



# Superior HealthPlan Musculoskeletal (MSK) Management Program

Provider Training

# Evolut Program Agenda

## Our MSK Program

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

# Evolent

Connecting Our Brands is About Connecting Care





# MSK Prior Authorization Program



- Superior HealthPlan will begin a prior authorization program through Evolent for the management of MSK Services.



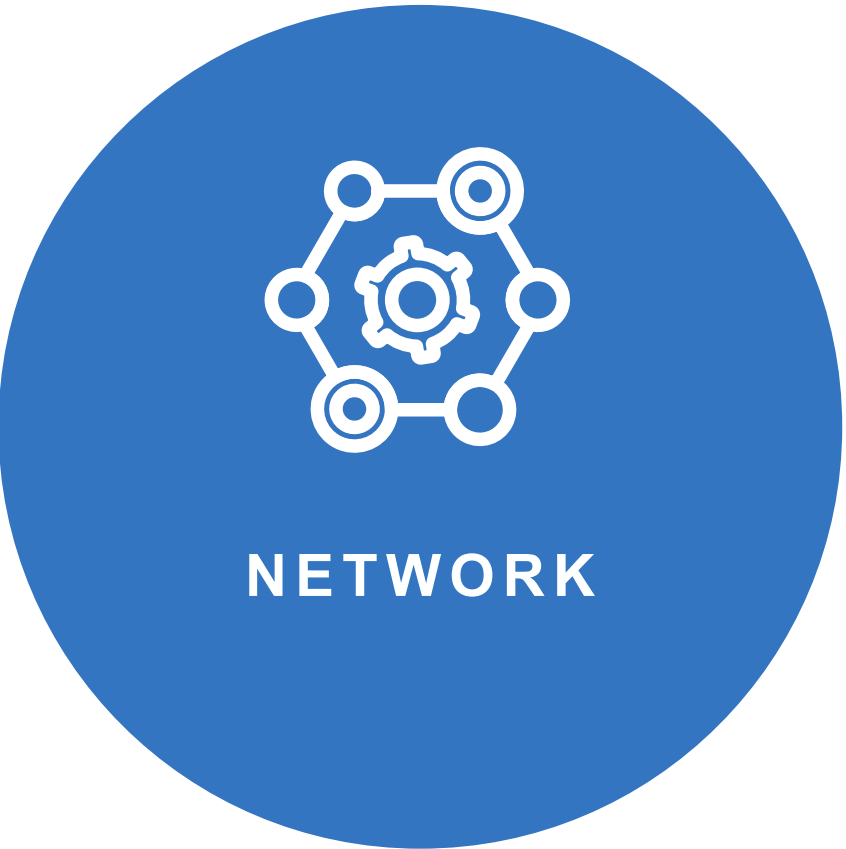
- Program start date: January 1, 2024
- Begin obtaining authorizations from Evolent on December 18, 2023, for services rendered on or after January 1, 2024.



- Outpatient, Interventional pain management
- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
- Surgery Center
- In Office
- Hospital



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



- Evolent will manage services through Superior Medicaid (STAR, STAR Kids, STAR+PLUS, STAR Health), STAR+PLUS Medicare-Medicaid Plan (MMP), CHIP, Wellcare By Allwell (HMO and HMO SNP) and Ambetter from Superior HealthPlan (Marketplace)'s contractual relationships.

# Interventional Pain Management (IPM)

## IPM Procedures Performed Outpatient

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections of Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulators

# IPM Exclusions

## Exclusions

- Hospital Inpatient
- Observation
- Emergency Room/Urgent Care Facility

For Medicaid Members only:

- Outpatient hospital (POS 19 and 22) – please refer to Superior policies





# Lumbar and Cervical Spine Surgery

## Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression
  - Single & Multiple Levels
- Cervical Anterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression with Fusion – Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement – Single & Two Levels
- Cervical Anterior Decompression (without fusion)
- Lumbar Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion



# Hip and Knee Surgery

## Hip Surgeries Performed Inpatient and Outpatient

- Revision/Conversion Hip Arthroplasty
- Total Hip Arthroplasty/Resurfacing
- Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincer & labral repair)
- Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy knee)

