



# Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health Advanced Imaging Program

Provider Training

# Evolent Program Agenda

## Our Advanced 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

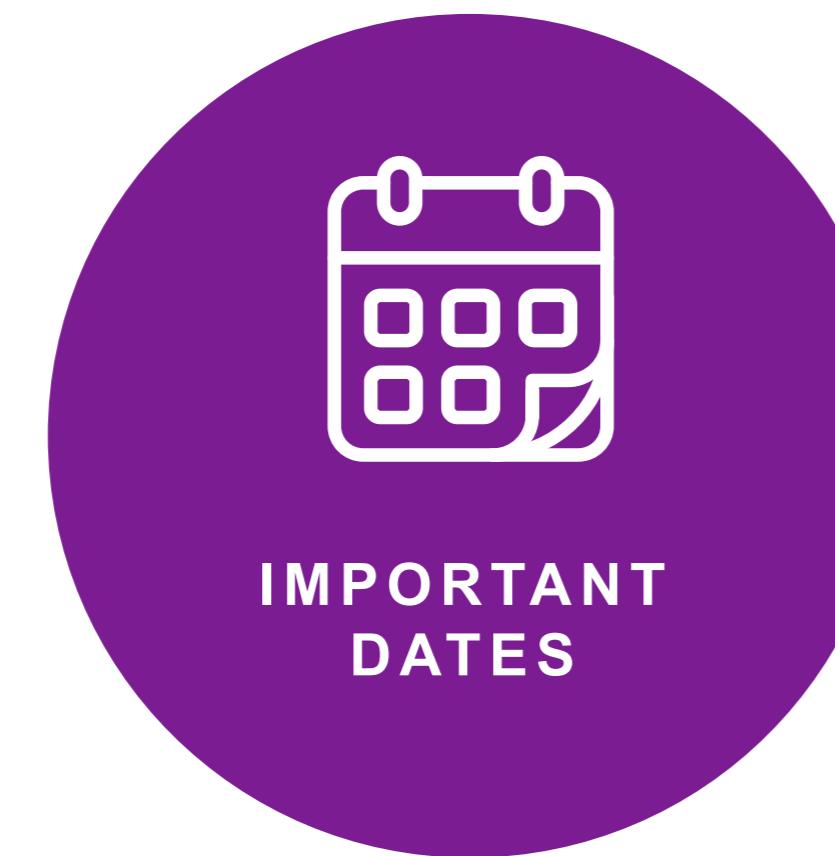


# Advanced Imaging Prior Authorization Program



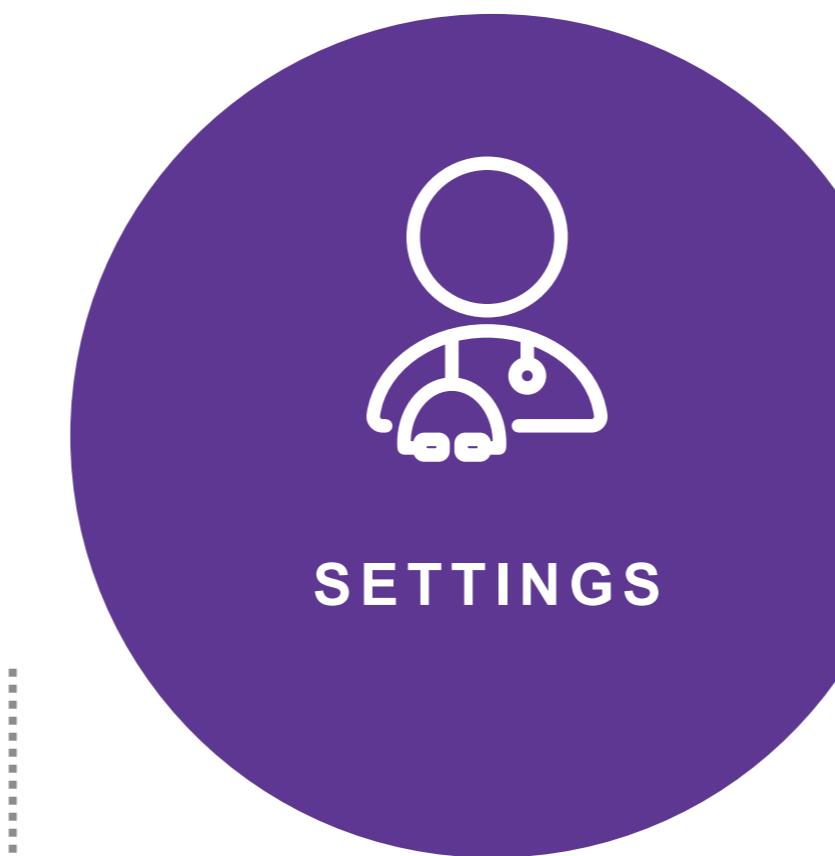
## THE PROGRAM

- Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health will begin a prior authorization program through Evolent for the management of Advanced Imaging Services.



