



# PA Health & Wellness Wellkids by PA Health & Wellness (CHIP) Advanced and Cardiac Imaging Program

Provider Training

# Evolent Program Agenda

## Our Advanced and Cardiac Imaging 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 and Cardiac Imaging Prior Authorization Program



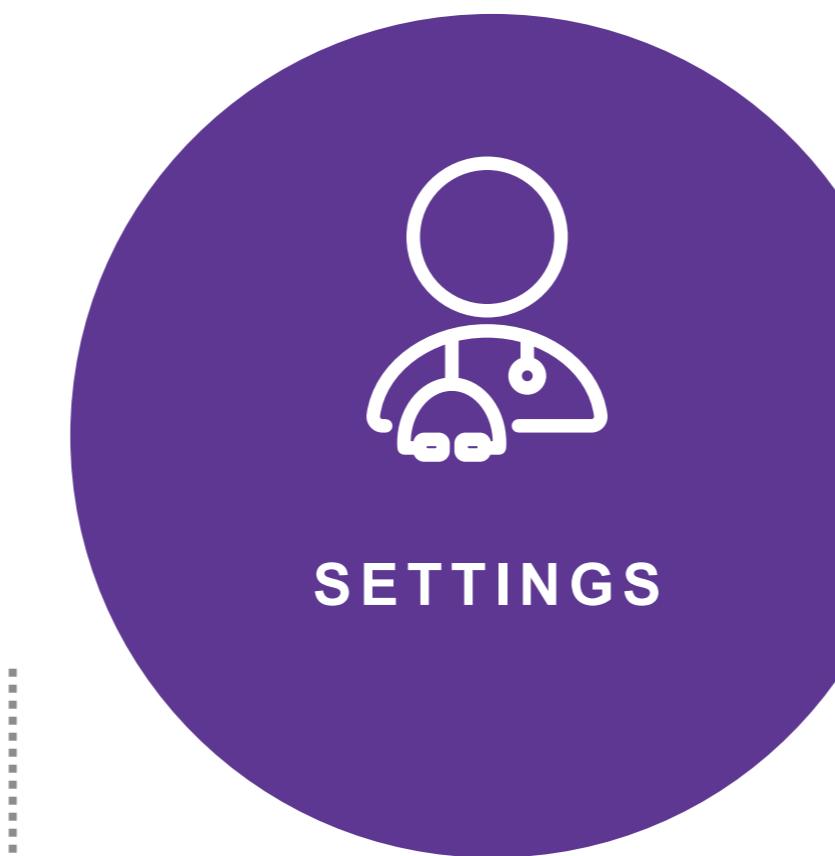
## THE PROGRAM

- PA Health & Wellness will begin a prior authorization program through Evolent for the management of Advanced and Cardiac Imaging Services.



