



# Superior HealthPlan Advanced Imaging Program

## Provider Training

# Evolent Program Agenda

## Our Advanced Imaging Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



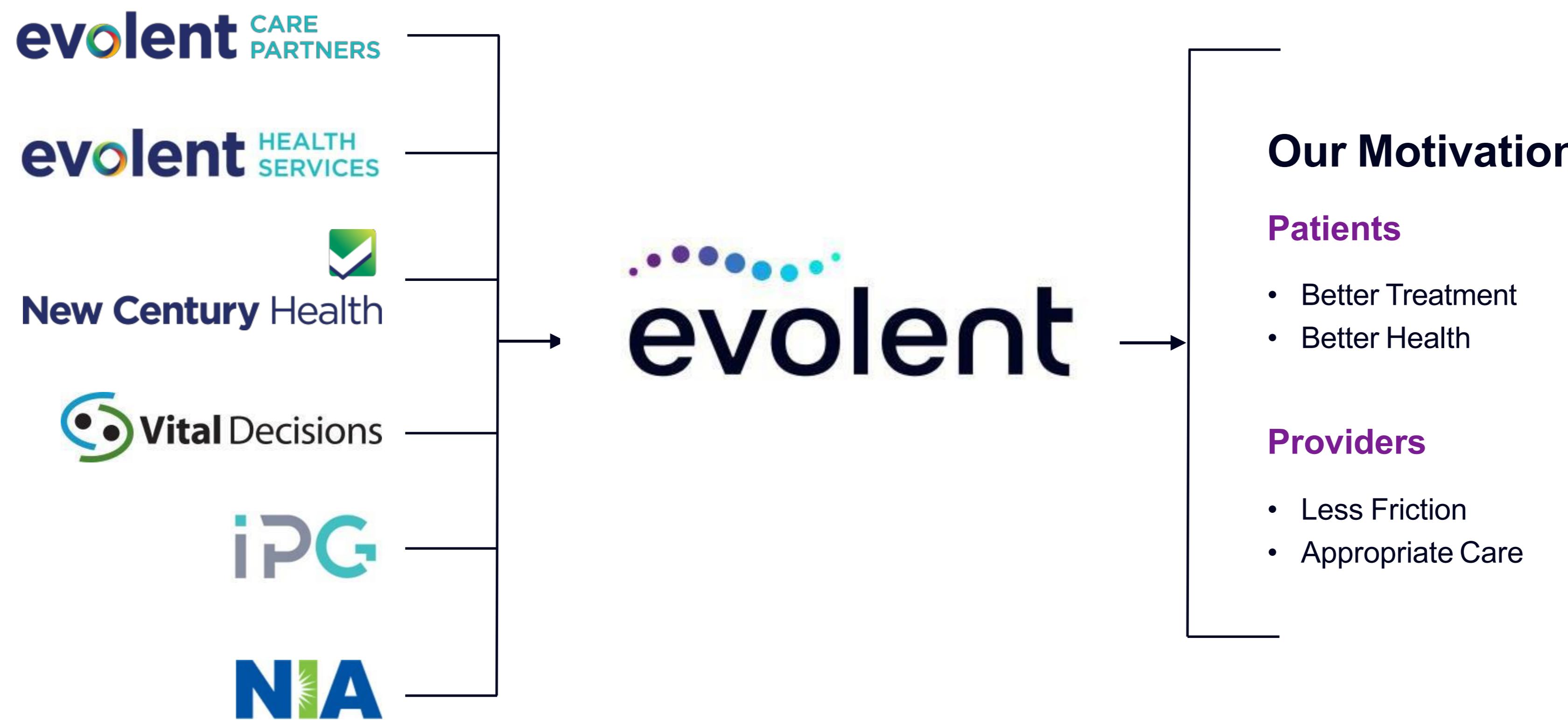
RadMD Demo



Questions and Answers

# Evolent

Connecting Our Brands is About Connecting Care



# Advanced Imaging Prior Authorization Program



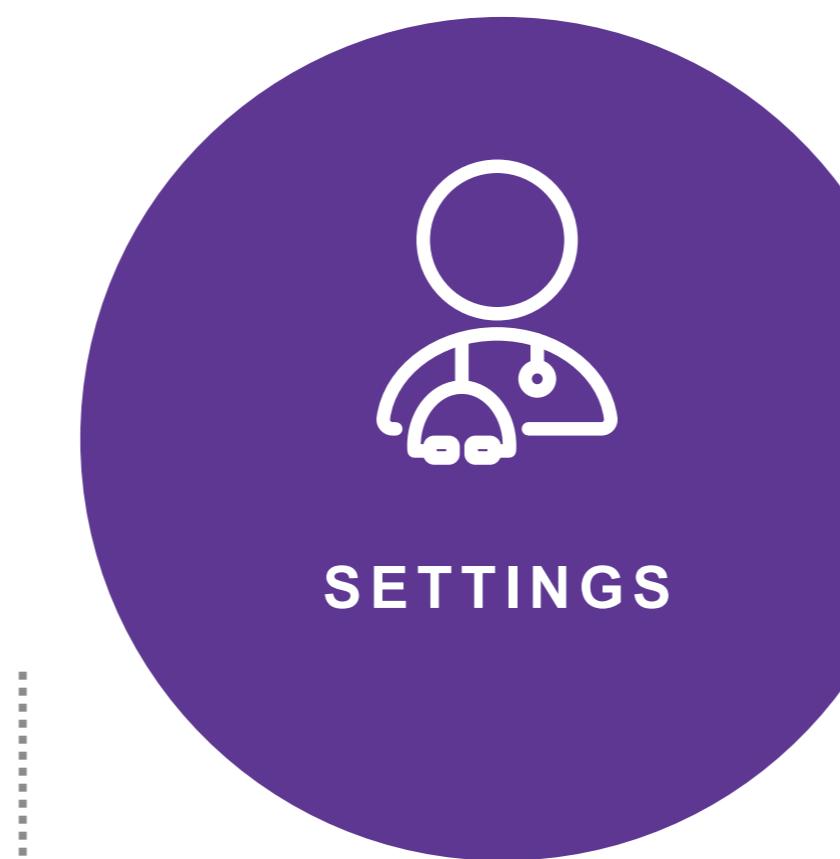
## THE PROGRAM

- Superior HealthPlan will begin a prior authorization program through Evolent for the management of advanced imaging services.



## IMPORTANT DATES

- Program start date: August 1, 2010
- Begin obtaining authorizations from Evolent on August 1, 2010, for services rendered on or after August 1, 2010.