## IMPORTANT DATES

- Program start date: January 1, 2018



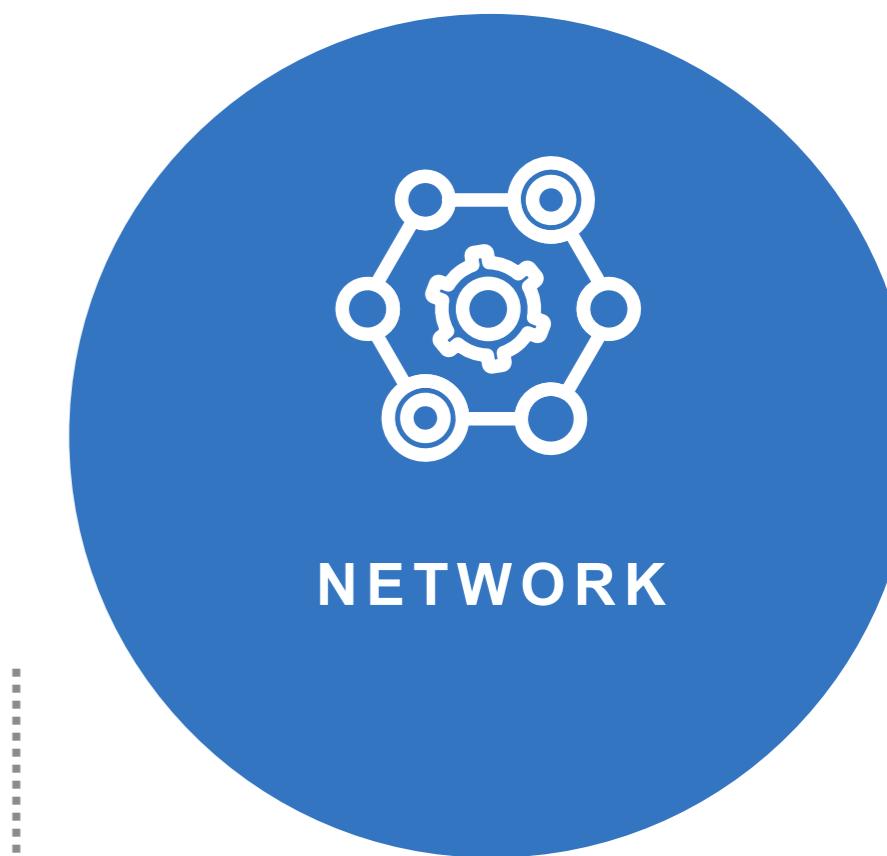
## SETTINGS

- Office
- Outpatient Hospital



## MEMBERSHIP INCLUDED

- Medicare
- Medicaid
- Exchange
- **ICHRA: Effective January 1, 2026**
- **DSNP (HIDE): Effective January 1, 2026**



## NETWORK

- Evolent will manage services through Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health's contractual relationships.

