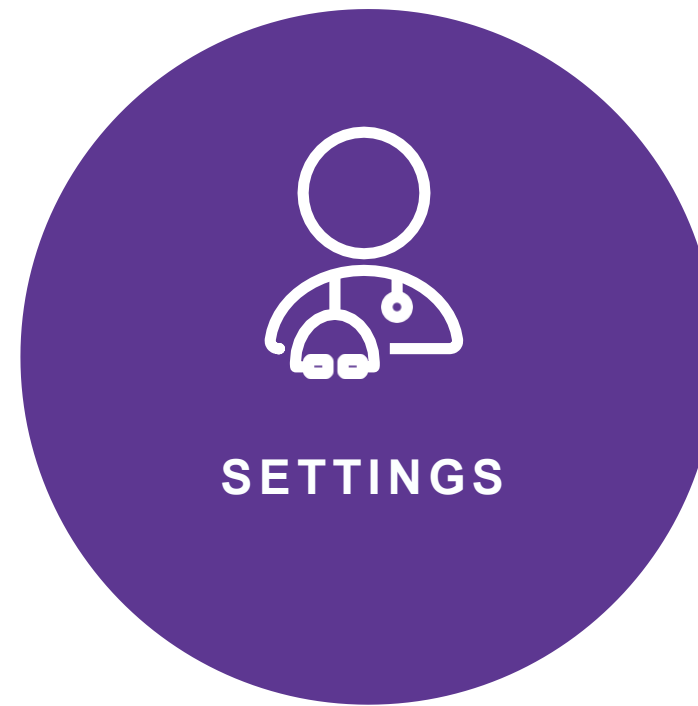
- In Office
- Hospital Outpatient

MEMBERSHIP INCLUDED

- CareSource Nevada Medicaid and Marketplace Members

NETWORK

- Evolent will manage services through CareSource contractual relationships.

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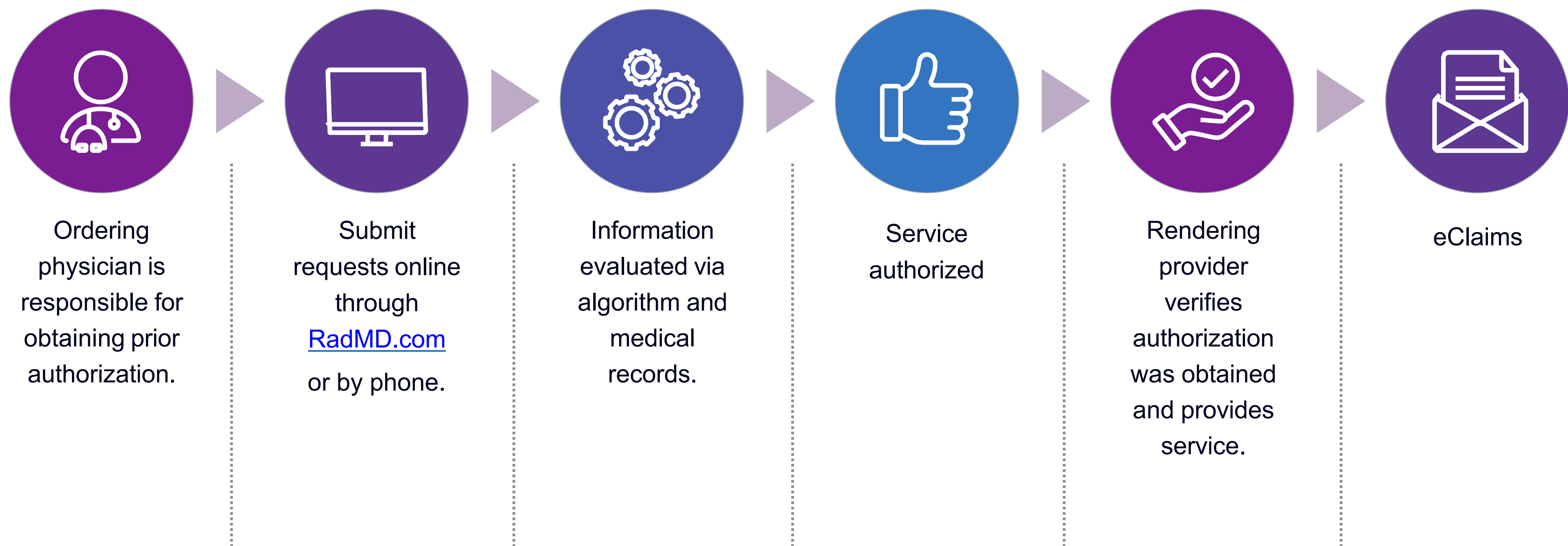# Cardiac and Advanced Imaging Program