## Knee Surgeries Performed Inpatient and Outpatient

- Revision Knee Arthroplasty
- Total Knee Arthroplasty (TKA)
- Partial-Unicompartmental Knee Arthroplasty (UKA)
- Knee Manipulation under Anesthesia (MUA)
- Knee Ligament Reconstruction/Repair
- Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
- Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)



# Shoulder Surgery

## Shoulder Surgeries Performed Inpatient and Outpatient

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviculectomy, diagnostic shoulder arthroscopy)

# Surgery Exclusions

## Exclusions

- Emergency Surgery – admitted via the Emergency Room



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

# CPT Codes Requiring Prior Authorization (IPM 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 Superior HealthPlan’s Policies for Procedures not on Utilization Review Matrix.

| IPM PROCEDURES                                         |                  |                                                        |                                                                                                                                           |
|--------------------------------------------------------|------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure Name                                         | Primary CPT Code | Allowable Billed Groupings                             | Ancillary Procedures/Code                                                                                                                 |
| Sacroiliac Joint Injection                             | 27096            | 27096, G0260                                           |                                                                                                                                           |
| Spinal Cord Stimulator Trial                           | 63650            | 63650, 63655                                           | L8680, L8681, 95970, 95971, 95972, 77002                                                                                                  |
| Spinal Cord Stimulator Insertion, Revision, or Removal | 63655            | 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688 | L8679, L8680, L8682, L8683, L8684, L8685, L8686, L8687, L8688, L8689, L8695, C1767, C1816, C1820, C1822, C1823, 95970, 95971 95972, 77002 |
| Sympathetic Nerve Block                                | 64510            | 64510, 64517, 64520, 64530                             | 77003                                                                                                                                     |