# Advanced Imaging

## Advanced Imaging Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography

# Exclusions

## Exclusions

- Hospital Inpatient
- Observation
- Emergency Room
- Urgent Care
- Surgery Center

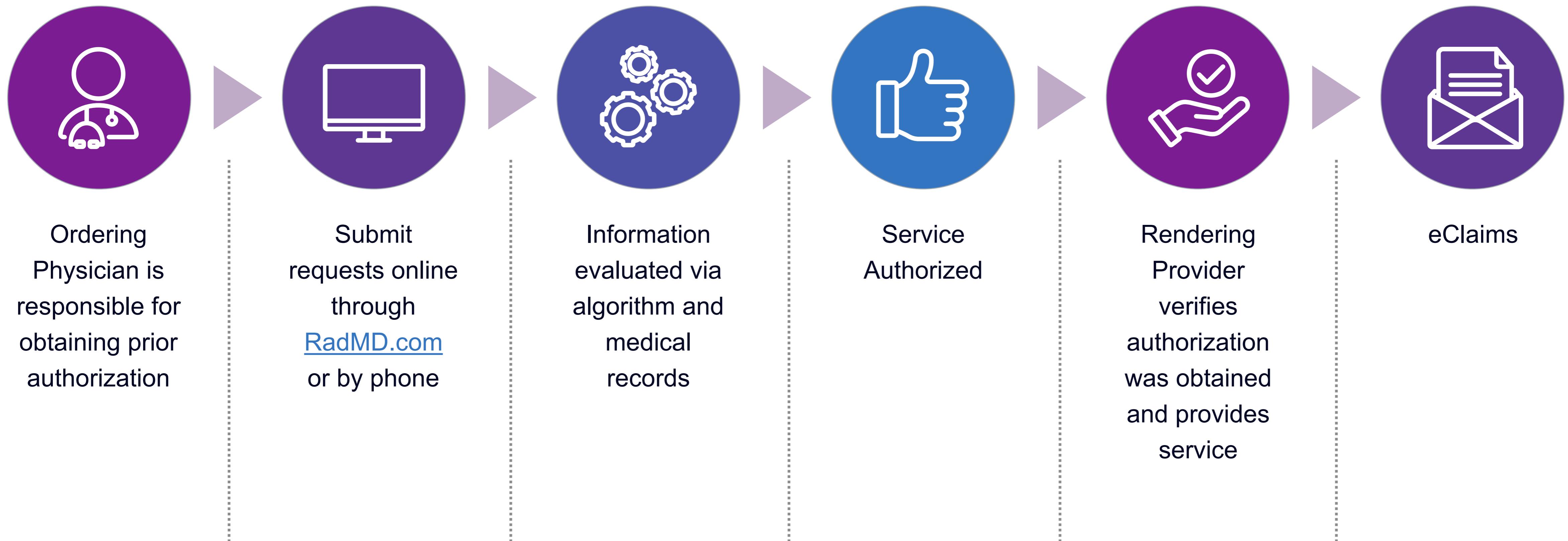


# CPT Codes Requiring Prior Authorization (Advanced Imaging Example)

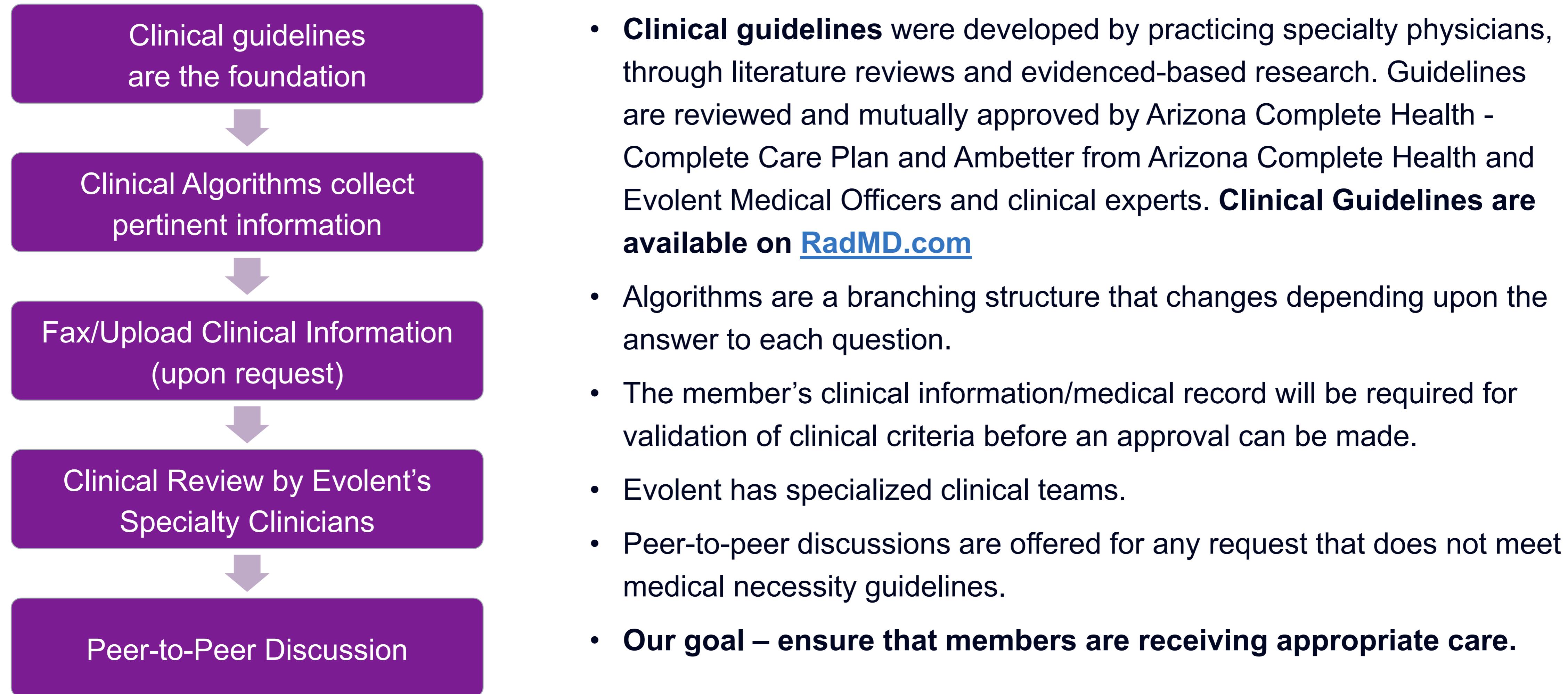
-  Review the Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com)
-  Defer to Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health's Policies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

ADVANCED 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



# Authorization for Advanced 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												
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PATIENT NAME:	MEMBER_NAME												
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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:
  - Arizona Complete Health – Complete Care Plan:
    - 1-800-424-4816
  - Medicare Advantage:
    - 1-800-424-4820
  - Duals:
    - 1-866-510-4240
  - Exchange:
    - 1-800-424-4806



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 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

**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

**2**  
**Request Evaluated Based on Information Entered**  
• Additional clinical information required

**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

## LEGEND

✓ Key Evolent differentiator