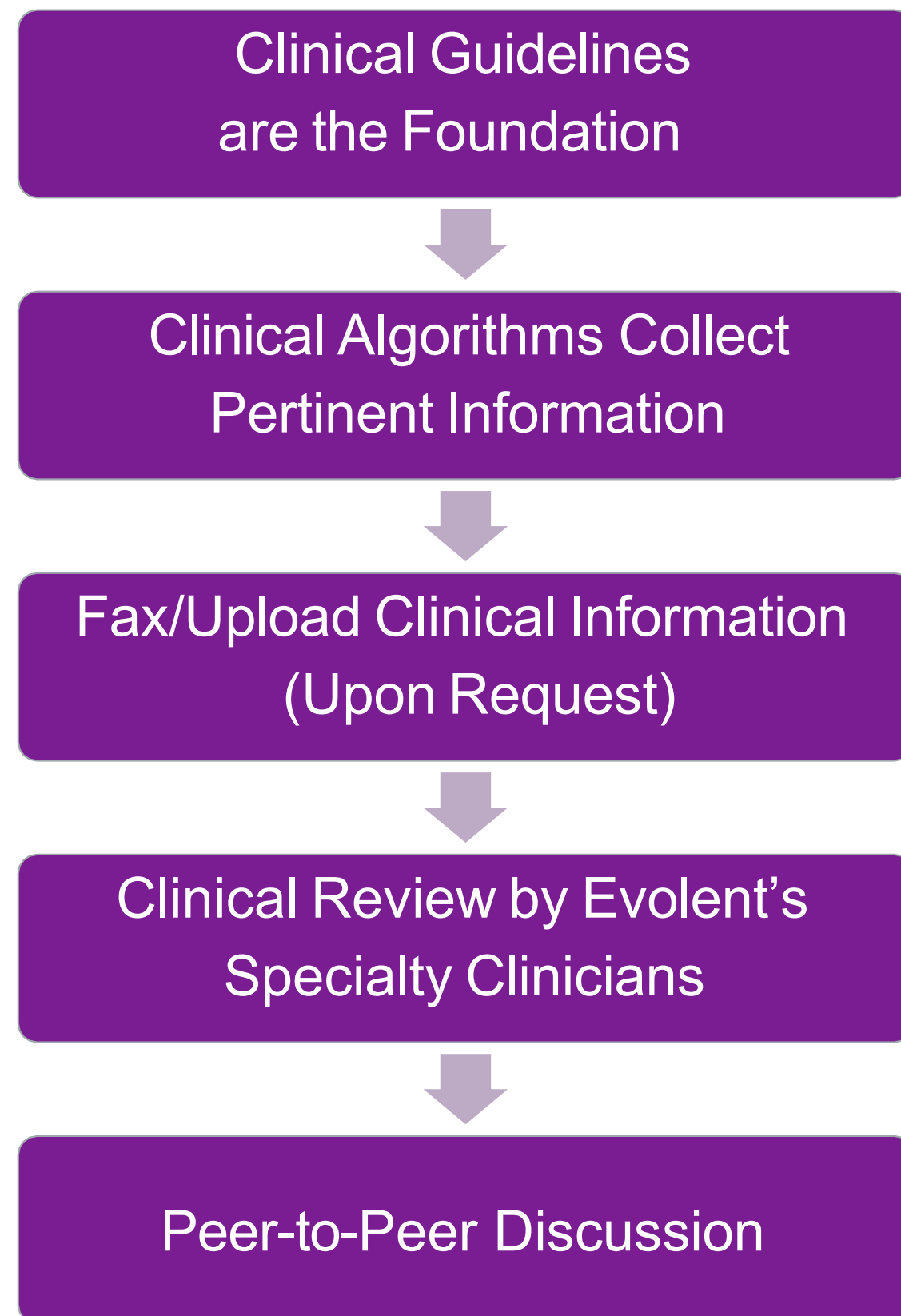|	Scope of Service
Line of Business	CareSource Nevada Medicaid and Marketplace Members of all ages
Provider Specialties	All ordering provider specialties are in scope.
Advanced and Cardiac Imaging	• CT/CTA • CCTA • MRI/MRA • PET scan • Myocardial Perfusion Imaging (MPI) • MUGA Scan • Echocardiography (Transthoracic and Transesophageal Echocardiography) • Stress Echocardiography
Places of Service	11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory
Exclusions	• 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.

