







Fidelis Care Physical Medicine Program

Provider Training

Evolut Program Agenda

Our Physical Medicine Program

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

Evolent

Connecting Our Brands is About Connecting Care



Physical Medicine Prior Authorization Program



- Fidelis Care will begin a prior authorization program through Evolent for the management of Physical Medicine Services.
- The program includes both rehabilitative and habilitative.



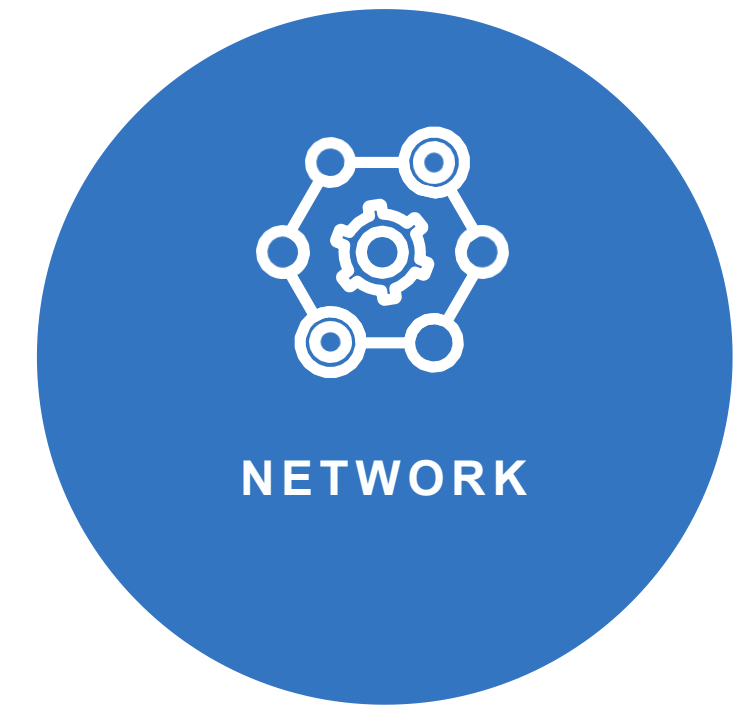
- Program start date:
- Medicaid, CHP, Essential, & Qualified Health: October 1, 2019
- Medicare & Dual Advantage : October 1, 2021
- Begin obtaining authorizations from Evolent on September 20, 2021, for services rendered on or after October 1, 2021



- Physical Therapy
 - Occupational Therapy
 - Speech Therapy
-
- Outpatient Office
 - Outpatient Hospital
 - Home Health
 - Skilled Nursing Facilities (POS 31 & 32)



- Medicaid
- Medicare
- Dual Advantage
- CHP
- Essential
- Qualified Health



- Evolent will manage services through Fidelis Care's contractual relationships.

