



Ambetter of Oklahoma 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



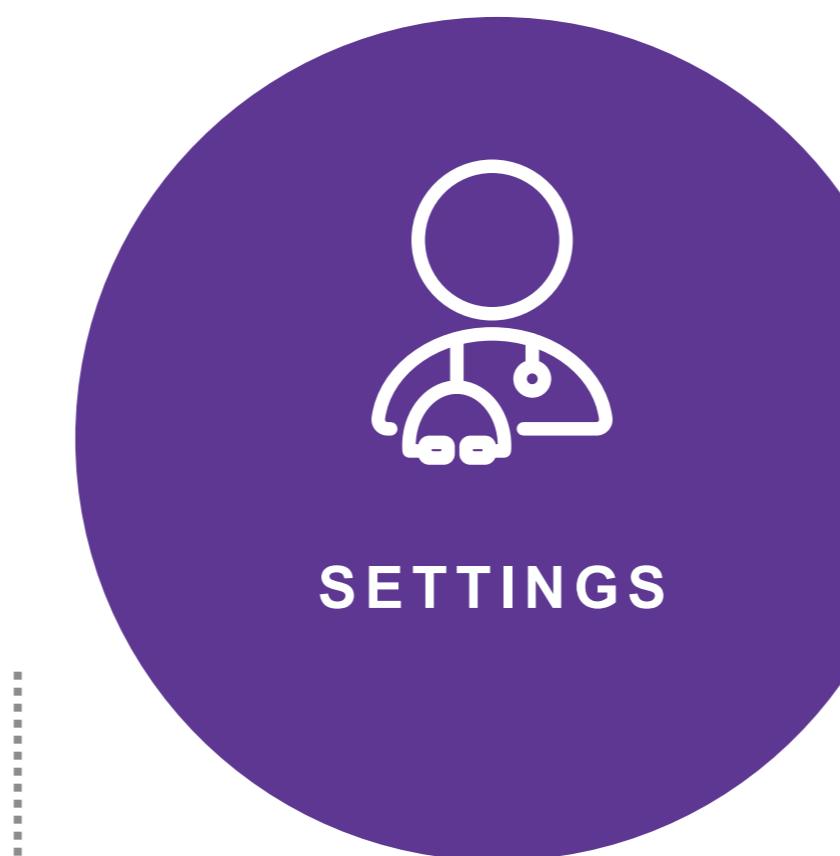
Advanced Imaging Prior Authorization Program



- Ambetter of Oklahoma will begin a prior authorization program through Evolent for the management of Advanced Imaging Services.