## IMPORTANT DATES

- Program start date: January 1, 2018
- **Program Update: January 1, 2026**



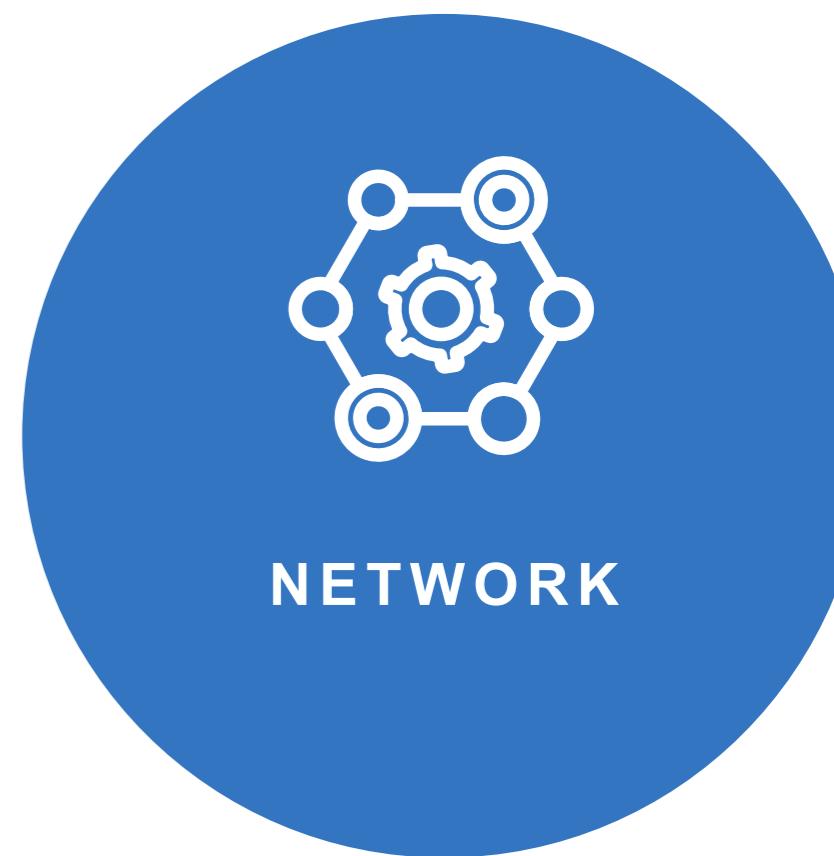
## SETTINGS

- 11 – Provider Office
- 19 – Hospital Outpatient-Off campus
- 22 – Hospital Outpatient-On campus
- 24 – Ambulatory Surgical Centers



## MEMBERSHIP INCLUDED

- Medicaid
- Medicare
- **Wellkids by PA Health & Wellness (CHIP)**
- Medicaid: Effective January 1, 2026.**



## NETWORK

- Evolent will manage services through PA Health & Wellness 's contractual relationships.