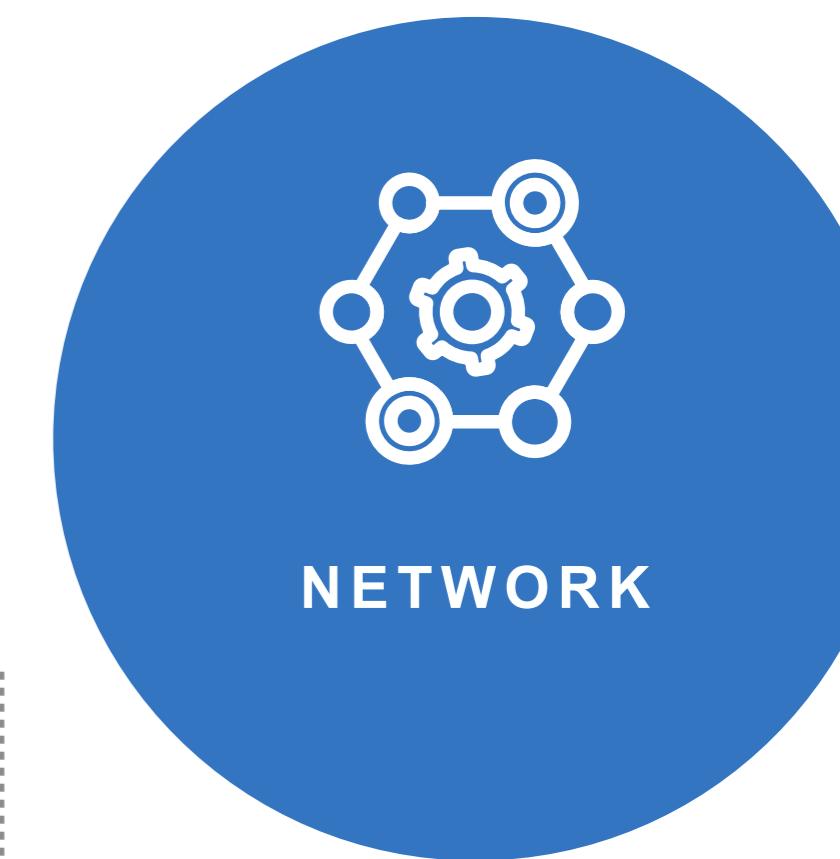
## SETTINGS

- Office
- Outpatient Hospital
- Freestanding diagnostic facilities



## MEMBERSHIP INCLUDED

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



## NETWORK

- Evolent will manage services through Superior HealthPlan's contractual relationships.

# Advanced Imaging

## Advanced Imaging Procedures Performed Outpatient

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test
- Echocardiography (Excludes non-STAR +PLUS members)
- Physical Medicine (Effective 12/1/21)
- Interventional Pain Management (Effective 1/1/21)
- Genetic Testing (Effective 11/1/22)