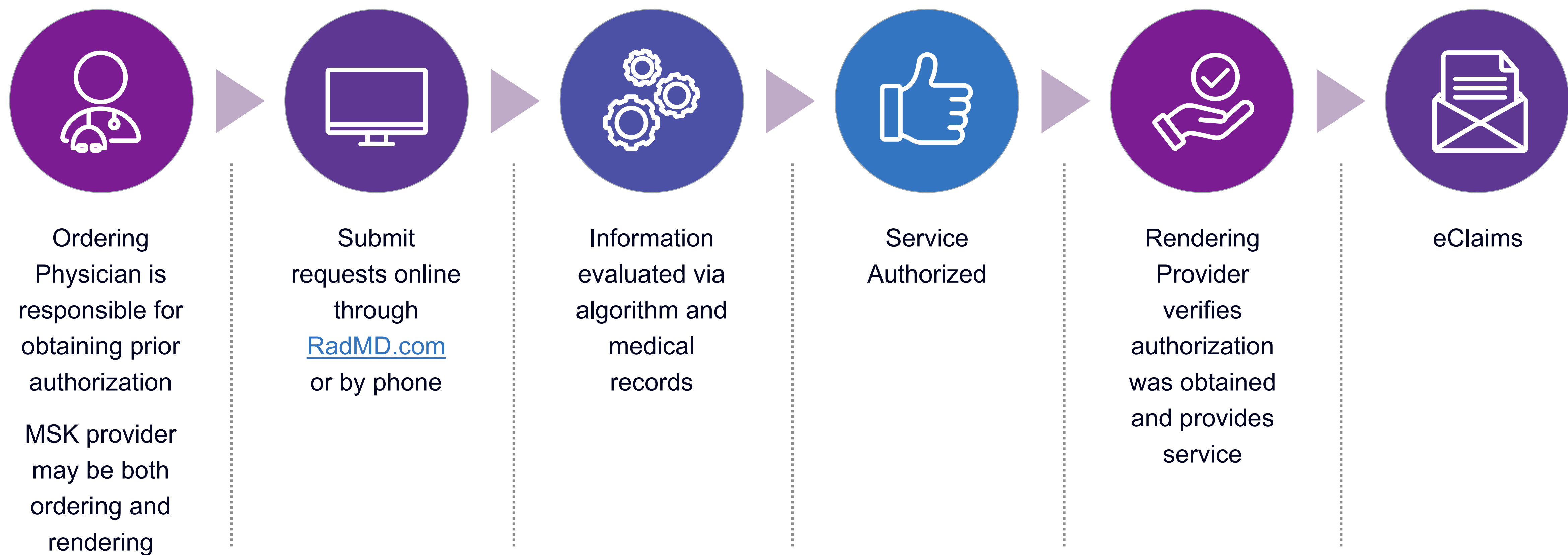


# CPT Codes Requiring Prior Authorization (Spine Surgery Example)

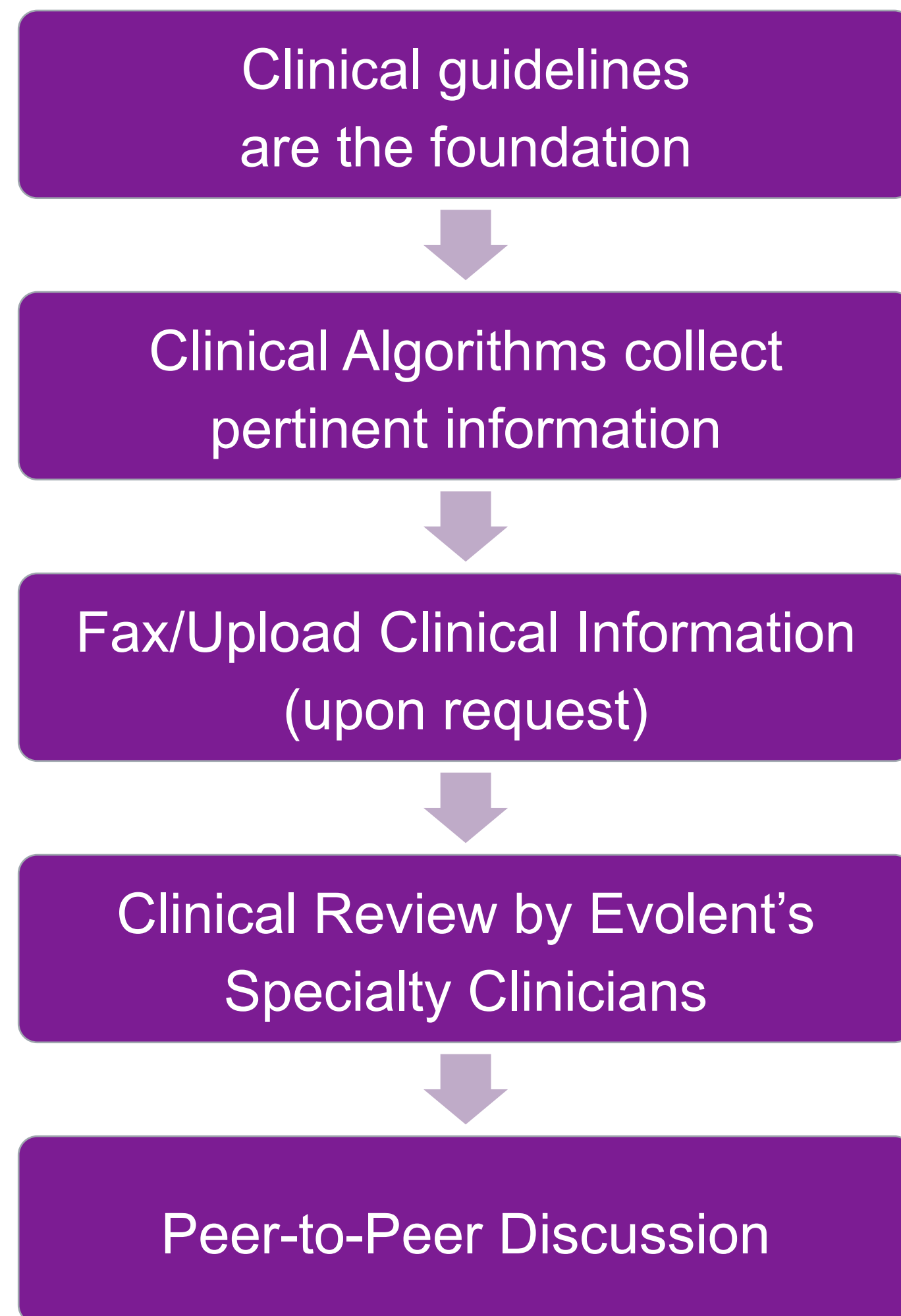
- ✓ Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- ✓ Includes CPT Codes and their Allowable Billable Groupings.
- ✓ Located on [RadMD.com](https://www.radmd.com)
- ✓ Defer to Superior HealthPlan’s Policies for Procedures not on Claims/Utilization Review Matrix.