# Advanced and Cardiac Imaging

## Advanced and Cardiac Imaging Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Myocardial Perfusion Imaging (MPI)

# Exclusions

## Exclusions

- Hospital Inpatient
- Emergency Room

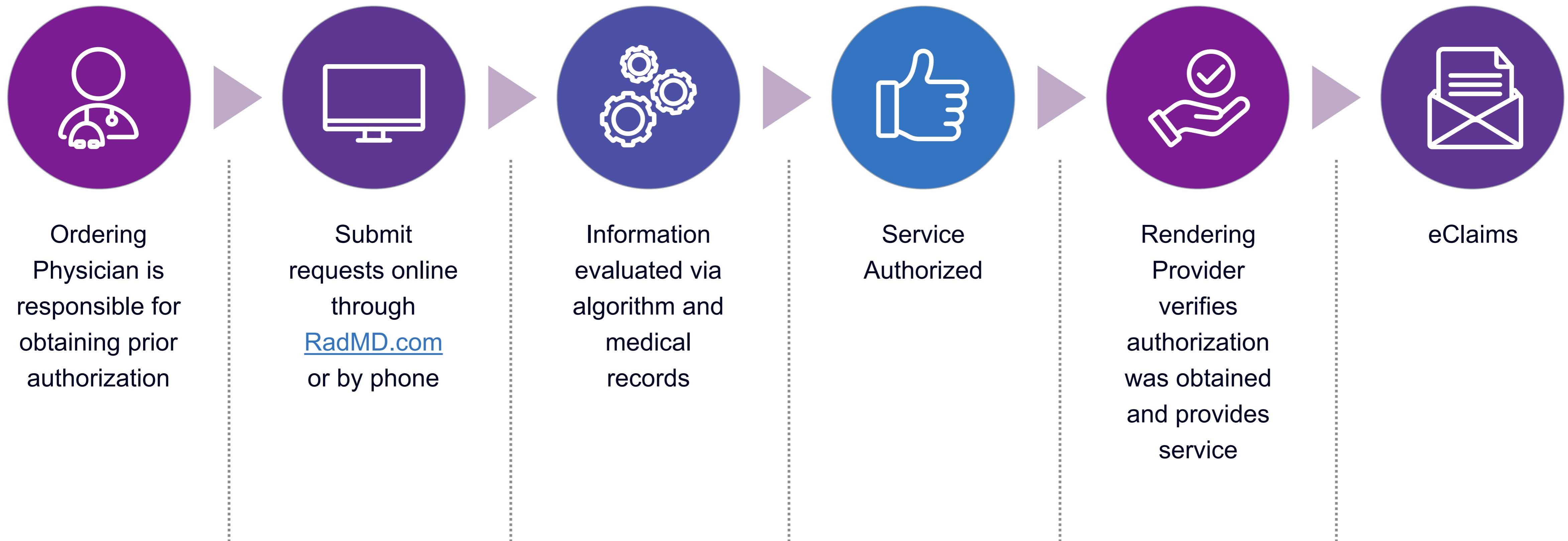


# CPT Codes Requiring Prior Authorization (Advanced and Cardiac Imaging Example)

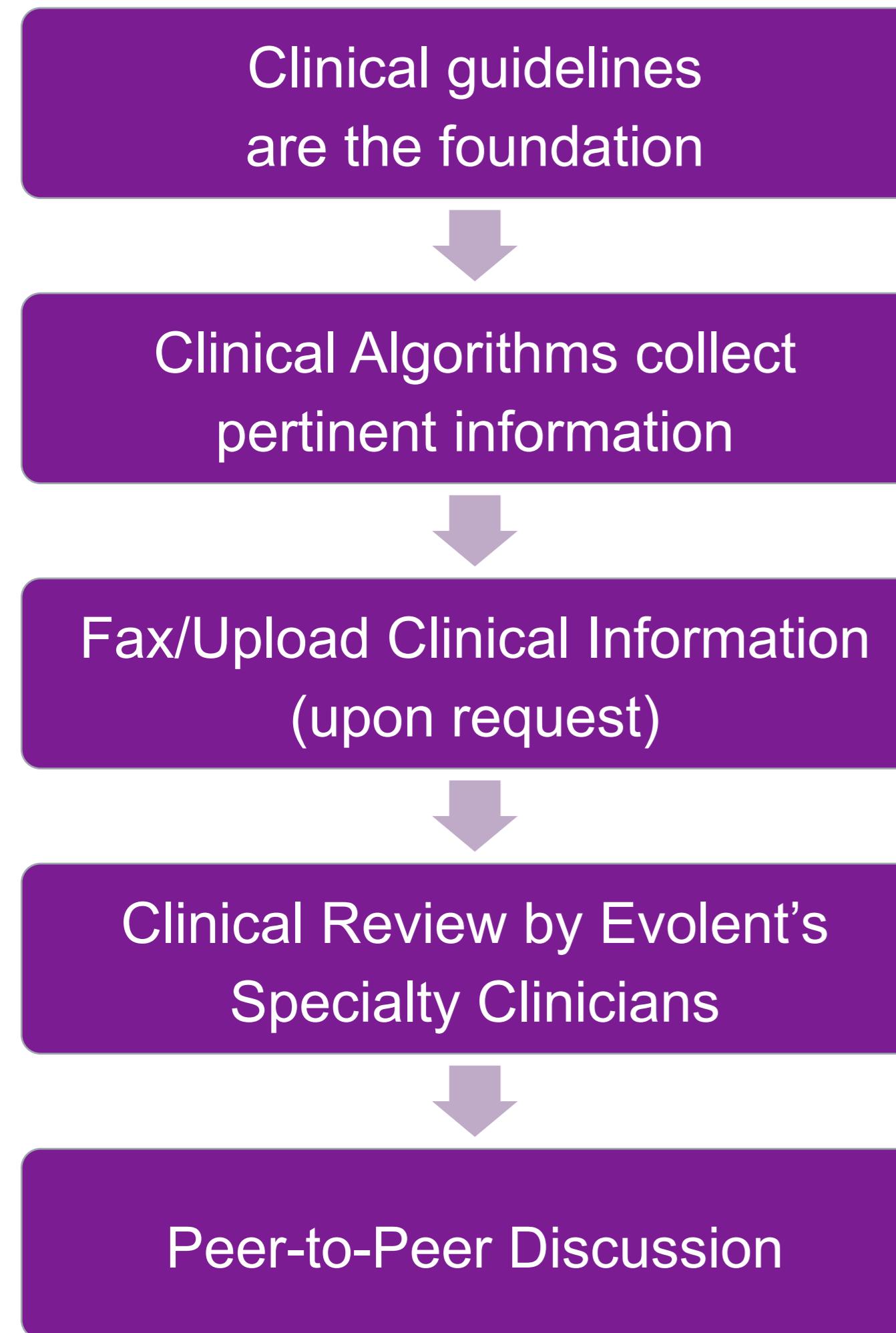
-  Review Claims/Utilization  
Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com)
-  Defer to PA Health & Wellness 's Policies for Procedures not on Claims/Utilization Review Matrix.