# Exclusions

## Exclusions

- Hospital Inpatient
- Observation
- Emergency Room

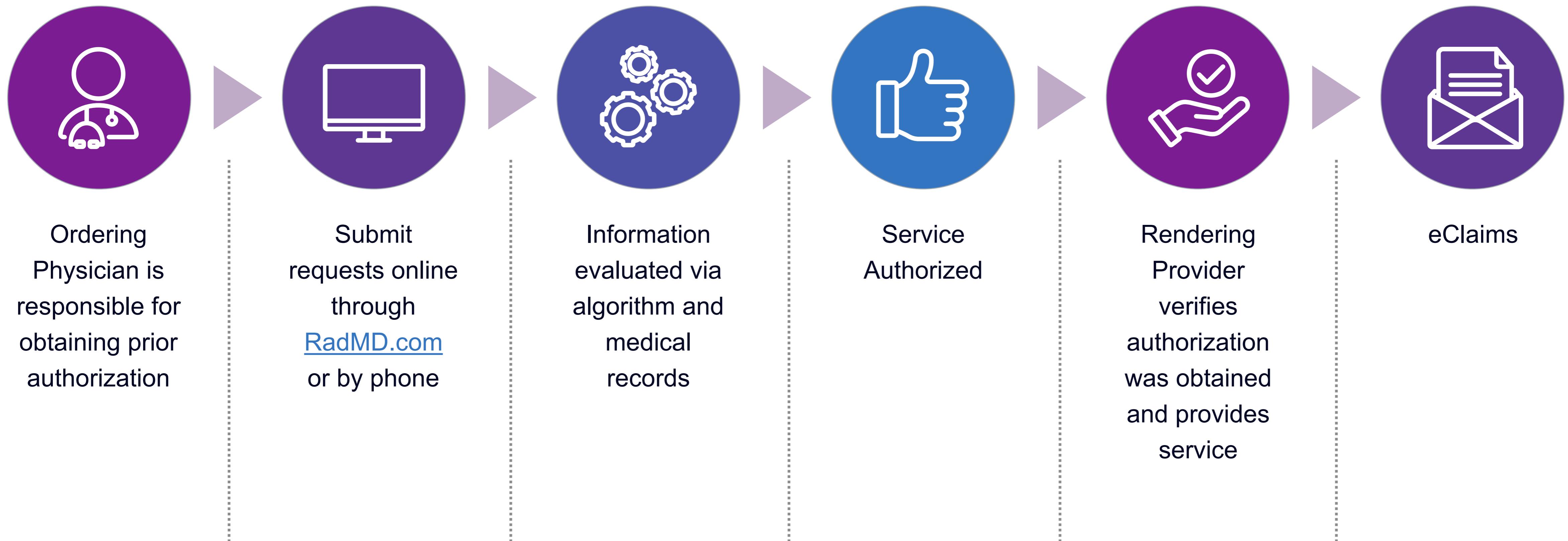


# CPT Codes Requiring Prior Authorization (Advanced Imaging Example)

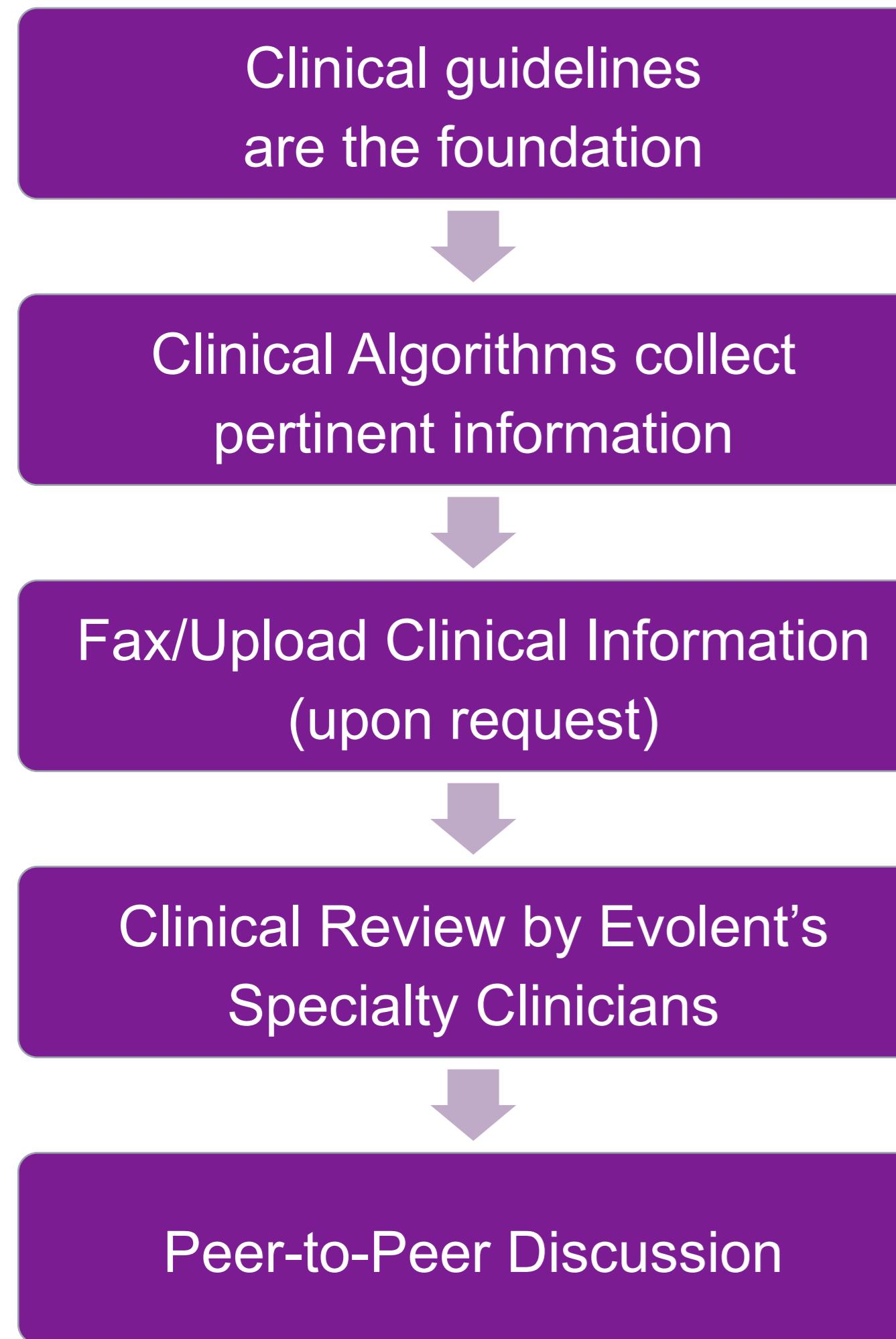
-  Review the Utilization Review Matrix to determine CPT codes managed by Evolent.
-  Includes CPT Codes and their Allowable Billable Groupings.
-  Located on [RadMD.com](https://www.RadMD.com)
-  Defer to Superior HealthPlan's Policies for Procedures not on Utilization Review Matrix.