| LUMBAR SPINE SURGERY PROCEDURES |                  |                                                                  |                                                                                                                              |                                                                                                                                                         |
|---------------------------------|------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedure Name                  | Primary CPT Code | Allowable Billed Groupings                                       | Additional Covered Procedures/Code                                                                                           | Ancillary Procedures/Code                                                                                                                               |
| Lumbar Microdiscectomy          | 63030            | 62380, 63030, +63035                                             |                                                                                                                              |                                                                                                                                                         |
| Lumbar Decompression            | 63047            | 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 | Microdiscectomy: 62380, 63030, +63035                                                                                        |                                                                                                                                                         |
| Lumbar Fusion – Single Level    | 22612            | 22533, 22558, 22612, 22630, 22633, +63052, +63053                | Microdiscectomy: 62380, 63030, +63035<br><br>Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 | Instrumentation: +22840, +22841, +22842, +22845, +22853<br><br>Bone Grafts: +20930, +20931, +20936, +20937, +20938<br><br>Bone Marrow Aspiration: 20939 |

# 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 Superior HealthPlan 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 a specialized clinical team focused on MSK.
- 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 IPM

## Special Information

- Every IPM procedure performed requires a prior authorization; Evolent will not authorize a series of epidural injections.
- Bilateral IPM injections performed on the same date of service do not require a separate authorization. An authorization will cover bilateral as well as multiple levels on the same date of service. (Please refer to clinical guidelines for potential restrictions).
- Add on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered.



# IPM Clinical Checklist Reminders

## IPM Documentation

-  **Conservative Treatment:** Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted with the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.
-  **Visual Analog Scale (VAS) Score and/or Functional Disability:** A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (e.g., noting that the member is no longer able to perform work duties, daily care, etc.).
-  **Follow Up to Prior Pain Management Procedures:** For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

# Authorization for Surgery

## Special Information

- Most surgeries require only one authorization request. Evolent provides a list of surgery categories to choose from and the surgeon's office must select the most complex and invasive surgery being performed as the primary surgery.
  - Example 1: A lumbar fusion authorization includes decompression, instrumentation, etc.
  - Example 2: A knee ligament reconstruction includes meniscectomy, debridement, etc.
- Bilateral hip, knee, or shoulder surgeries require authorization for both the left and right side. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- Date of service is required.
- Inpatient admissions continue to be subject to concurrent review by Superior HealthPlan.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.

# Surgery Clinical Checklist Reminders

## Surgery Documentation

- ✓ Details regarding the member's symptoms and their onset/duration
- ✓ Physical exam findings
- ✓ Conservative treatment modalities with dates and duration (e.g., physical therapy, home exercise plan, injections, medications, activity modification)
- ✓ Diagnostic imaging results
- ✓ Ordering physician's surgical plan (including a discussion about the potential risks and benefits of the procedure) (BMI, smoking history, mental status for some surgeries)



# Evolt 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.

Date: March

|                     |                       |                  |  |
|---------------------|-----------------------|------------------|--|
| ORDERING PHYSICIAN: | Dr. Clifford          |                  |  |
| FAX NUMBER:         |                       | TRACKING NUMBER: |  |
| RE:                 | Authorization Request | MEMBER ID:       |  |
| PATIENT NAME:       | Cindy I               |                  |  |
| HEALTH PLAN:        |                       |                  |  |

We have received your request for Lumbar Decompression. We are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

*Additional information is still needed.*

We have received your request for **Lumbar Decompression** along with additional records. However, the information provided still does not support the medical necessity of these services to make a determination on this case. Please see the documentation needed below which may allow us to make a positive determination. Only sending daily notes may delay authorization.

Missing Clinical: Specific dates and duration of conservative treatment for 6 consecutive weeks in the last 6 months. Must include at least two of the following: physical therapy, physician-directed home exercise plan, epidural steroid injections, and/or medications.