Advanced and Cardiac Imaging PROCEDURES		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
<b>MRI Temporomandibular Joint</b>	70336	70336
<b>CT Head/Brain</b>	70450	70450, 70460, 70470, +0722T
<b>CT Orbit</b>	70480	70480, 70481, 70482, +0722T
<b>CT Maxillofacial/Sinus</b>	70486	70486, 70487, 70488, 76380, +0722T
<b>CT Soft Tissue Neck</b>	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 PA Health & Wellness 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 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.**

# Authorization for Advanced and Cardiac Imaging

## 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.
- 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).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

# Evolent 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												
<b>ABDOMEN - PELVIS CT</b> <b>PLEASE FAX THIS FORM TO: 1-800-784-6864</b>													
Date: TODAY													
<table border="1"><tr><td>ORDERING PHYSICIAN:</td><td>REQ_PROVIDER</td></tr><tr><td>FAX NUMBER:</td><td>FAX_RECIP_PHONE</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>HEALTH_PLAN_DESC</td></tr><tr><td colspan="2">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.</td></tr></table>		ORDERING PHYSICIAN:	REQ_PROVIDER	FAX NUMBER:	FAX_RECIP_PHONE	RE:	Authorization Request	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.	
ORDERING PHYSICIAN:	REQ_PROVIDER												
FAX NUMBER:	FAX_RECIP_PHONE												
RE:	Authorization Request												
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.													
<p>Study Requested was: Abdomen - Pelvis CT For documentation <u>ALWAYS PROVIDE</u>:</p> <ol style="list-style-type: none"><li>1. The most recent office visit note</li><li>2. Any office visit note since initial presentation of the complaint/problem requiring imaging</li><li>3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging</li></ol> <p>Further specifics and examples are listed below: <u>FAX_QUESTIONS_ADDL</u> a) <u>Abdominal pain evaluation</u>: 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) <u>Abnormal finding on examination, imaging or laboratory test</u>: 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) <u>Suspicion of cancer</u>: 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) <u>History of cancer</u>: 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) <u>Pre-operative evaluation</u>: 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) <u>Post-operative evaluation</u>:</p>													
CC_TRACKING_NUMBER	FAXC												

# 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
  - Medicaid 1-800-424-4921
  - Medicare 1-866-642-9705
  - Wellkids CHIP: 800-424-9330



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 12345
<b>Date of Birth:</b> 5/24/1971	<b>Phone:</b> 123-456-7890
<b>Member ID:</b> AB123456	<b>Tax ID:</b> 987654321
<b>Health Plan:</b> ABC Health Plan HMO	<b>UPIN:</b>
<b>Spoken Language:</b> ENGLISH	<b>Specialty:</b>
<b>Written Language:</b> ENGLISH	