Generally, the turnaround time for completion of these requests is within two or three business days upon receipt of sufficient clinical information

# 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:
  - Arizona Complete Health – Complete Care Plan: 1-800-424-4816
  - Medicare Advantage: 1-800-424-4820
  - Duals: 1-866-510-4240
  - Exchange: 1-800-424-4806
- Turnaround time is within 1 business day not to exceed 72 calendar hours.

# Authorization Validity Period

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

# Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made – **Medicaid and Exchange**.
- **Medicare plans:** Effective 8/5/2024, peer-to-peer discussions must be performed before a final determination has been made on the request.
- **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.
- A re-review is available with new or additional information.
- Re-review is 10 business days from the date of denial.
- In the event of a denial, providers are asked to follow the appeal instructions provided in their denial letter.

# Claims and Appeals

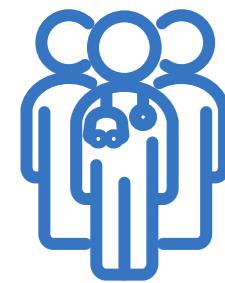
## Claims Process:

- Providers should continue to submit their claims to Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Arizona Complete Health website at [azcompletehealth.com](http://azcompletehealth.com)

## Appeals Process:

- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Arizona Complete Health - Complete Care Plan and Ambetter from Arizona Complete Health.
- 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.