You may submit records for this episode of care as requested by uploading them on [www.radmd.com](http://www.radmd.com). Please do not resend the information previously submitted.

**The ordering physician is responsible for obtaining prior authorizations and for submitting the clinical records if requested. Please respond as soon as possible with the clinical information identified above.**

Receipt of written records is required in order to process your request. Once this information has been received, the case will be reviewed by a clinician, and you will be notified of the determination. The ordering provider may call to have a peer to peer discussion.

**Submitting a prior authorization request on RadMD is fast and efficient!**

Our provider portal, RadMD, is the easiest way to request authorizations, upload documents, access clinical guidelines and much more! To get started, visit [www.RadMD.com](http://www.RadMD.com), select **New User** and submit an **Application for New Account**.

# 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:
    - 1-800-642-7554 - Superior (Medicaid)
    - 1-800-424-4916 - Ambetter
    - 1-866-214-1703 - Wellcare By Allwell
    - 1-866-510-9630 - Duals
- Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Request Verification: Detail

Upload Clinical DocumentPrint Fax Cover SheetRequest 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 HMO | UPIN:      |                                 |
| Spoken Language:  | ENGLISH             | Specialty: |                                 |
| Written Language: | ENGLISH             |            |                                 |

# Clinical Specialty Team: Focused on IPM



## IPM Review

Initial clinical review  
performed by specialty  
trained IPM nurses

Clinical review team  
will contact provider for  
additional clinical  
information

Anesthesiologists and pain  
management specialists  
conduct clinical reviews and  
peer-to-peer discussions on  
IPM requests