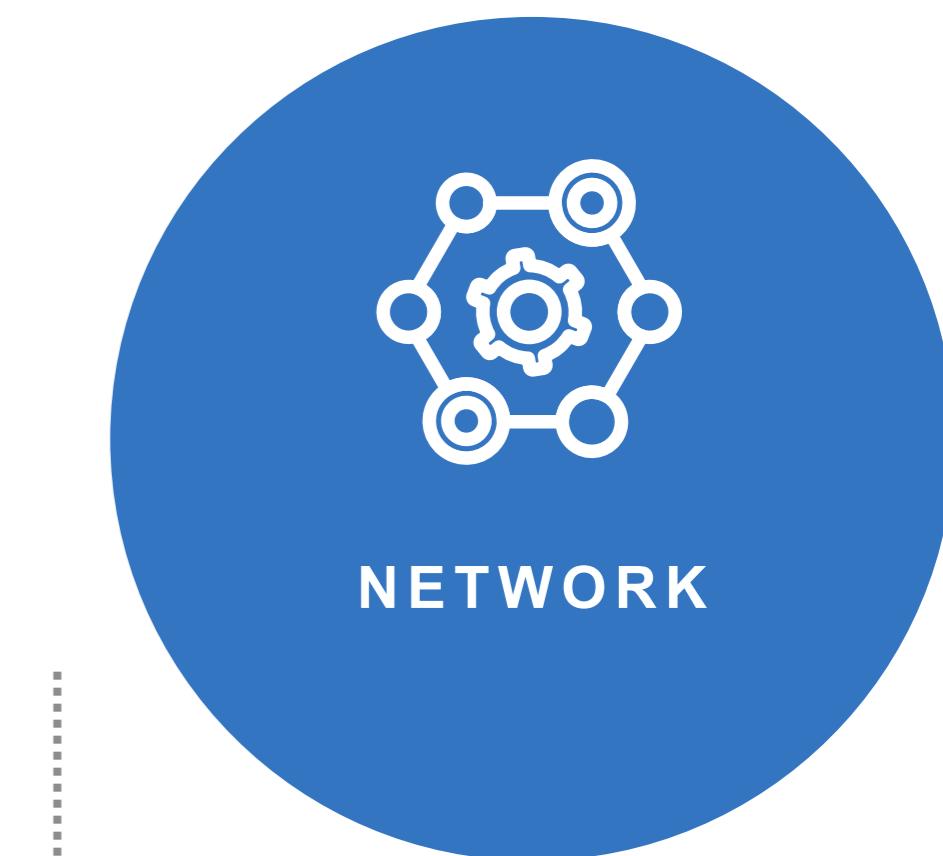
- Program start date: January 1, 2022



- Observation
- In Office
- Outpatient Hospital



- Exchange Program
- **ICHRA: Effective January 1, 2026**



- Evolent will manage services through Ambetter of Oklahoma'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
- Emergency Room

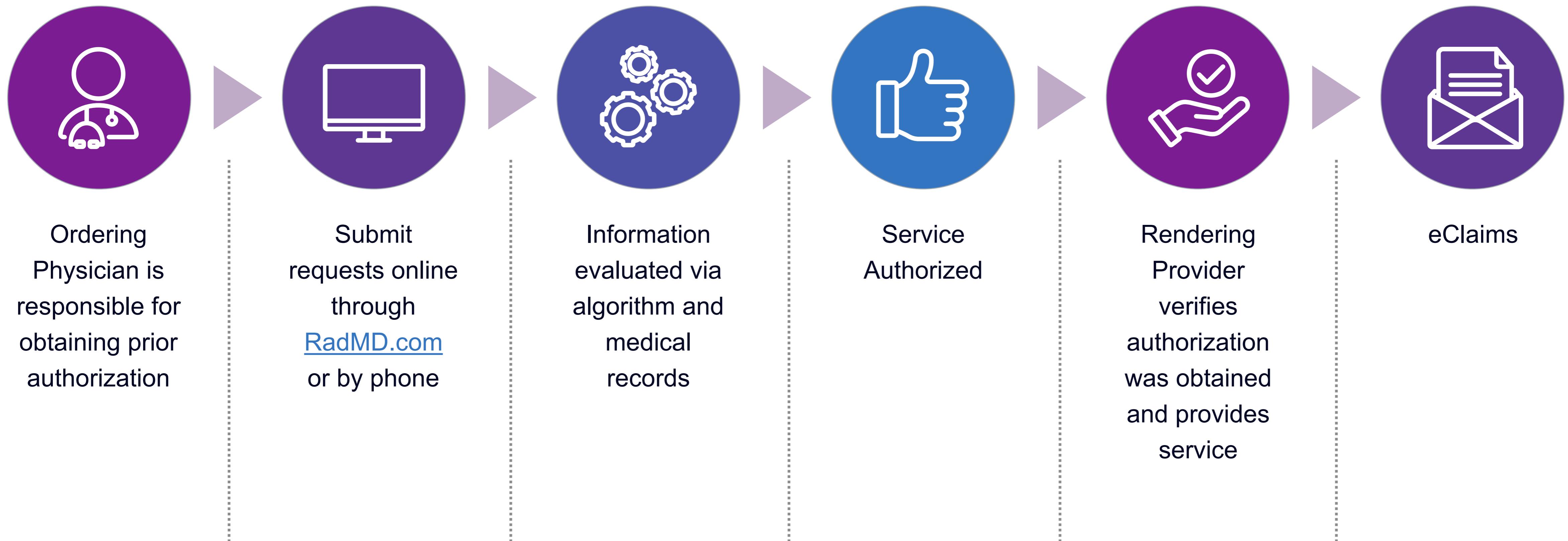


CPT Codes Requiring Prior Authorization (Advanced Imaging Example)