# Clinical Specialty Team



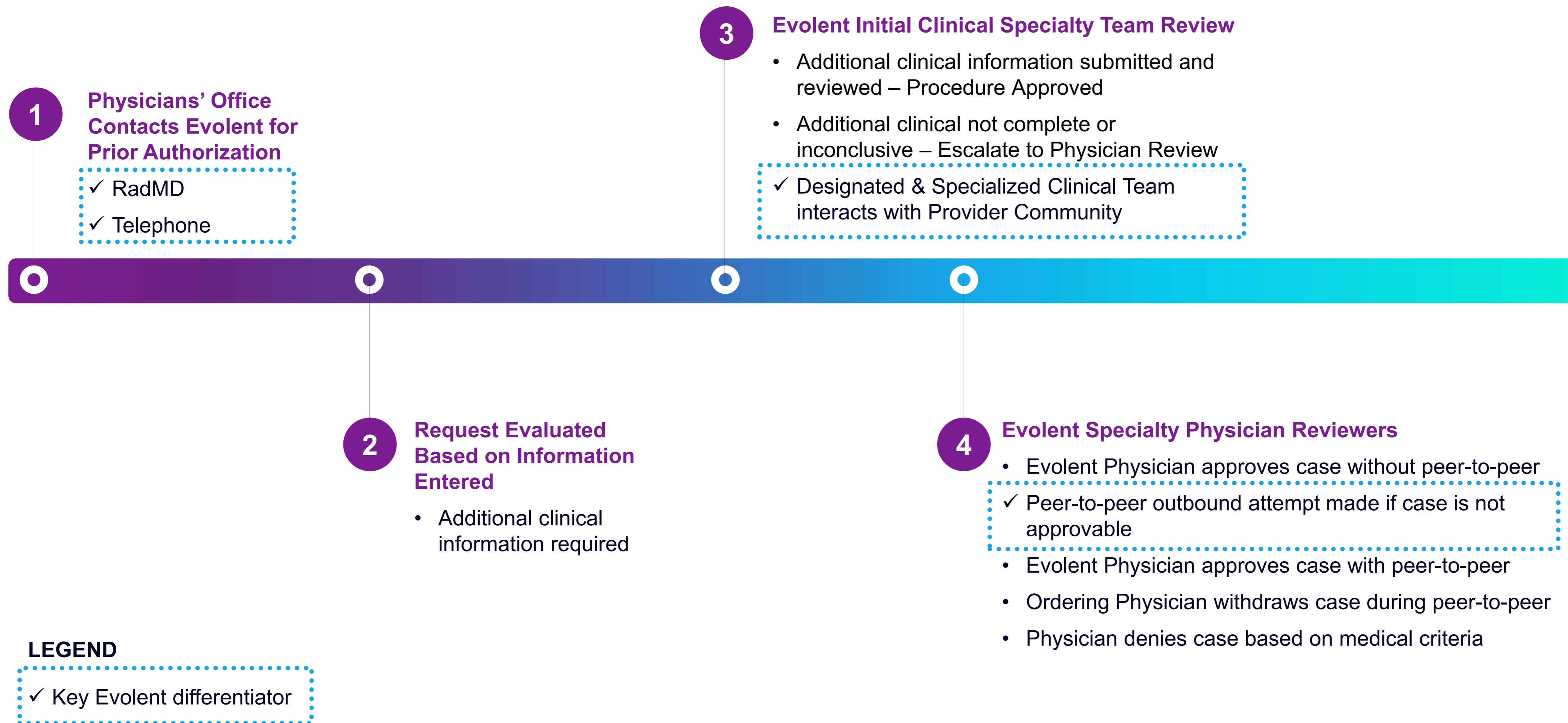
## Advanced and Cardiac Imaging Review

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://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:
  - Medicaid 1-800-424-4921
  - Medicare 1-866-642-9705
  - Wellkids CHIP: 800-424-9330

# Authorization Validity Period

- Authorizations are valid for:
  - 60 days from the date of request

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- Medicare: Re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.
- Medicaid: Re-reviews are not allowed.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# Claims and Appeals

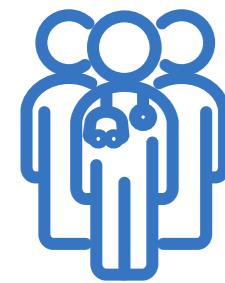
## Claims Process:

- Providers should continue to submit their claims to PA Health & Wellness.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to PA Health & Wellness website at [PAhealthwellness.com](http://PAhealthwellness.com)

## Appeals Process:

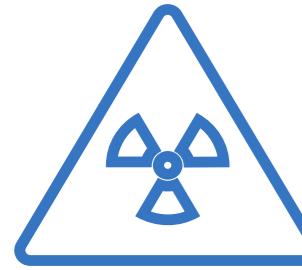
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through PA Health & Wellness.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# Radiation Safety and Awareness



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

- 1mSv = 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 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.

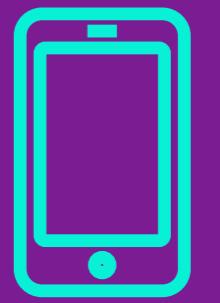
# Provider Tools

- 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



RadMD.com

Available 24/7



Medicaid 1-800-424-4921

Medicare 1-866-642-9705

Wellkids CHIP: 800-424-9330

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- Interactive Voice Response (IVR) System for authorization tracking