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

Ordering physician is responsible for obtaining prior authorization.

Submit requests online through RadMD.com or by phone.

Information evaluated via algorithm and medical records.

Service authorized

Rendering provider verifies authorization was obtained and provides service.

eClaims

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Evolent's Clinical Foundation & Review

**Clinical Guidelines
are the Foundation**

↓

**Clinical Algorithms Collect
Pertinent Information**

↓

**Fax/Upload Clinical Information
(Upon Request)**

↓

**Clinical Review by Evolent's
Specialty Clinicians**

↓

Peer-to-Peer Discussion

- **Clinical guidelines** were developed by practicing specialty physicians, through literature reviews and evidenced-based research. Guidelines are reviewed and mutually approved by CareSource and Evolent Medical Officers and clinical experts. **Clinical Guidelines are available on 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 specialized clinical teams.

- 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.**

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Processing Requirements

Special Information

- Ordering physician information, member 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).

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Evolent 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.

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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 Medicaid: 1.800.424.4906

  • CareSource Marketplace:
    1.800.424.4861

✓ 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		

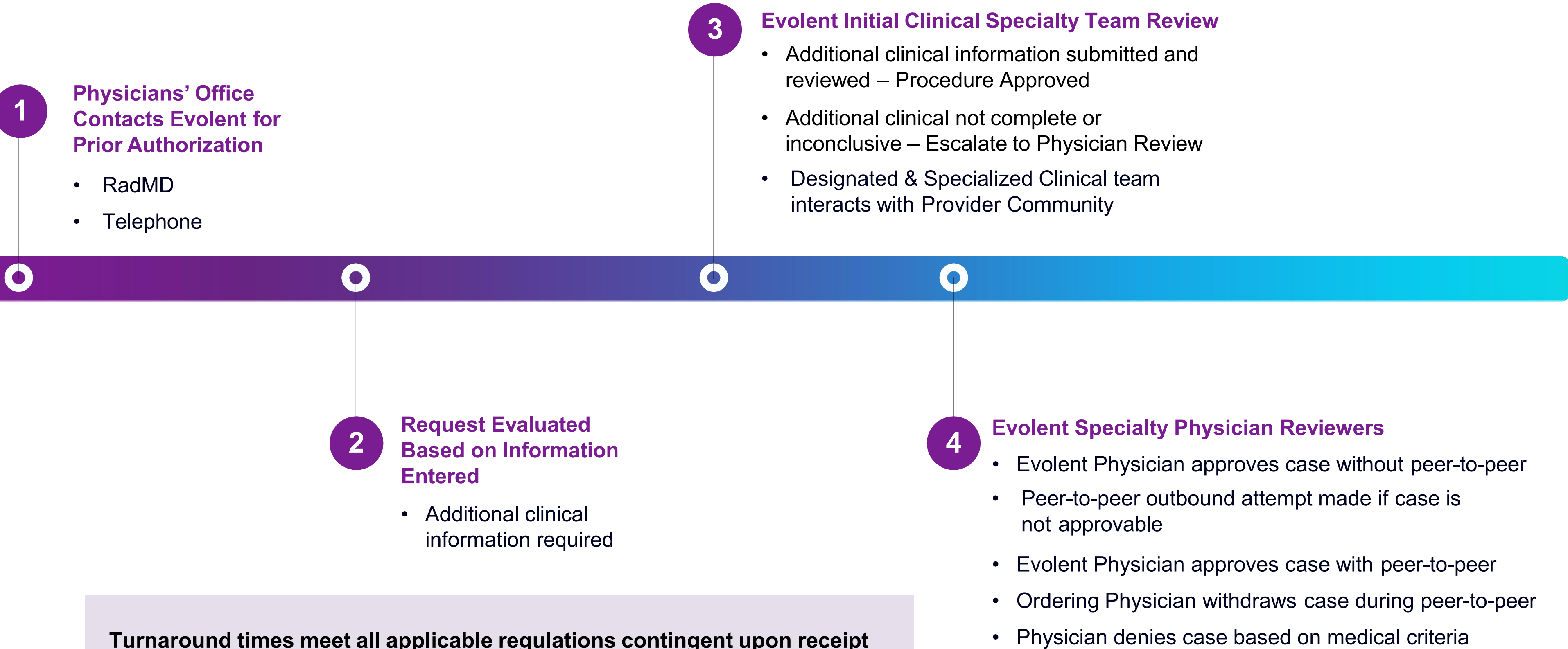NV-MED-P-4630650

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

1 **Physicians' Office Contacts Evolent for Prior Authorization**

- RadMD
- Telephone

2 **Request Evaluated Based on Information Entered**

- Additional clinical information required

3 **Evolent Initial Clinical Specialty Team Review**

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review
- Designated & Specialized Clinical team interacts with Provider Community

4 **Evolent Specialty Physician Reviewers**

- Evolent Physician approves case without peer-to-peer
- Peer-to-peer outbound attempt made if case is not approvable
- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

Turnaround times meet all applicable regulations contingent upon receipt of sufficient clinical documentation.

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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 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 1.800.424.4906 (CareSource Medicaid) and 1.800.424.4861 (CareSource Marketplace).

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.

- Medicaid: Re-reviews are accepted verbally or in writing within 5 business days of initial denial date and prior to submitting an appeal.