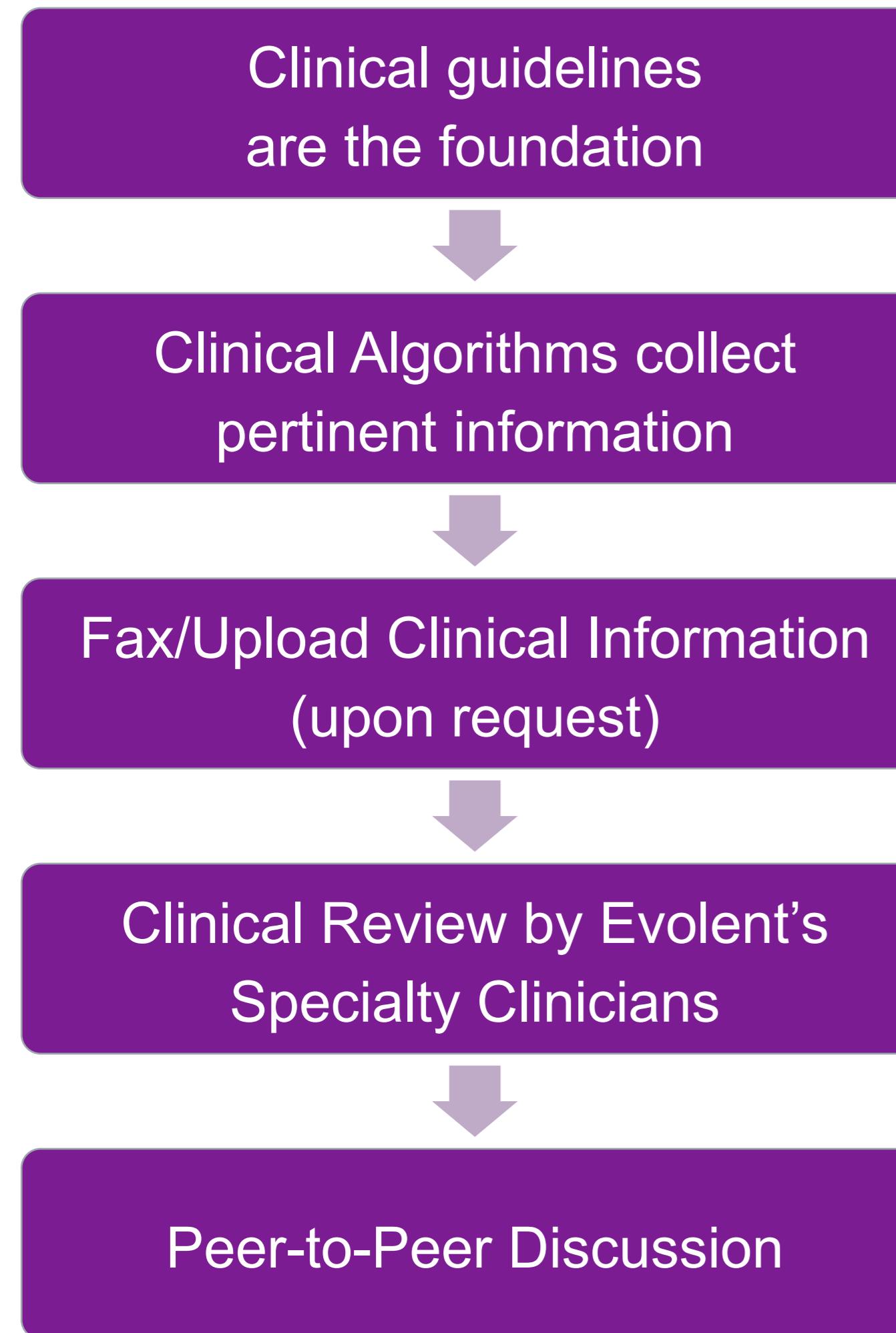
-  Review Claims/Utilization
Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com)
-  Defer to Ambetter of Oklahoma's Policies for Procedures not on Claims/Utilization Review Matrix.