Physical Medicine Program

Physical Medicine Procedures Performed Outpatient

- Physical Therapy
- Occupational Therapy
- Speech Therapy

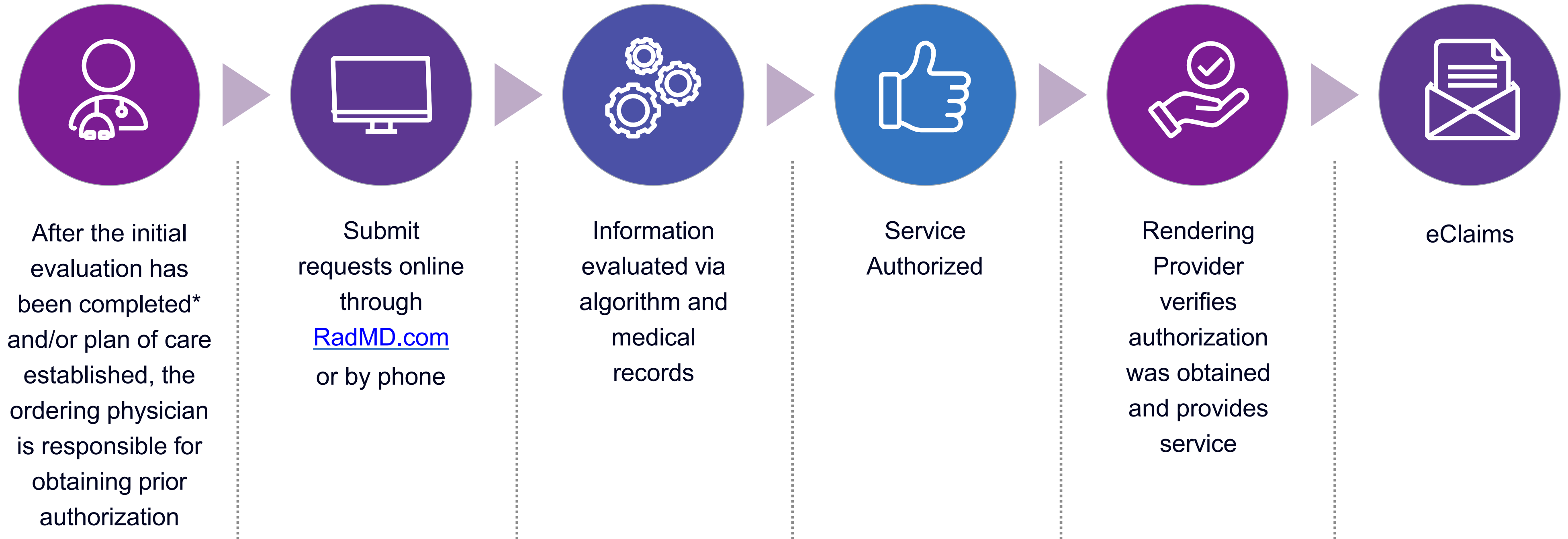
Physical Medicine Program Exclusions

Exclusions

- Hospital Emergency Department
- Hospital Status Inpatient or Observation
- Acute Rehab Hospital (Inpatient)
- Skilled Nursing (POS 31 & 32)