- Marketplace: Reconsiderations are accepted verbally or in writing within 5 business days of initial denial date and prior to submitting an appeal.

- 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 Medicaid and Marketplace. Timeframe to submit retrospective requests is within 30 days from date date of service.

Claims Process:

- Providers should continue to submit their claims to CareSource.

- 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 CareSource.

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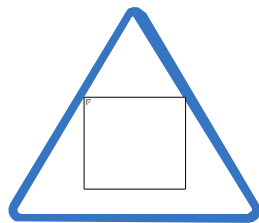
CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.

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 member 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

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- Interactive Voice Response (IVR) System
  for authorization tracking

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RadMD.com

Available 24/7
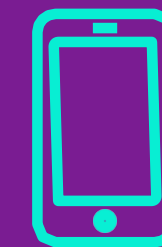
CareSource Medicaid: 1.800.424.4906

CareSource Marketplace:
1.800.424.4861

Available Monday - Friday

5 a.m. – 6 p.m. Pacific Time (PST)

When to Contact Evolent

Initiating or checking the status of an authorization request	• Website: RadMD.com • CareSource Medicaid: 1.800.424.4906 • CareSource Marketplace: 1.800.424.4861
Initiating a peer-to-peer consultation	• CareSource Medicaid: 1.800.424.4906 • CareSource Marketplace: 1.800.424.4861
Provider service line	• RadMDSupport@Evolent.com • Call 1-800-327-0641
Provider education requests or questions specific to Evolent	**Nevada Providers** Chyanne Jones *Sr. Provider Engagement Manager* chyanne.jones@evolent.com 1.571.895.5798 **Georgia Providers** Priscilla Singleton *Sr. Provider Engagement Manager* psingleton@evolent.com 1. 314.387.5023 **Florida Providers** Brandi Patterson *Sr. Provider Engagement Manager* bpatterson@evolent.com 1. 571.260.0051

RadMD Demonstration

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
- RadMD Quick Start Guide
- Claims/Utilization Matrices

RadMD Sign In

For URGENT/EXPEDITED authorization requests, please contact the Evolent call center.

Sign In   New User

Track an Authorization

Authorization Tracking Number

Go

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 RadMD Sign In
For URGENT/EXPEDITED authorization requests, please contact the Evolent call center.

Sign In   New User

Track an Authorization
Authorization Tracking Number   Go

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
Unless you are the owner or CEO of your company, the user's name/email must be different than the supervisor's name/email.
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:
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.

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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!

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