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



- **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 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												
<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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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:
  - 1-800-642-7554 - Superior (Medicaid)
  - 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 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
Date of Birth: 5/24/1971	12345
Member ID: AB123456	Phone: 123-456-7890
Health Plan: ABC Health Plan	Tax ID: 987654321
	HMO
Spoken Language: ENGLISH	UPIN:
Written Language: ENGLISH	Specialty:

# 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:
  - 1-800-642-7554 - Superior (Medicaid)
  - 1-866-214-1703 - Wellcare By Allwell
  - 1-866-510-9630 - Duals
- Turnaround time is within 1 business day not to exceed 72 business calendar hours.

# Authorization Validity Period

- Authorizations are valid for :
  - 30 days from the 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**.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# Claims and Appeals

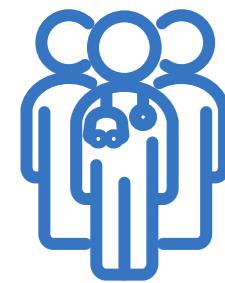
## Claims Process:

- Providers should continue to submit their claims to Superior HealthPlan.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Superior HealthPlan website at [superiorhealthplan.com](http://superiorhealthplan.com)

## Appeals Process:

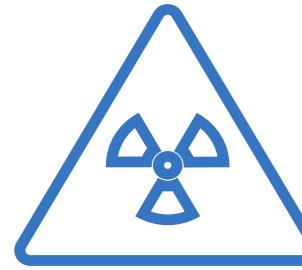
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through Superior HealthPlan.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# 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.

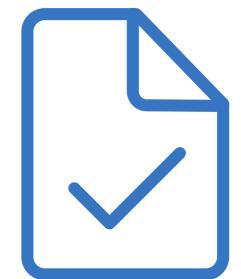


Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

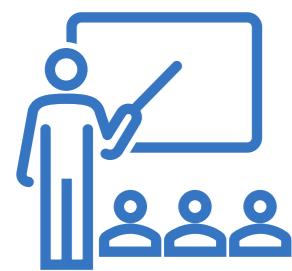
# Radiation Awareness Program



Identification of High Exposure Members.



Point of Services Provider Notification and Opportunities for Provider Education.



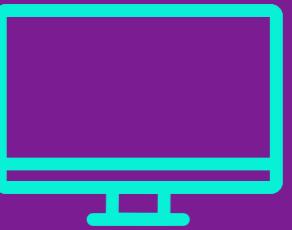
Promote Member Awareness and Education.

# 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

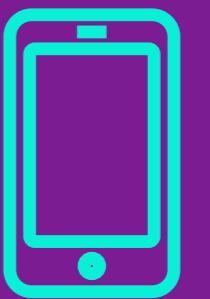
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- Interactive Voice Response (IVR) System for authorization tracking



[RadMD.com](http://RadMD.com)

Available 24/7



1-800-642-7554 - Superior (Medicaid)

1-866-214-1703 - Wellcare By Allwell

1-866-510-9630 – Duals

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
- 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.