# Clinical Specialty Team: Focused on MSK



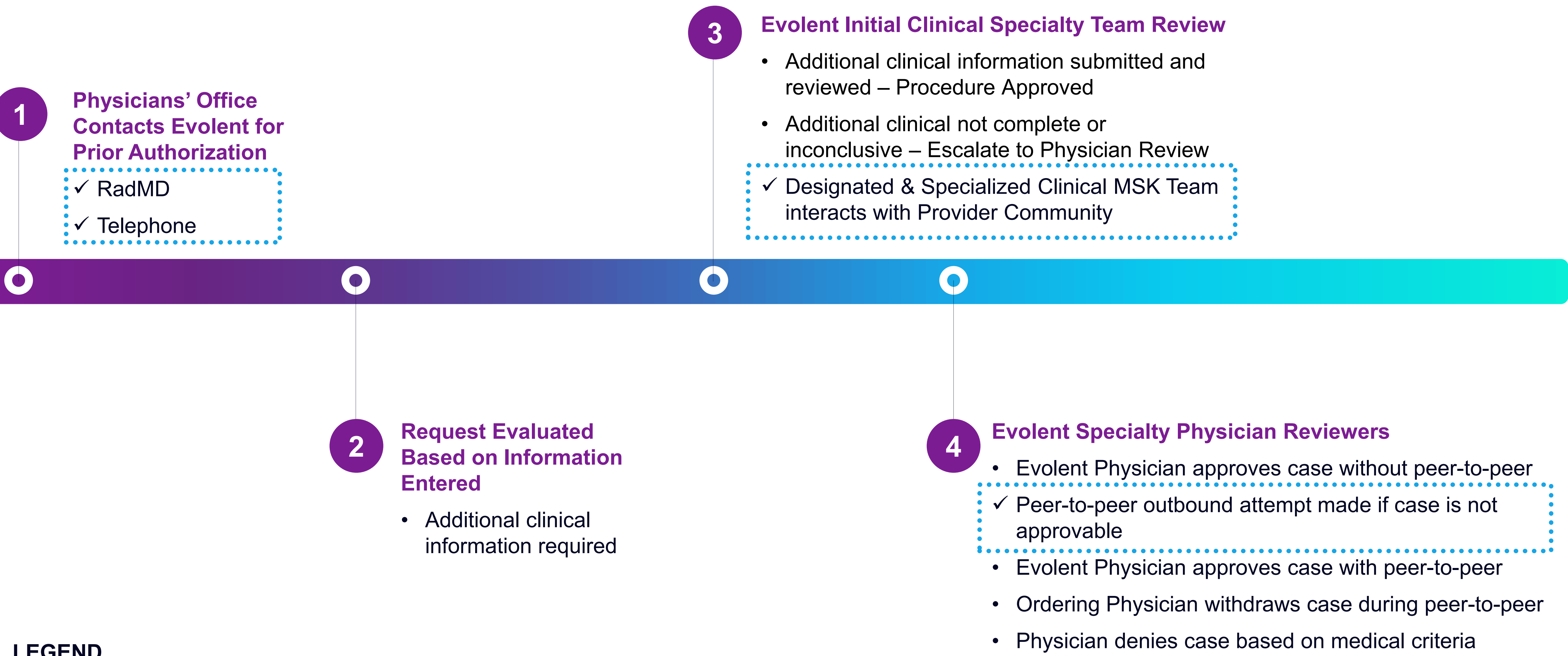
## MSK Surgery Review

Initial clinical review  
performed by specialty  
trained surgery nurses

Surgery concierge team  
will contact provider for  
additional clinical  
information

Orthopedic surgeons or  
neurosurgeons conduct  
clinical reviews and peer-to-  
peer discussions on surgery  
requests

# MSK Clinical Review Process



**LEGEND**

✓ Key Evolent differentiator

# 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:
  - 1-800-642-7554 - Superior (Medicaid)
  - 1-800-424-4916 – Ambetter
  - 1-866-214-1703 - Wellcare By Allwell
  - 1-866-510-9630 - Duals



# Authorization Validity Period

- IPM
  - 30 days from date of request
- Surgery
  - 30 days from date of request

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- **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 peer-to-peer discussion can be initiated once the adverse determination has been made – **Medicaid and Marketplace.**
- 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 Superior HealthPlan.
- Providers are strongly encouraged to use EDI claims submission.

## Appeals Process:

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

# IPM Points



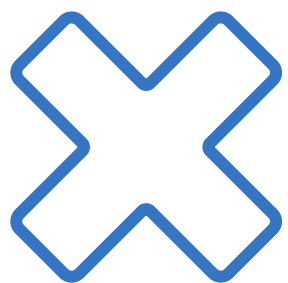
Injections in all regions of spine are managed



Date of Service is required for all requests



Each IPM procedure must be prior authorized



No series of epidural injections

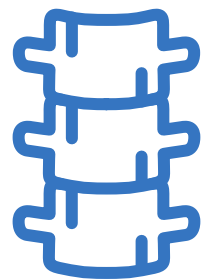


Specialty Nurses and Physicians review IPM requests

# MSK Surgery Points: Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



Spine Surgery is focused on lumbar and/or cervical spine surgeries.



For spinal surgeries, only one authorization request per surgery. For example, a lumbar fusion authorization includes decompression, instrumentation, etc.



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.



# MSK Surgery Points: Hip, Knee, or Shoulder Surgery

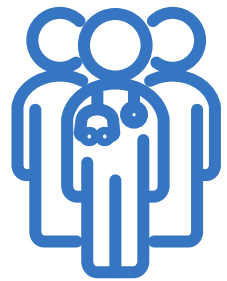


Bilateral hip, knee, or shoulder surgeries require authorization for both the left and right side. These requests can be entered at the same time and will be reviewed concurrently. ACDF and posterior cervical fusion require authorization for each procedure. These requests can be entered at the same time and will be reviewed concurrently.



Surgeries addressing the following are not included in the MSK program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware & foreign body removal.

# MSK Surgery Points: All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Superior Health Plan.



The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.

Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.



Authorizations are valid for 30 days from the date of request and Inpatient authorizations are valid for 30 days from the date of request. Evolent must be notified of any changes to the date of service.



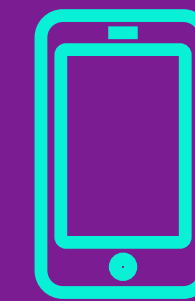
# Provider Tools

- 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



1-800-642-7554 Superior (Medicaid)

1-800-424-4916 Ambetter

1-866-214-1703 Wellcare By Allwell

1-866-510-9630 Duals

Available Monday - Friday

7:00 AM – 7:00 PM CST

# Evolut Website

[RadMD.com](https://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.
  - MSK providers are typically both the ordering and the rendering provider.