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 Ambetter of Oklahoma 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 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												
ABDOMEN - PELVIS CT PLEASE FAX THIS FORM TO: 1-800-784-6864													
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">1. The most recent office visit note2. Any office visit note since initial presentation of the complaint/problem requiring imaging3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging <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 1-800-509-1842



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	Address: 123 Main St, New City, ST 12345
Date of Birth: 5/24/1971	Phone: 123-456-7890
Member ID: AB123456	Tax ID: 987654321
Health Plan: ABC Health Plan	UPIN:
	Specialty:
Spoken Language: ENGLISH	
Written Language: ENGLISH	

Clinical Specialty Team



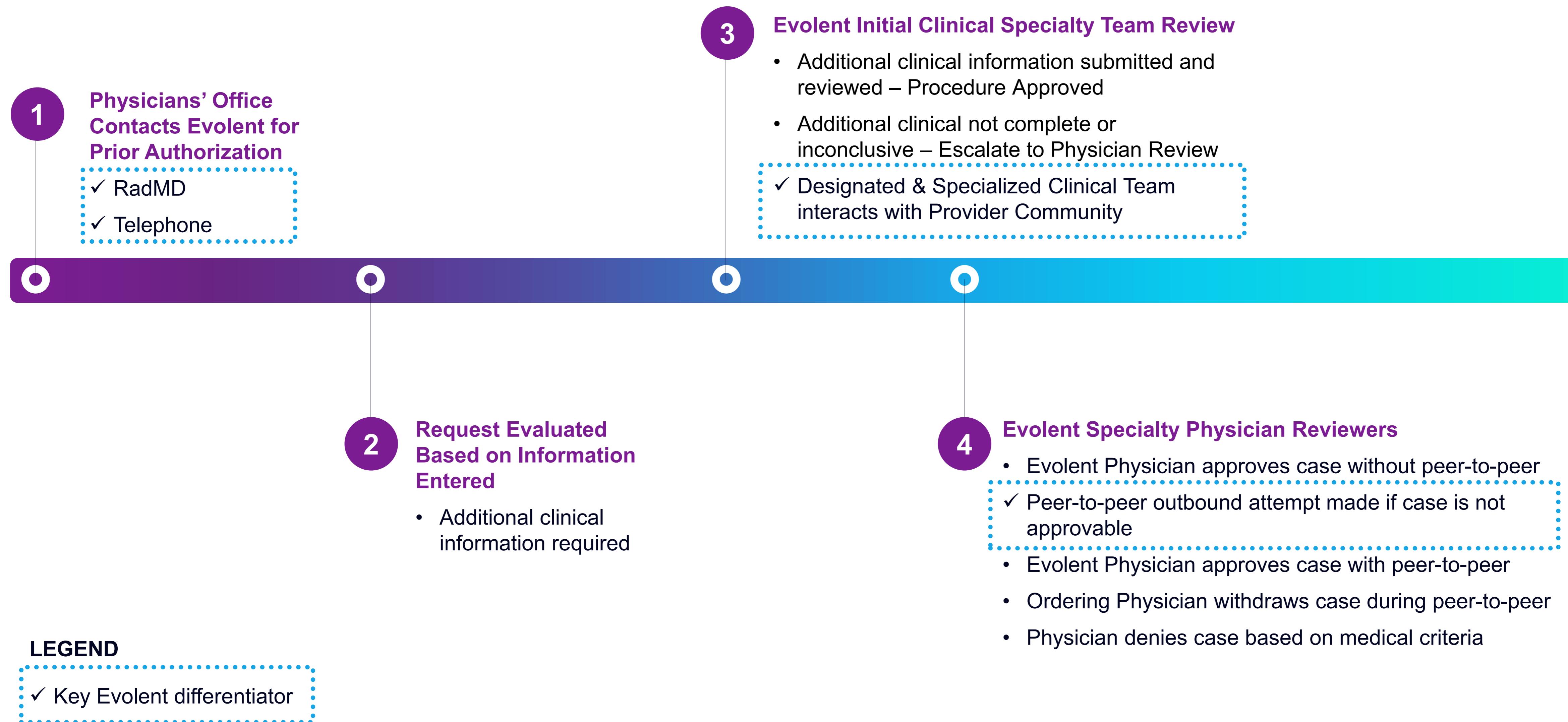
Advanced Imaging Review

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



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 1-800-509-1842.