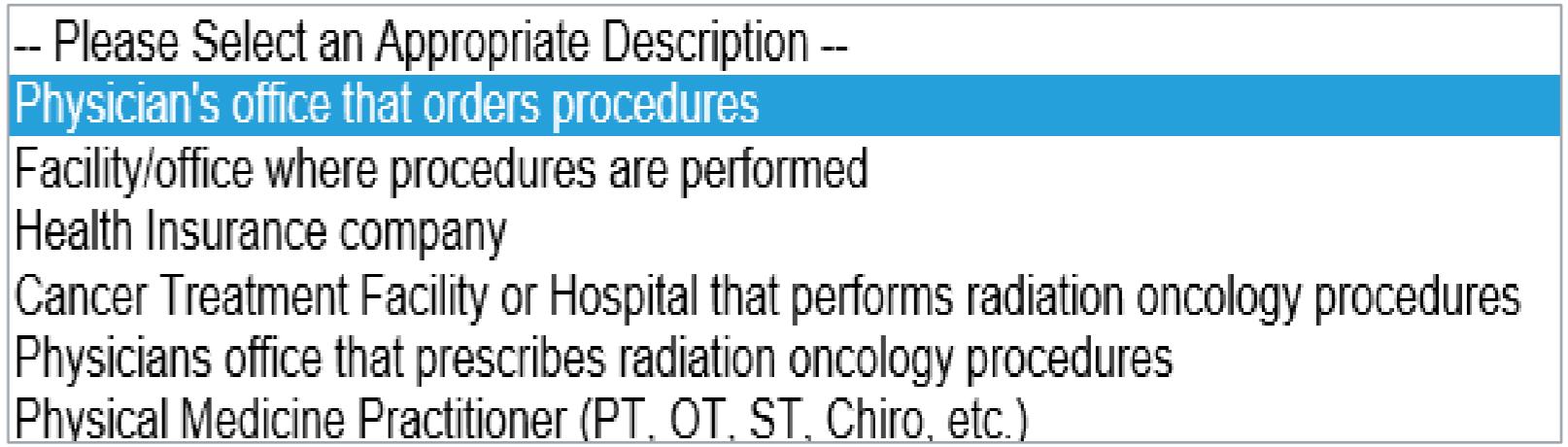
### IMPORTANT

- 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.