- 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.<sup>1</sup>

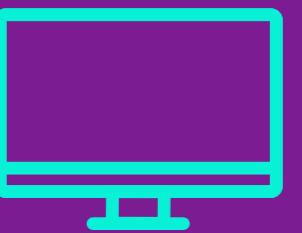


Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

<sup>1</sup>Chair: Fred A. Mettler, Jr., & Co-Chair Mahadevappa Mahesh, (November 2019). *National Council on Radiation Protection and Measurement*. NCRP Report No. 184 Medical Radiation Exposure of Patients in the United States evaluates changes in medical radiation exposure to patients since NCRP Report No. 160, Ionizing Radiation Exposure of the Population of the United States (2009), The Centers for Disease Control and Prevention (CDC).

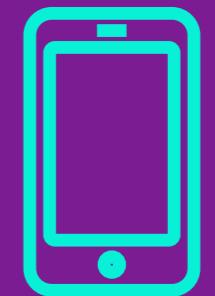
# Provider Tools

- 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



Arizona Complete Health –  
Complete Care Plan:  
1-800-424-4816

Medicare Advantage:  
1-800-424-4820

Duals:  
1-866-510-4240

Exchange:  
1-800-424-4806

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
- Utilization Review 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.

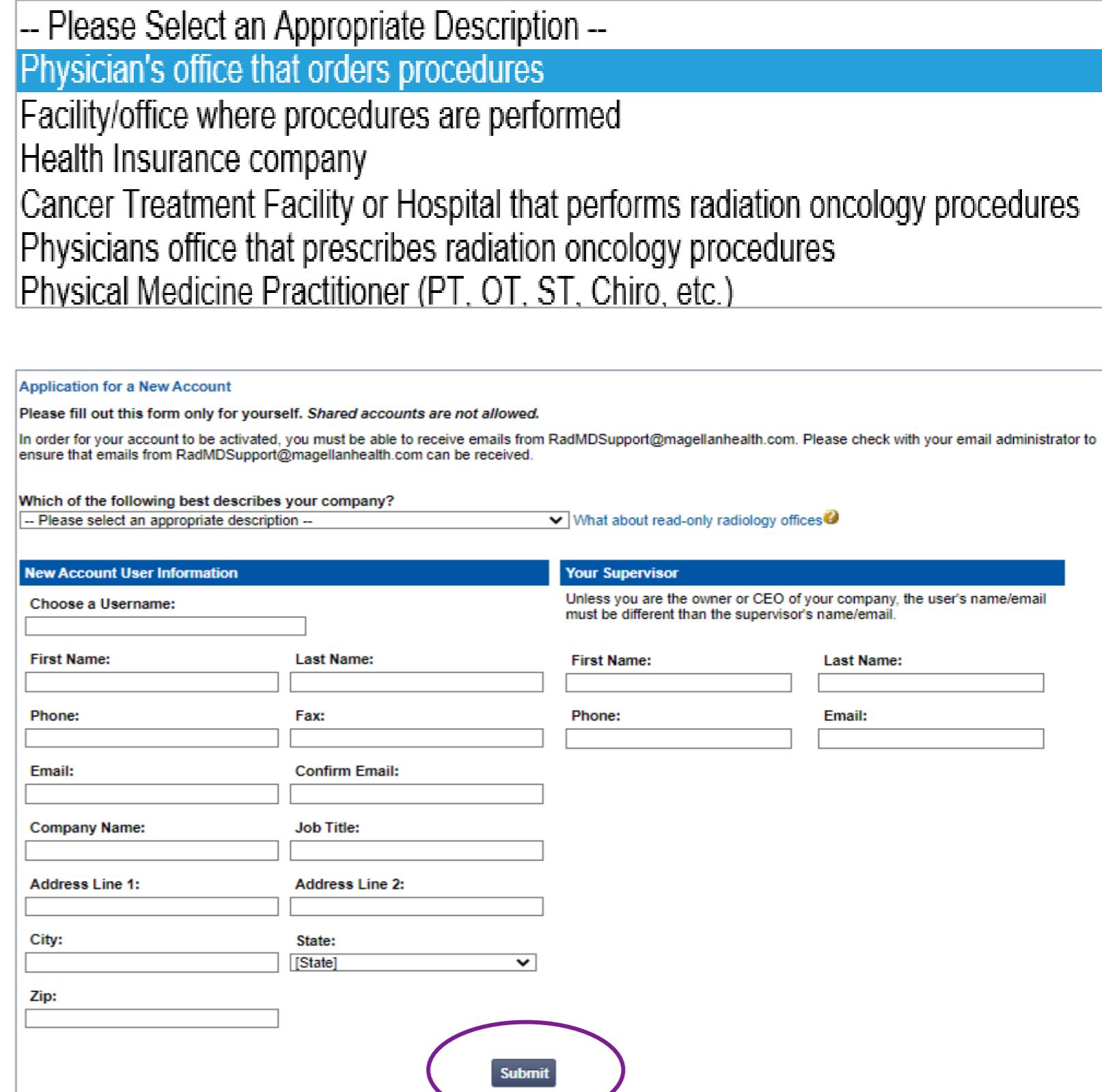
1



2

-- 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

Choose a Username:	Your Supervisor
First Name: _____	Last Name: _____
Phone: _____	Fax: _____
Email: _____	Confirm Email: _____
Company Name: _____	Job Title: _____
Address Line 1: _____	Address Line 2: _____
City: _____	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.

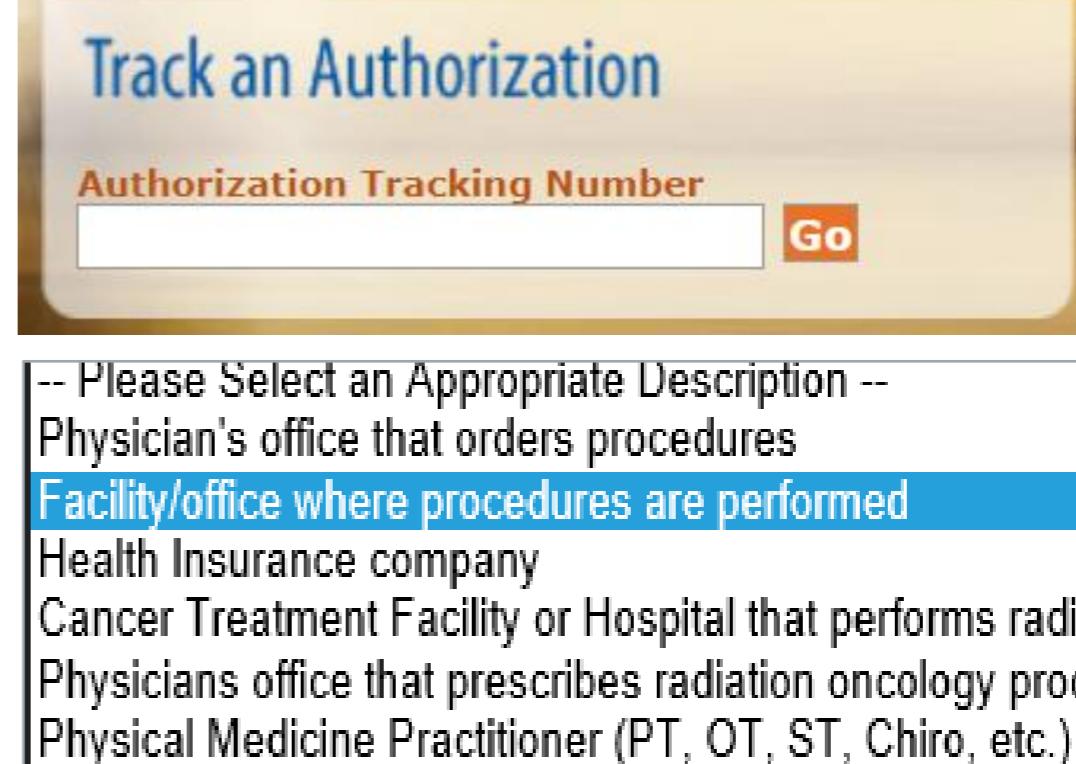
### IMPORTANT

- 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.