Available Monday - Friday

8:00 AM – 8:00 PM EST

# 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 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.

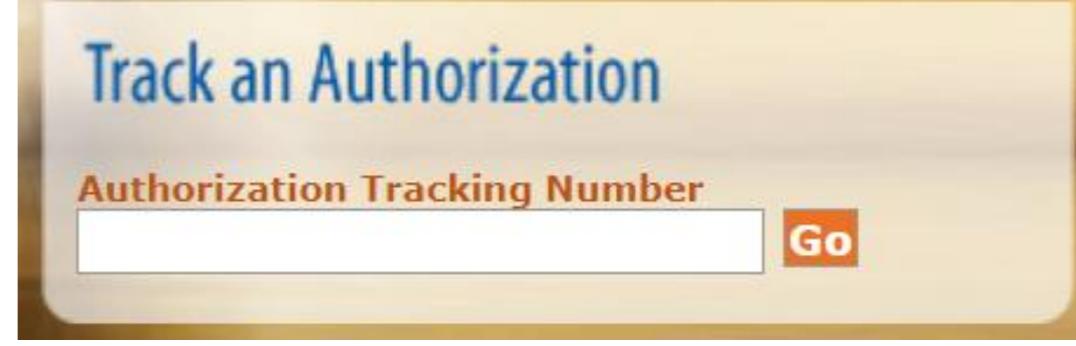
### IMPORTANT

- Users are required to have their own separate username and password due to 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.