Authorization Validity Period

- Authorizations are valid for:
 - 30 days from date of request

Denial Notification

- 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.
- Reconsideration may be available with new or additional information.
- Timeframe for reconsideration must occur within 5 business days from the date of denial and prior to submitting a formal appeal.
- 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 Ambetter of Oklahoma.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Ambetter of Oklahoma website at ambetterofoklahoma.com

Appeals Process:

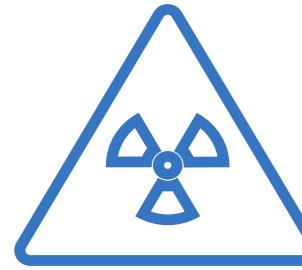
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Ambetter of Oklahoma.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Radiation Safety and Awareness

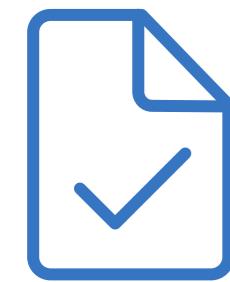


Studies suggest a significant increase in cancer risk in dose estimates in excess of 50 mSv.

- 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.

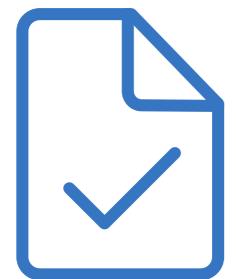


Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

Radiation Awareness Program



Identification of High Exposure Members.



Point of Services Provider Notification and Opportunities for Provider Education.

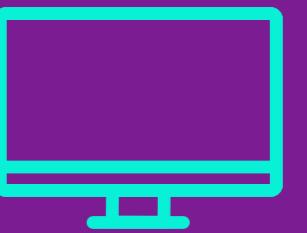


Promote Member Awareness and Education.

Provider Tools

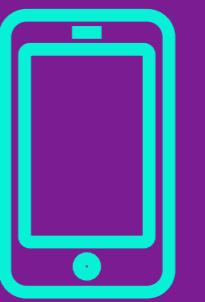
- Request Authorization
- View Authorization Status
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents

- Interactive Voice Response (IVR) System for authorization tracking



[RadMD.com](https://www.RadMD.com)