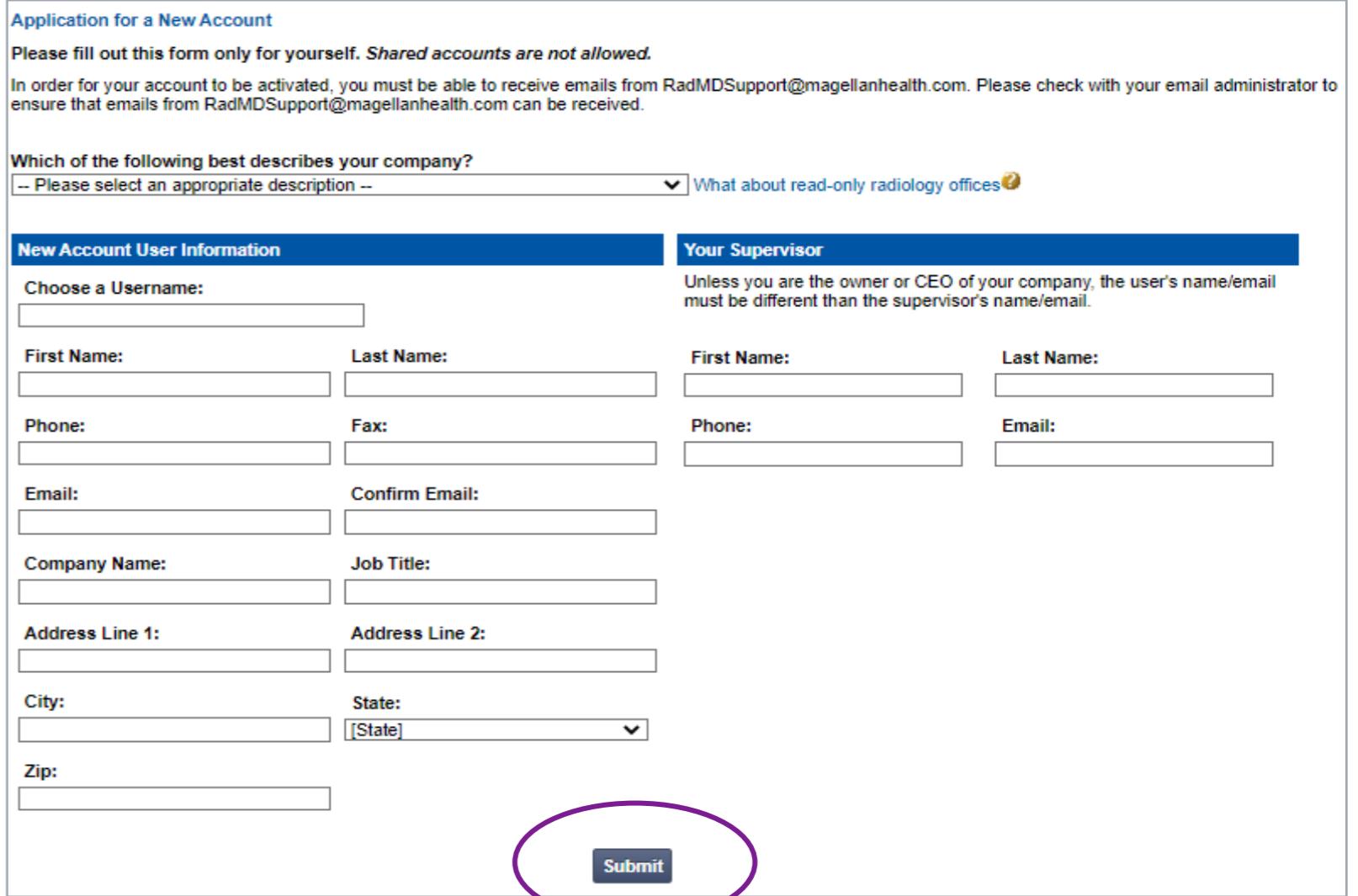
1



2



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.

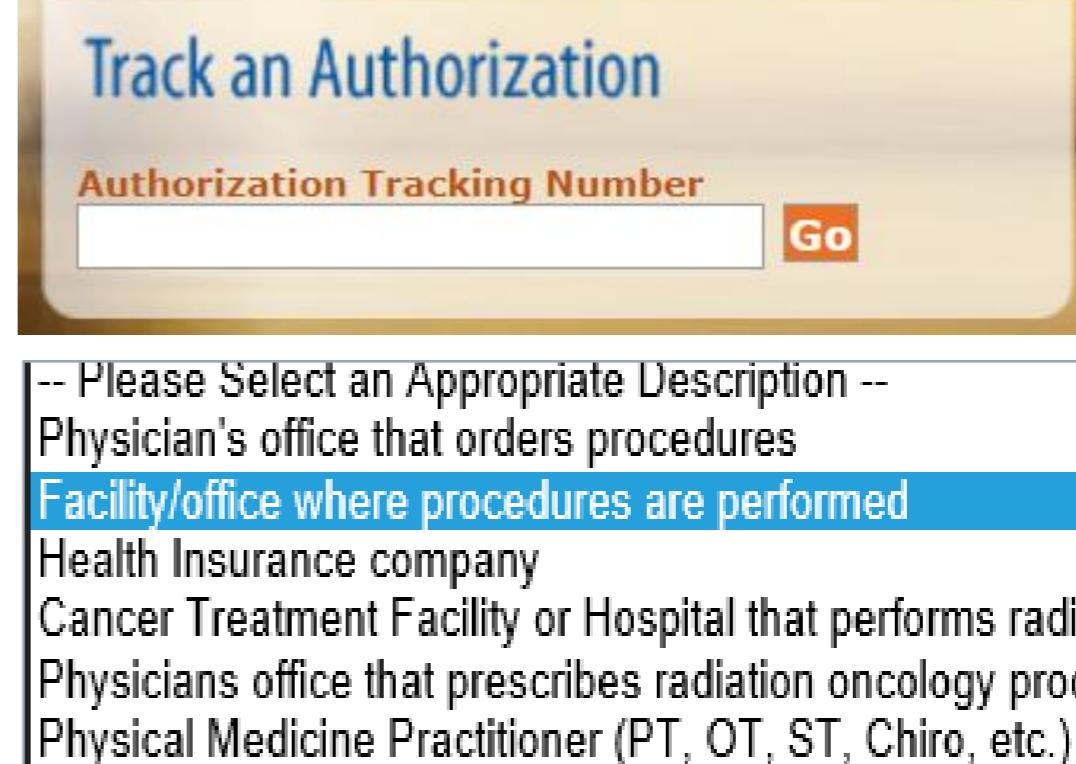
### IMPORTANT

- 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.