## Online Tools Available on RadMD

- Evolut's Clinical Guidelines
- Frequently Asked Questions
- RadMD Quick Start Guide
- Utilization Review Matrices



The screenshot displays the RadMD web interface. The top section, titled 'RadMD Sign In', has a green background and contains the text: 'For URGENT/EXPEDITED authorization requests, please contact the Evolut call center.' Below this text are two buttons: 'Sign In' (orange) and 'New User' (grey). The bottom section, titled 'Track an Authorization', has a light orange background. It features the label 'Authorization Tracking Number' in orange text above 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 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:<br><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:<br><input type="text"/>        | Last Name:<br><input type="text"/>      | First Name:<br><input type="text"/>                                                                                        | Last Name:<br><input type="text"/> |
| Phone:<br><input type="text"/>             | Fax:<br><input type="text"/>            | Phone:<br><input type="text"/>                                                                                             | Email:<br><input type="text"/>     |
| Email:<br><input type="text"/>             | Confirm Email:<br><input type="text"/>  |                                                                                                                            |                                    |
| Company Name:<br><input type="text"/>      | Job Title:<br><input type="text"/>      |                                                                                                                            |                                    |
| Address Line 1:<br><input type="text"/>    | Address Line 2:<br><input type="text"/> |                                                                                                                            |                                    |
| City:<br><input type="text"/>              | State:<br><input type="text"/>          |                                                                                                                            |                                    |
| Zip:<br><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.)

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/office/lab where procedures are performed [What about read-only radiology offices?](#)

| New Account User Information               |                                                | Your Supervisor                                                                                                            |                                    |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Choose a Username:<br><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:<br><input type="text"/>        | Last Name:<br><input type="text"/>             | First Name:<br><input type="text"/>                                                                                        | Last Name:<br><input type="text"/> |
| Phone:<br><input type="text"/>             | Fax:<br><input type="text"/>                   | Phone:<br><input type="text"/>                                                                                             | Email:<br><input type="text"/>     |
| Email:<br><input type="text"/>             | Confirm Email:<br><input type="text"/>         |                                                                                                                            |                                    |
| Company Name:<br><input type="text"/>      |                                                | Affiliated Facilities                                                                                                      |                                    |
| Job Title:<br><input type="text"/>         |                                                | Facility Tax ID #:<br><input type="text"/>                                                                                 | <input type="button" value="Add"/> |
| Address Line 1:<br><input type="text"/>    |                                                | Your Tax IDs:<br>[none]                                                                                                    |                                    |
| City:<br><input type="text"/>              | State:<br><input type="text" value="[State]"/> |                                                                                                                            |                                    |
| Zip:<br><input type="text"/>               |                                                |                                                                                                                            |                                    |
| <input type="button" value="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:

Login

Request Status

Search for Request

View All My Requests

View Customer Service Calls

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# When to Contact Evolent

|                                                               |                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initiating or checking the status of an authorization request | <ul style="list-style-type: none"><li>• Website: <a href="https://www.RadMD.com">RadMD.com</a></li><li>• 1-800-642-7554 - Superior (Medicaid)</li><li>• 1-800-424-4916 - Ambetter</li><li>• 1-866-214-1703 - Wellcare By Allwell</li><li>• 1-866-510-9630 - Duals</li></ul> |
| Initiating a Peer-to-Peer Consultation                        | <ul style="list-style-type: none"><li>• 1-800-642-7554 - Superior (Medicaid)</li><li>• 1-800-424-4916 - Ambetter</li><li>• 1-866-214-1703 - Wellcare By Allwell</li><li>• 1-866-510-9630 - Duals</li></ul>                                                                  |
| Provider Service Line                                         | <ul style="list-style-type: none"><li>• <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a></li><li>• Call 1-800-327-0641</li></ul>                                                                                                                      |
| Provider Education requests or questions specific to Evolent  | <p>Karla Lowery<br/><i>Provider Engagement Manager</i><br/>1-952-225-5701 • <a href="mailto:klowery@evolent.com">klowery@evolent.com</a></p>                                                                                                                                |

# 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.