Available 24/7



1-800-509-1842

Available Monday - Friday
7:00 AM – 7:00 PM CST

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

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

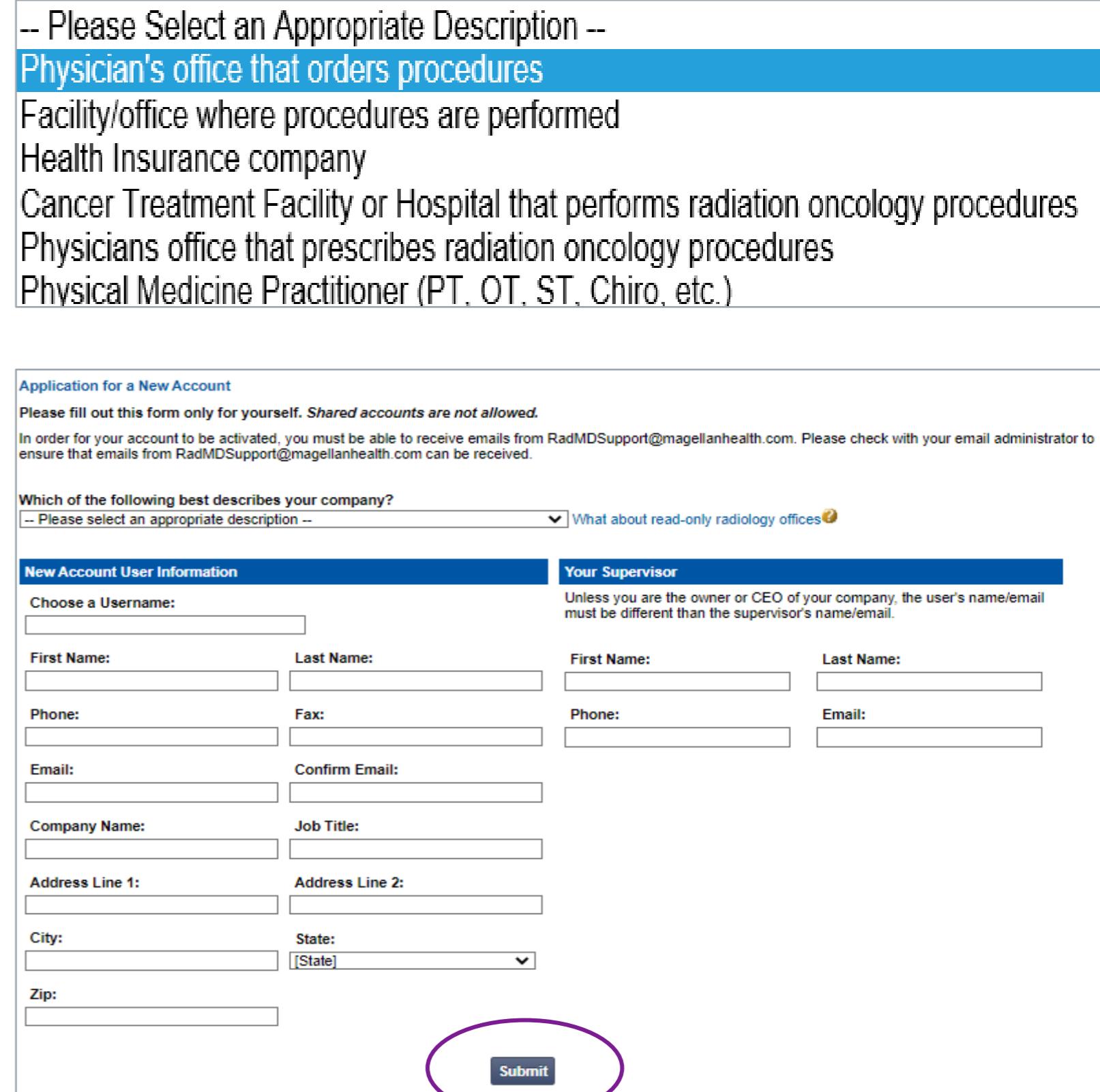
Health Insurance company

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 –

New Account User Information

Choose a Username:

First Name: Last Name:

Phone: Fax:

Email: Confirm Email:

Company Name: Job Title:

Address Line 1: Address Line 2:

City: 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.

First Name: Last Name:

Phone: Email:

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.

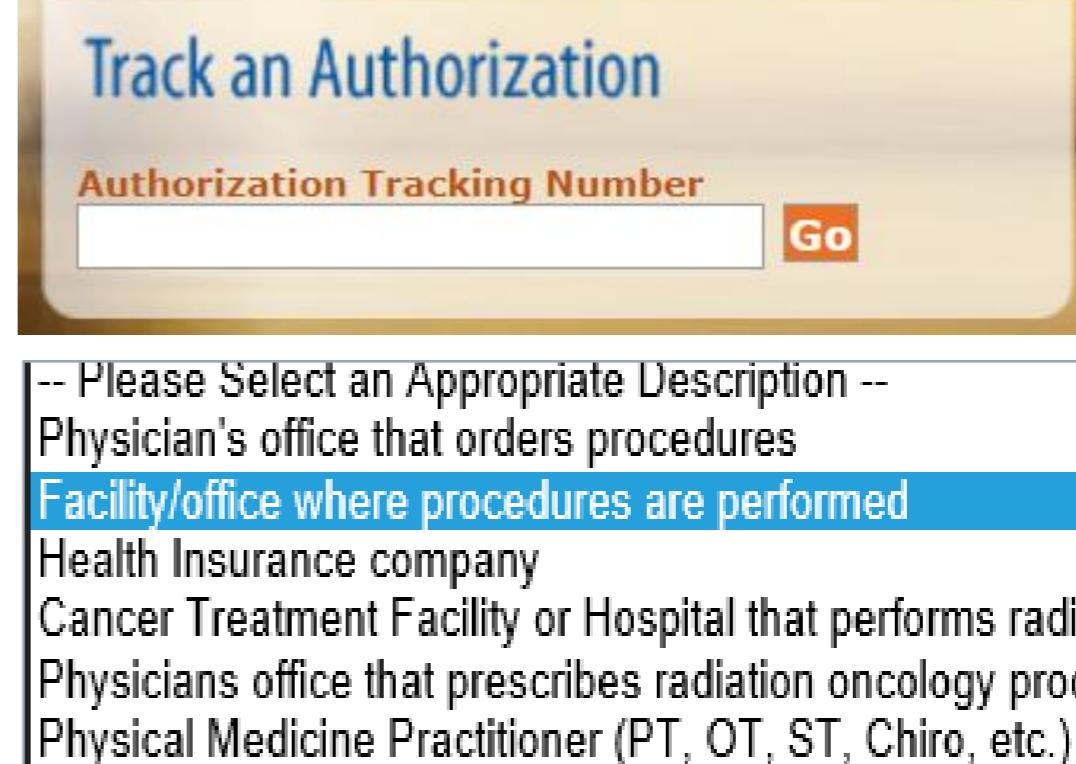
IMPORTANT

- 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.