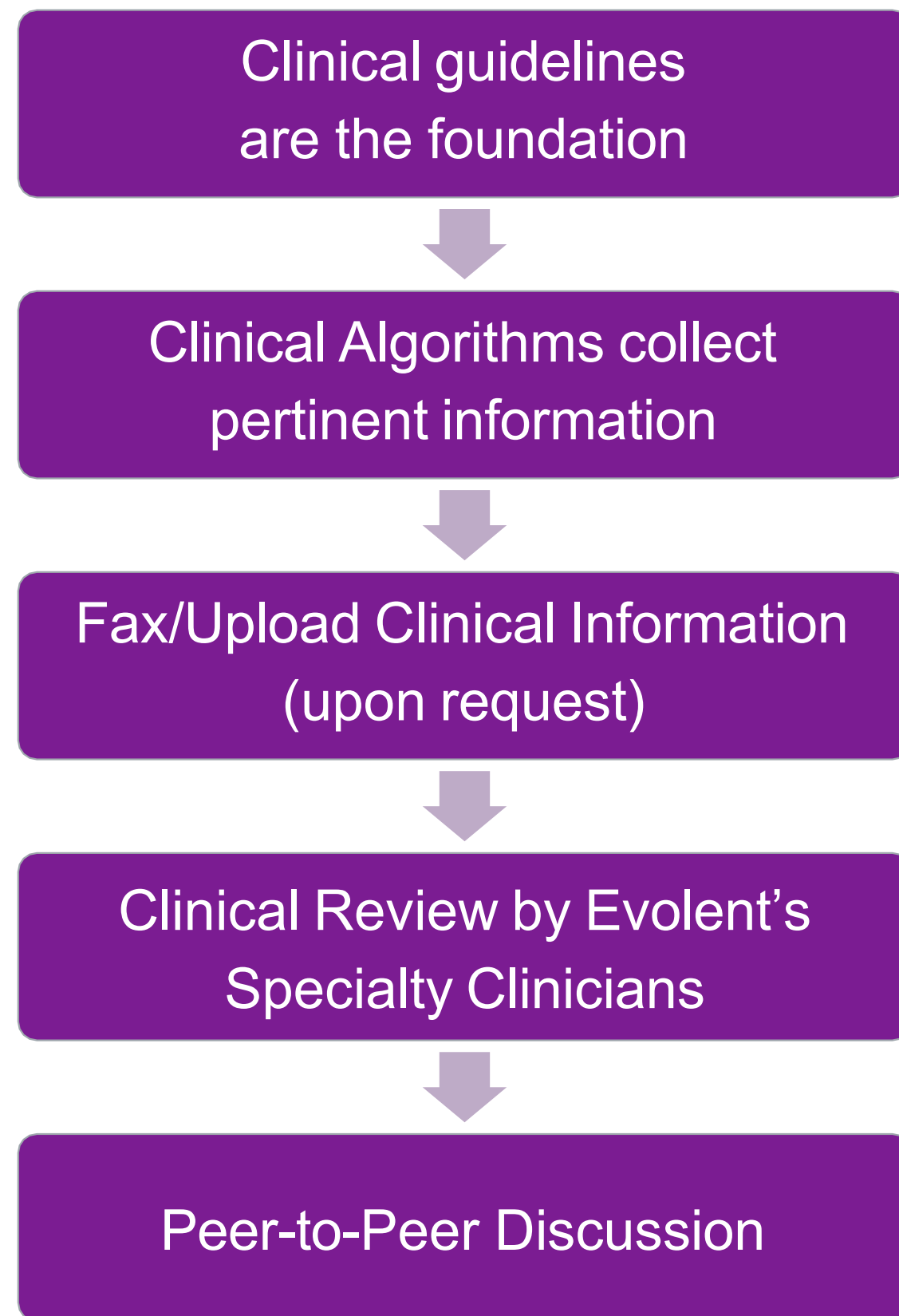


Prior Authorization Process Overview



**The CPT codes for Physical, Occupational and Speech Therapy initial evaluations do not require an authorization for participating providers.*

Evolut'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 Fidelis Care and Evolut Medical Officers and clinical experts.
- **Milliman Care Guidelines (MCG)** and **Evolut's 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.
- Evolut has a specialized clinical team of therapists and chiropractors, focused on Physical Medicine.
- 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.**

Goal of Physical Medicine Intake Questions (Algorithm)



Benefit of the algorithm:

- No delay in treatment for member
- No delay in submitting claims



Once you submit your initial request for authorization:

- You will receive visits to get started. It may not be enough visits to cover your episode of care. Additional visits may be requested through the subsequent request process.
- Requests may be approved at the time of submission. A portion of them may pend for documentation submission of the time of entry.
- You will have the option to accept or decline approved visits.

Cause for Therapy: [Choose One] ▼

ICD10 Code:

Discipline of therapy being requested: [Choose One]

***Is the cause of the illness/injury related to a Motor Vehicle Accident?**
[Please select one] ▼

***Is Another Party Financially Responsible for the patient's illness/injury?**
[Please select one] ▼

***Is the cause of the illness/injury related to the Patient's Employment?**
[Please select one] ▼

What is the requested start date of the service? mm/dd/yyyy

Authorization for Physical Medicine

Special Information


- Member, clinician and facility information required.
- Requested start date of service, initial evaluation date, and date of injury.
- Therapy initial evaluation, diagnosis, functional status (prior and current), functional deficits, objective tests and measures, standardized outcome tools* (at your clinician's discretion), plan of care (including frequency, duration, interventions planned and goals**), assessment (prognosis and limitations). Add requested number of visits and validity dates.

* *Formal testing must be age-appropriate, norm-referenced, standardized, and specific to the therapy provided. Test scores should establish presence of a motor or functional delay.*


***Goals should be specific, measurable, and time-oriented, as well as targeting identified functional deficits.*

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation


-  **Physical Medicine Script Requirement**

Effective May 7, 2026, prior authorization requests for Physical Medicine services (PT, OT, and ST) for Medicaid members will require provider attestation confirming that a current written order (script) from a qualified practitioner (MD, DO, or NP) has been obtained and attached. Failure to include the required script may result in cancellation of the authorization request or denial of associated claims.

-  **Initial Authorization Request:**

If a case pends for clinical information:

 - Initial evaluation with the plan of care for clinical review

-  **Subsequent Authorization Request:**

If requesting additional visits on an existing authorization:

 - Most recent evaluation/re-evaluation (if not previously submitted)
 - Most recent progress note and updated plan of care
 - Two to three of the most recent daily notes

Physical Medicine Clinical Checklist Reminders

Physical Medicine Documentation (Continued)



Habilitative Request beyond a Year of Care (Annual Re-evaluation is Required):

Clinical documents should include:

- Re-evaluation:
 - Including start of care and progress compared to baseline measures
 - Summary of prior episode(s) of care and/or therapeutic break(s)
 - Information regarding additional services if being provided
 - Updated standardized testing as applicable
- The most recent progress note with updated plan of care
- Two to three of the most recently daily notes