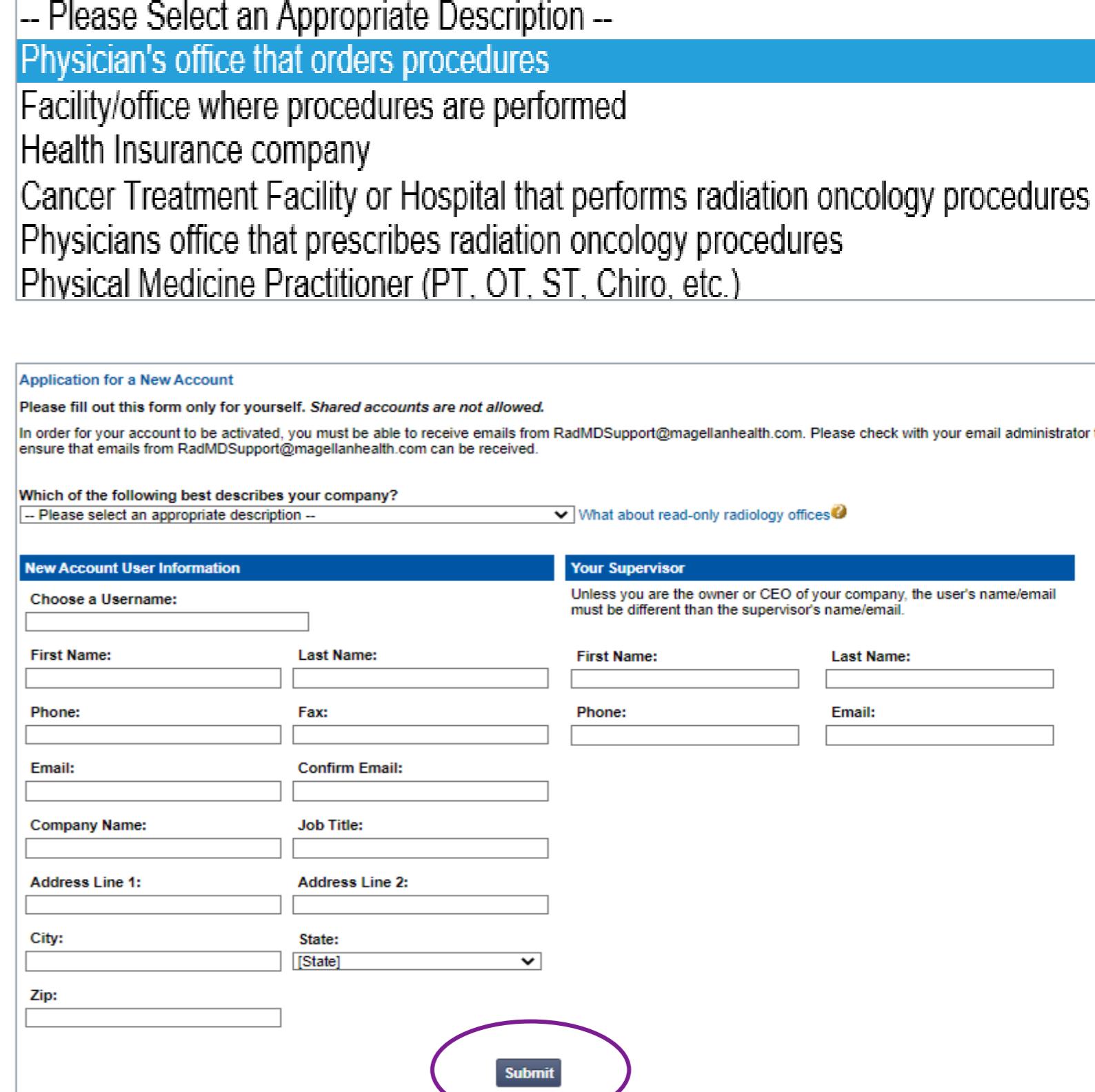
1



2



3



# 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”**.

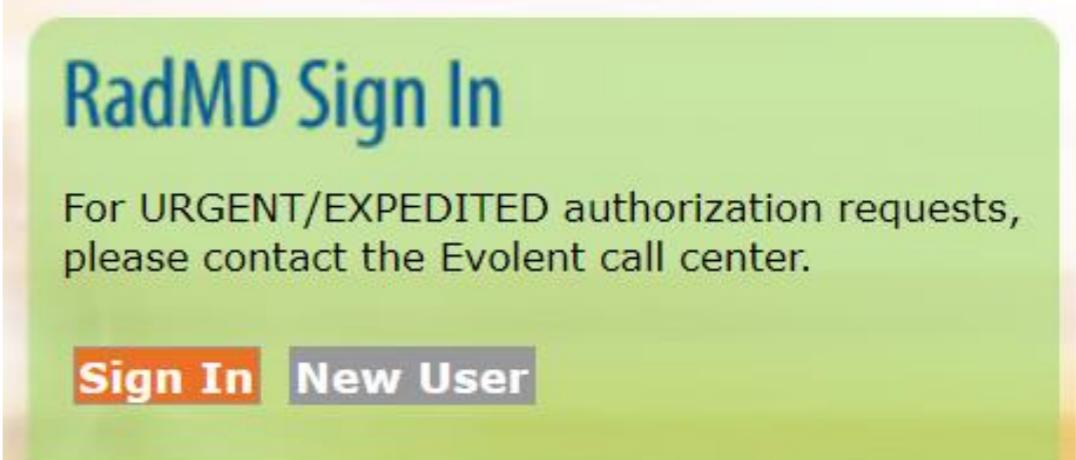
3. Complete the application and click **“Submit”**.