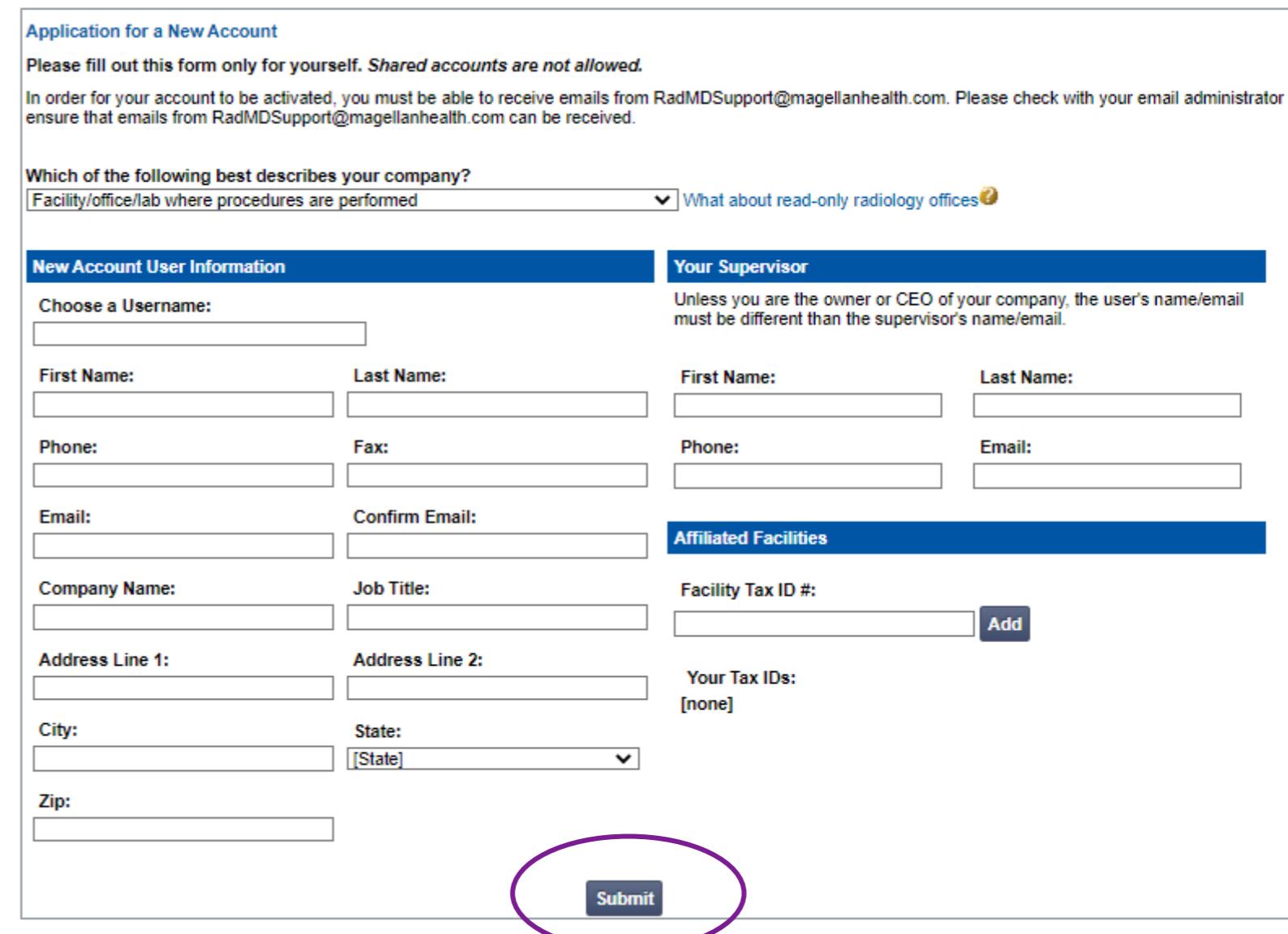
1



2



3



# 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](#)

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## 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**

- Website: [RadMD.com](http://RadMD.com)
- Arizona Complete Health – Complete Care Plan: 1-800-424-4816
- Medicare Advantage: 1-800-424-4820
- Duals: 1-866-510-4240
- Exchange: 1-800-424-4806

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

- Arizona Complete Health – Complete Care Plan: 1-800-424-4816
- Medicare Advantage: 1-800-424-4820
- Duals: 1-866-510-4240
- Exchange: 1-800-424-4806

**Provider Service Line**

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

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

Charles Allison  
*Provider Engagement Manager*  
1-602-572-2390 • [callison@evolent.com](mailto:callison@evolent.com)

# 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.