Refer to the “Tip Sheet/Checklist” on [RadMD.com](https://www.radmd.com) for more specific information

Evolut 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	
PLEASE FAX THIS FORM TO:			
Date: TODAY			
ORDERING PROVIDER:	REQ PROVIDER		
FAX NUMBER:	FAX RECIP PHONE	TRACKING NUMBER:	CC_TRACKING_NUMBER
RE: Authorization Request	MEMBER ID:	MEMBER_ID	
PATIENT NAME:	MEMBER_NAME		
HEALTH PLAN:	CAR_NAME		

Request for Further Clinical Information

We have received your request for PROC_DESC. Please use this tool to assist us with the preauthorization process, by submitting by fax (FAX # _____) or phone all relevant information requested below. For information regarding clinical guidelines used for determinations please see radmd.com. To speak with an Initial Clinical Reviewer please call _____.

1. Treating condition/diagnosis: _____
2. Brief relevant medical history and summary of previous therapy: _____
3. Surgery Date and Procedure (if any): _____
4. Date of initial evaluation: _____ Date of Re-evaluation: _____

RESULTS OF OBJECTIVE TESTS AND MEASURES: _____

Submitting Additional Clinical Information

- Records may be submitted:
 - Upload to [RadMD.com](https://www.radmd.com)
 - Fax using Evolent coversheet

- Location of Fax Coversheets:
 - Can be printed from [RadMD.com](https://www.radmd.com)
 - Call:
 - Medicaid, Essential, CHP, and Qualified Health: 1-800-424-4952
 - Medicare and Dual Advantage: 1-800-424-5390

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 HMO	UPIN:	
Spoken Language:	ENGLISH	Specialty:	
Written Language:	ENGLISH		