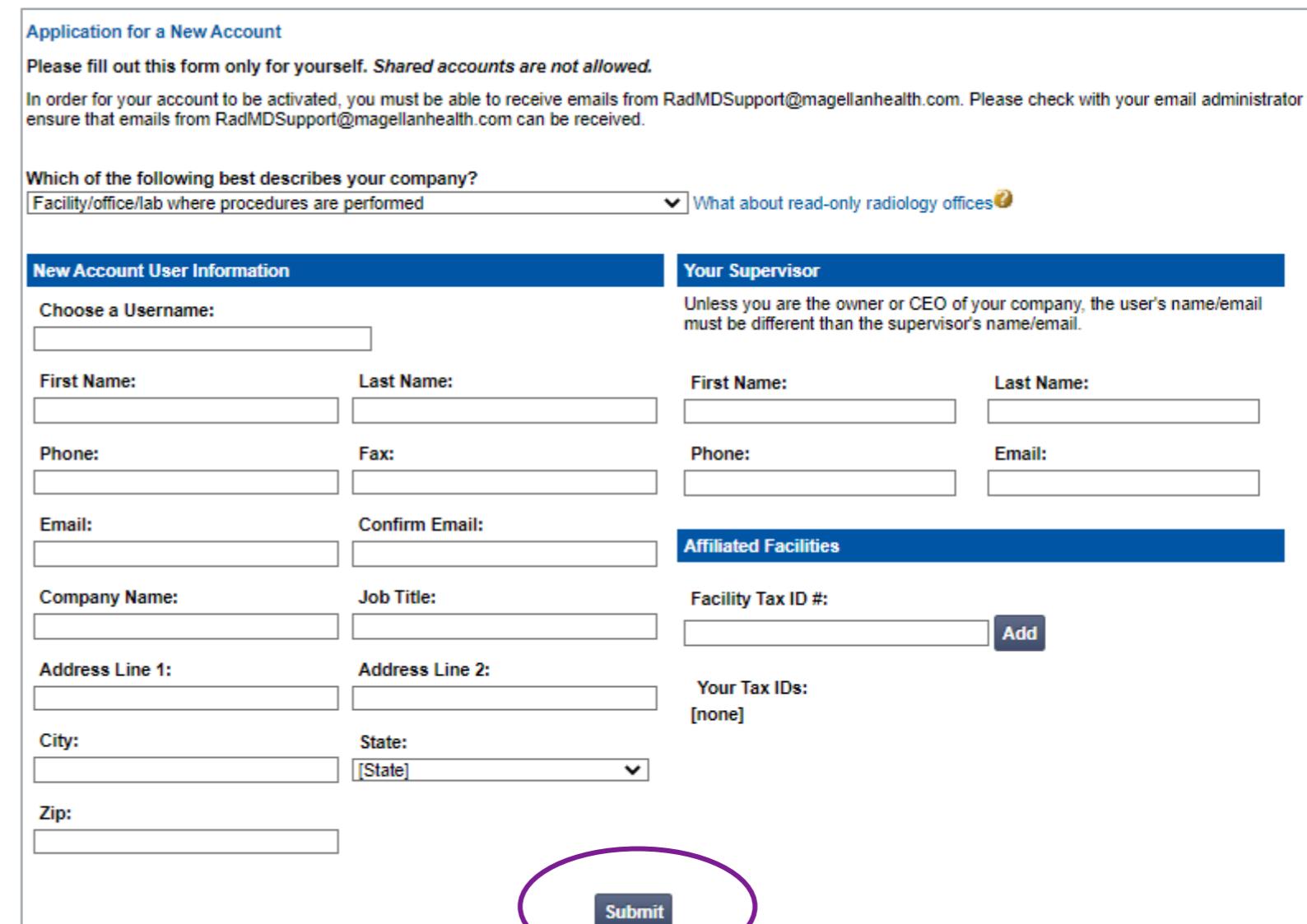
1



2



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)
- 1-800-642-7554 - Superior (Medicaid)
- 1-866-214-1703 - Wellcare By Allwell
- 1-866-510-9630 - Duals

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

- 1-800-642-7554 - Superior (Medicaid)
- 1-866-214-1703 - Wellcare By Allwell
- 1-866-510-9630 - Duals

**Provider Service Line**

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

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

Priscilla Singleton  
*Provider Engagement Manager*  
1-314-387-5023 • [psingleton@evolent.com](mailto:psingleton@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.