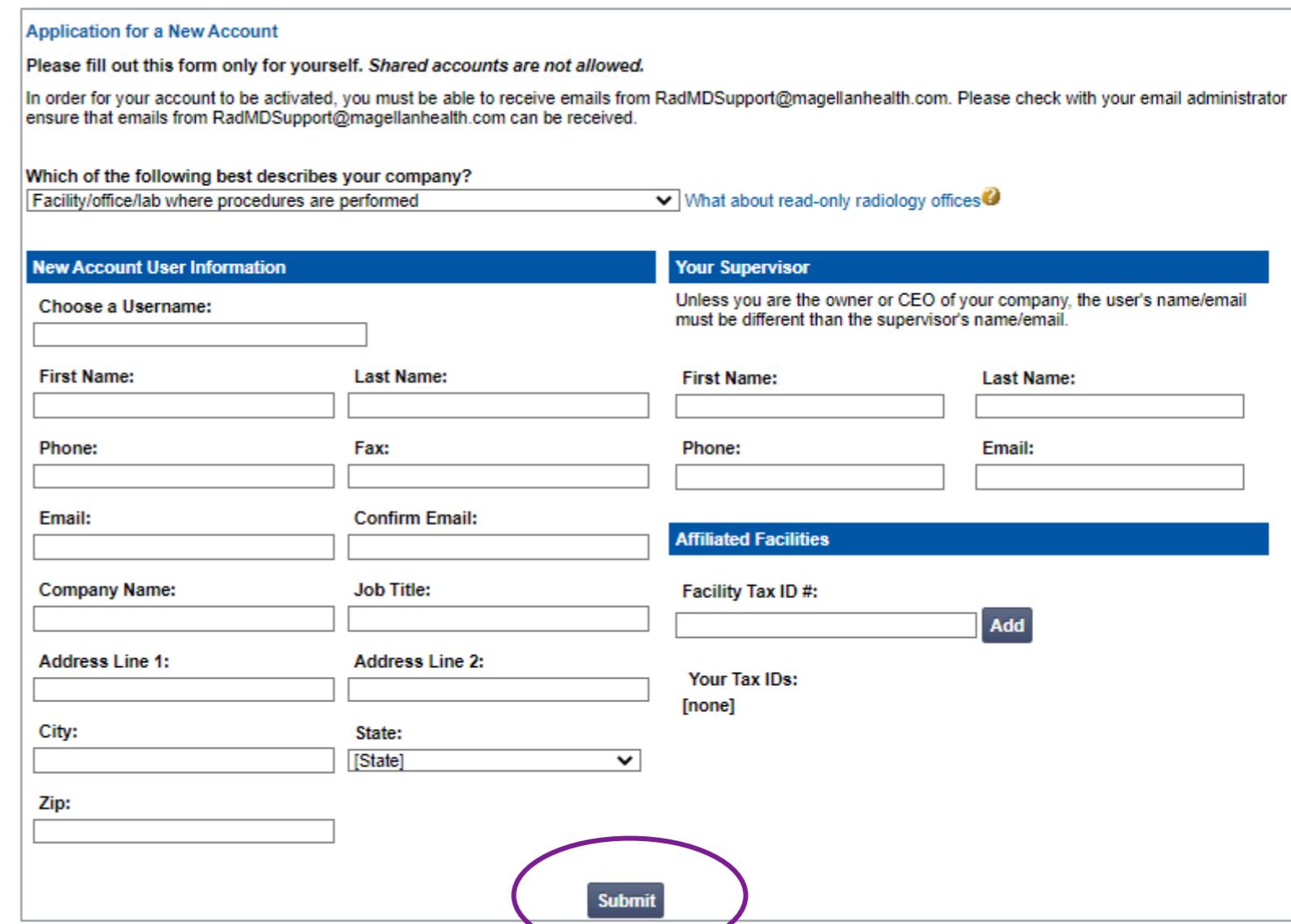
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2



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:

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
- 1-800-509-1842

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

- 1-800-509-1842

Provider Service Line

- RadMDSupport@Evolent.com
- Call 1-800-327-0641

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

Betsy Roberts
Provider Engagement Manager
1-571-261-8621 • betsy.roberts@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.