Clinical Specialty Team: Focused on Physical Medicine



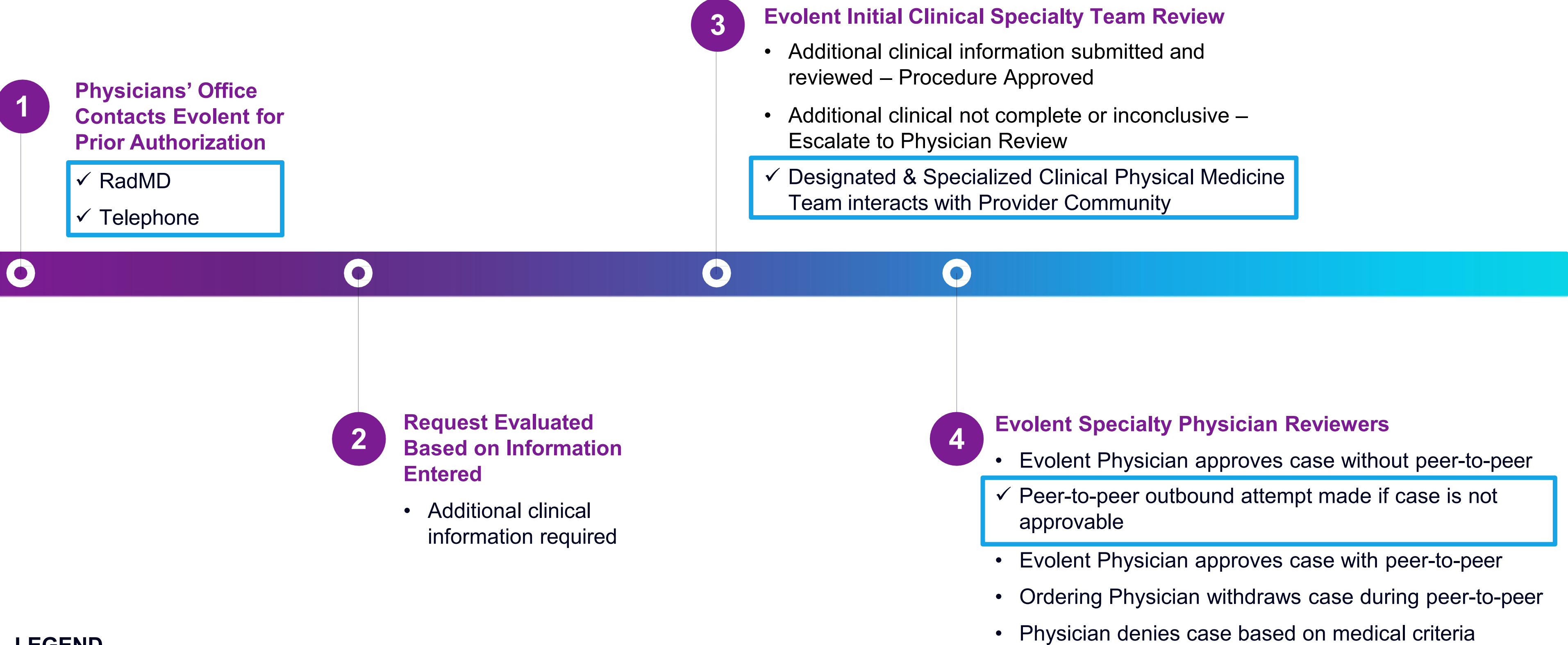
Physical Medicine Review

Clinical algorithm evaluates request based on information entered by provider to determine if real-time authorization is appropriate for initial request.

Evolent Peer Clinical Review. If information captured is insufficient, clinical records must be submitted for review.

Specialized Physical Medicine Clinical Review Team consisting of therapists and chiropractors.

Physical Medicine Clinical Review Process



LEGEND

✓ Key Evolent differentiator

Initiating a Subsequent Request

- ✓ **When is a subsequent request appropriate?**
 - When you have an active authorization
 - A need for continued skilled care
 - A change in the treatment plan or plan of care
 - The addition of a new diagnosis
- ✓ **How are subsequent requests initiated?**
 - Through the link on [RadMD.com](https://www.RadMD.com) and
 - Upload or fax updated clinical documentation
- ✓ **When can it be initiated?**
 - Can be initiated at any time after receiving notification about previous authorization
 - Visits build on the original authorization
- ✓ **Will I lose visits?**
 - Visits from a current authorization will not be lost and newly approved visits will be added to the original authorization

Treating an Additional Body Part

If a provider is in the middle of treatment and gets a new therapy prescription for a different body part/condition, the provider will perform a new evaluation on that body part/condition and develop goals for treatment. See below for process:

Treating body parts concurrently:

- The request would be submitted as an addendum to the existing authorization, using the same process that is used for subsequent requests.
- Evolent will add additional ICD 10 code(s) and visits to the existing authorization.

Discontinuing care on original body part:

- The provider should submit a new request for the new diagnosis and include the discharge summary for the previous area.
- A new authorization will be processed to begin care on the new body part/condition and the previous will end.

Authorization Validity Period

- The approval notification will include a fax coversheet that can be used for any subsequent requests.
- Authorizations will include the number of approved visits with a validity period.
- It is important that the service is performed within the validity period.
- If you have an active authorization, a 30-day extension of the validity period can be obtained by contacting Evolent via [RadMD.com](https://www.radmd.com) or Call Center.

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, Dual Advantage, Essential, CHP, Qualified Health Plans).
- In some cases, a peer-to-peer discussion will be for consultation purposes only.
- Re-review may be available with new or additional information.
- Re-review must occur within 60 calendar days for Medicaid members, 180 calendar days for Essential, Qualified Health, and CHP members from the date of the denial and prior to submitting a formal appeal.
- In the event of a denial, providers may appeal the decision by contacting Fidelis Care or following the appeal instructions provided in their determination letter or Remittance Advice (RA) notification.

Claims and Appeals

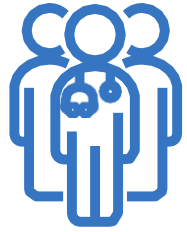
Claims Process:

- Providers should continue to submit their claims to Fidelis Care.
- 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 Fidelis Care.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

Physical Medicine Points



If multiple provider types are requesting services, they will each need their own authorization (i.e., PT, OT and ST).



The CPT codes for Physical, Occupational and Speech Therapy initial evaluations do not require an authorization for participating providers.



After the initial visit, providers will have up 1 business in the outpatient setting or 2 business days to request approval from the date of the evaluation. If requests are received timely, Evolent is able to backdate the start of the authorization to cover the evaluation date of service to include any other services rendered at that time.