4. Open email from Evolent webmaster with new user password instructions.

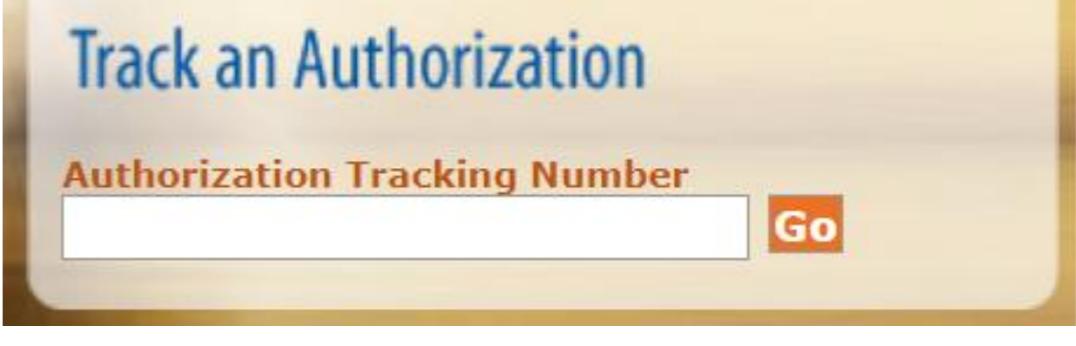
### IMPORTANT

- 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

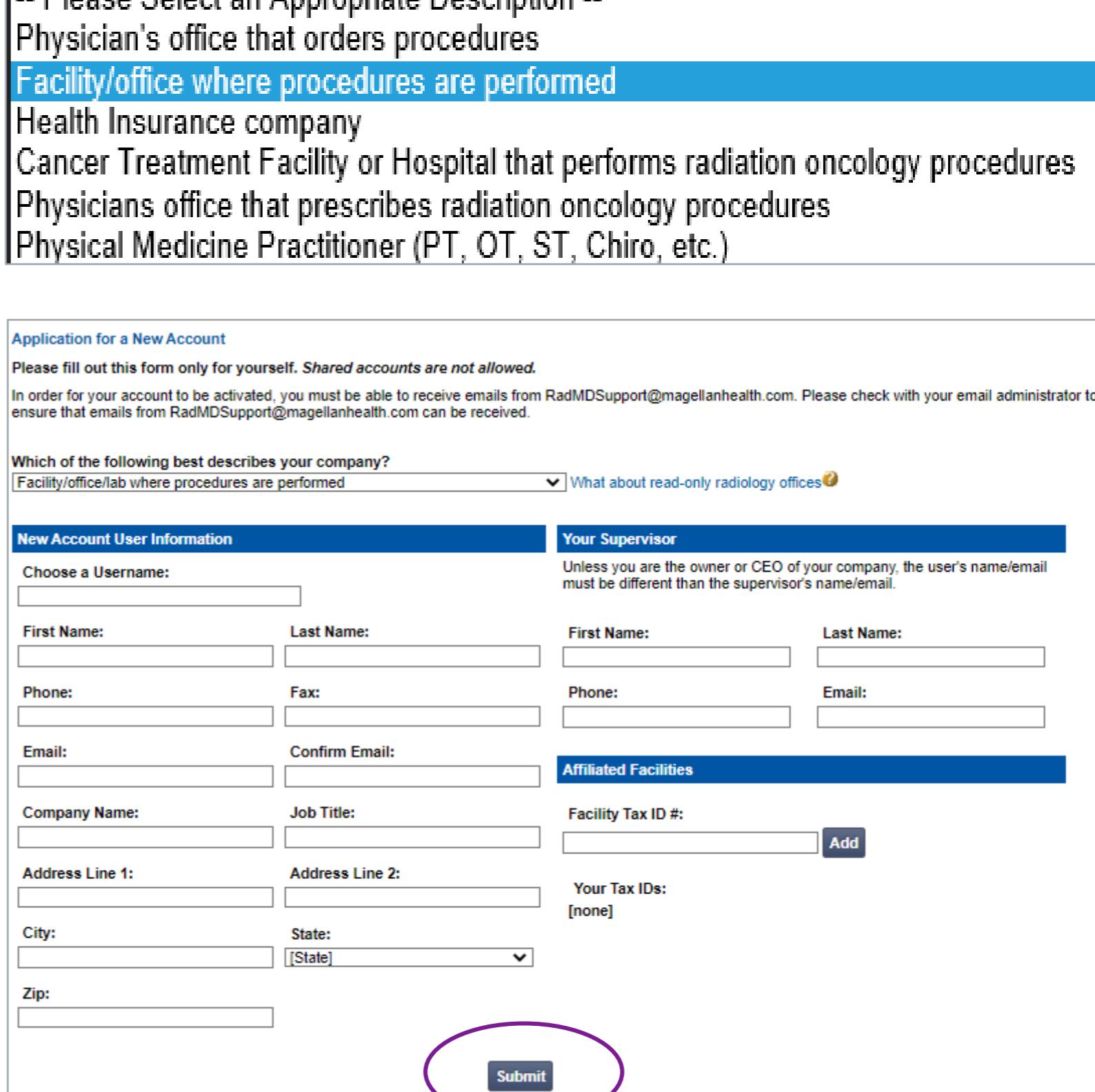


2



-- 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.)

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?  
 Facility/lab where procedures are performed  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:	Affiliated Facilities		
		<input type="checkbox"/> Add		
Company Name:	Job Title:	Facility Tax ID #:		
Address Line 1:	Address Line 2:	Your Tax IDs: [none]		
City:	State:			
	[State]			
Zip:				

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.

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](#)  
[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)
- Medicaid: 1-800-424-4921
- Medicare: 1-866-642-9705
- Wellkids CHIP: 800-424-9330

**Initiating a Peer-to-Peer  
Consultation**

- Medicaid: 1-800-424-4921
- Medicare: 1-866-642-9705
- Wellkids CHIP: 800-424-9330

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1-800-327-0641

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

Andrew Dietz  
*Provider Engagement Manager*  
1-407-967-4636 • [adietz@evolent.com](mailto:adietz@evolent.com)

# RadMD Demonstration



# THANK YOU!

EVOLENTE DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENTE OR EVOLENTE CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENTE OR EVOLENTE CLIENTS.