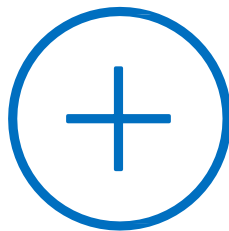
Physical Medicine Points (Continued)



Subsequent authorizations are an extension of the initial authorization and will require clinical documentation be uploaded to [RadMD.com](https://www.radmd.com) or faxed to Evolent at 1-800-784-6864.



An authorization will consist of number of visits and a validity period. Each date of service is calculated as a visit.



30-day extensions to the end date of current authorizations can be added by utilizing the “Request Validity Date Extension” option on RadMD.

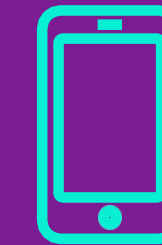
Provider Tools

- 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



Medicaid, Essential, CHP, and
Qualified Health:

1-800-424-4952

Medicare and Dual Advantage:

1-800-424-5390

Available Monday - Friday

8:00 AM – 8:00 PM EST

Evolent Website

[RadMD.com](https://www.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
- Quick Reference Guides
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Application Process – Ordering Provider

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 **“Physical Medicine Practitioner (PT, OT, ST, Chiro, etc)”**.
3. Complete the application and click **“Submit”**.
4. Open email from Evolent webmaster with new user password instructions.

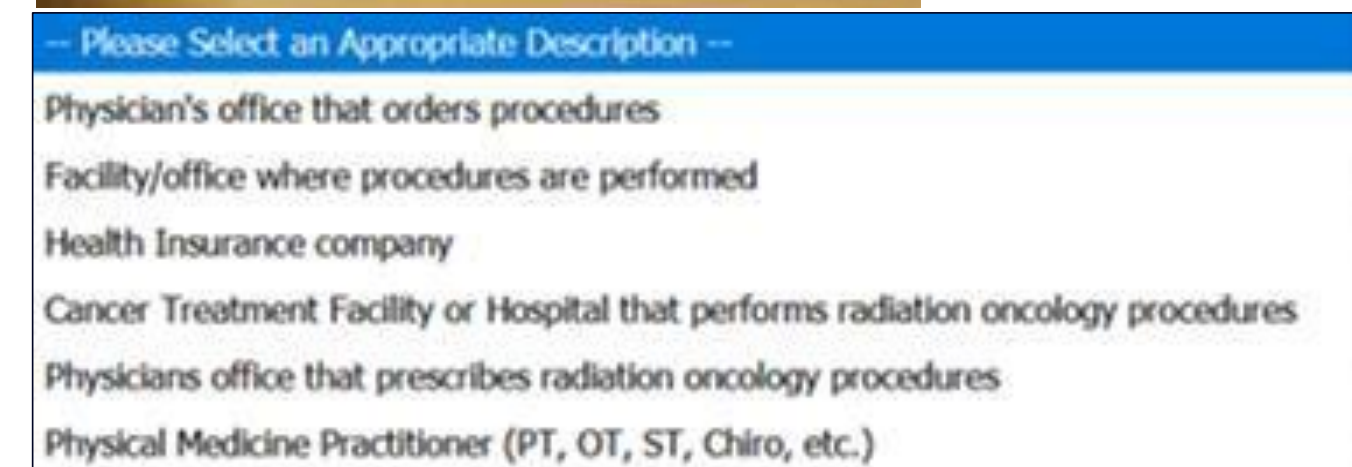
IMPORTANT

- 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

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: <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: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>	Last Name: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>
Email: <input type="text"/>	Confirm Email: <input type="text"/>		
Company Name: <input type="text"/>	Job Title: <input type="text"/>		
Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text" value="[State]"/>		
Zip: <input type="text"/>			

Shared Access

Evolent offers a Shared Access feature on our [RadMD.com](https://www.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](https://www.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?](#)

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When to Contact Evolent

Initiating or checking the status of an authorization request

- Website: [RadMD.com](https://www.radmd.com)
- Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
- Medicare and Dual Advantage plans: 1-800-424-5390

Initiating a Peer-to-Peer Consultation

- Medicaid, Essential, CHP, and Qualified Health plans: 1-800-424-4952
- Medicare and Dual Advantage plans: 1-800-424-5390

Provider Service Line

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

Provider Education requests or questions specific to Evolent

Seth Cohen PT, DPT
Provider Relations Manager
1-410-953-2418 • seth.cohen@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.