



RadMD

Musculoskeletal (MSK) Surgery Program

MSK Surgery Program Scope

Evolut-managed elective inpatient and outpatient surgeries

- **Lumbar spine:** microdiscectomy, decompression and fusion procedures
- **Cervical spine:** decompression, fusion and artificial disc replacement procedures
- **Hip surgery:** hip arthroplasty, resurfacing, revision / conversion and FAI surgery
- **Knee surgery:** knee arthroplasty, ligament reconstruction / repair, meniscal procedures and manipulation under anesthesia
- **Shoulder surgery:** shoulder arthroplasty, rotator cuff repair, labral repair and frozen shoulder repair

Evolut-managed places of service

19

Outpatient
off-campus

21

Inpatient hospital

22

Outpatient
on-campus

24

Ambulatory
surgical center

MSK program scope varies by health plan. Refer to Evolut's Utilization Review Matrix and plan-specific program resources to identify surgeries that require Evolut prior authorization and program scope / processes.

Operational key points

- **Expedited requests:** For most health plans, expedited requests must be submitted through the call center and used only when they meet CMS criteria for urgent or emergent care.
- **Facility authorizations:** Evolut approves the physician's professional component of the procedure. Some health plans may also require providers to obtain separate authorization for the facility or inpatient admission directly from the health plan after Evolut approves the procedure.
- **Hip, knee, shoulder (joint) surgery:** Bilateral procedures scheduled for the same date of service require a separate authorization.
- **Spine surgery:** Multi-level or bilateral procedures performed on the same date of service only require one authorization. Anterior and posterior fusions require separate authorizations.

MSK Surgery Programs with Site of Care (SoC) Review

SoC Review

- Designed to ensure medically appropriate services are rendered in the most cost-effective and clinically appropriate setting.
- Supports high-quality patient care.
- Improves access and convenience for members.
- Allows hospital-based services when there is a valid exception reason.

Provider Portal Experience- Site of Service Selection

- Guides ordering providers toward appropriate non-hospital-based setting when possible.
- Evaluates whether the requested service must occur in a hospital-based setting.
- Evaluates whether the requested service can be safely and appropriately performed in a non-hospital-based setting.

Authorization Request Flow

Main Menu



Provider Resources

Jdoe

▼

Request

Exam or Specialty Procedure

(Non-Cardiac Advanced Imaging, Sleep Assessment)

Cardiovascular Services

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

Clinical Guidelines

News and Updates

Evolut News and Updates are posted here.

Initiate a request

Request Status

Search for Request

View All My Requests

Tracking Number:

Search

[Forgot Tracking Number?](#)

Step1: Identify the Patient

evolent

Provider ResourcesJdoe

Patient

Physician

Procedure

Location

Diagnosis

Q&A History

If anything is missing or incorrect, please click a step header to correct the information

Musculoskeletal Management Request Step 1: Identify the Patient

This process will require clinical information. Before proceeding, make sure you have access to the patient's relevant medical records as an upload may be required. All information submitted via RadMD.com becomes part of the patient's record.

If this request is for an emergency procedure, please be advised that emergency procedures in hospital emergency rooms are not part of this program. If the procedure has already occurred, please call the [Evolent Call Center](#).

* Last Name:

* First Name:

Requires first two letters

Requires first letter

* Date of Birth:

* Health Plan: [Where are the other health plans](#)

[Please Select One]

Member ID:

Optional

Back to Intro

Save and Continue to Step 2

Details provided will populate for preview in each completed step as the user moves forward.

Evolent | Confidential—Do not distribute | 6

Step 2: Identify the Physician

Patient

Name:

DOB:

ID:

Carrier:

Physician

Procedure

Location

Diagnosis

Q&A History

Submission of clinical records (such as recent office visit notes and test results) are required. Please be prepared to upload these records upon completion of entering this request.

Please select the physician that is ordering this procedure for this patient:

Physician Information

Enter at least one search term.
To narrow results, enter additional criteria.

Last Name:

test

First Name:

Requires two letters

Physician Tax ID:

Requires nine digits

Physician NPI:

Requires four characters

Phone:

Must be ten digits

Search

Your search returned 149 physician records.
If you can't find the physician, try using different criteria. For example, if you searched by last name and nothing came up, try searching by zip code.

10 per page: << [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] >>

Name ▼	Site Name	Address	City	Zip	Phone	Identifiers
VICTOR J TEST, MD	[none]	P O BOX 847408	DALLAS	75284	(203) 205-1234	NPI: 1144282351 Provider ID: 108168 0001 Tax ID: #####8277
VICTOR J TEST, MD	[none]	P O BOX 847408	DALLAS	75284	(345) 234-3456	NPI: 1144282351 Provider ID: 108168 0002 Tax ID: #####8277

If you can't locate the correct physician, [CLICK HERE](#) to add.

Back (Step 1)

Next

Note: Selected provider records must include a phone number to proceed.

Users can add an ordering provider if provider search does not render search results.

Evolent | Confidential—Do not distribute | 7

Confirm Provider Contact Details

Patient

Name:

DOB:

ID:

Carrier:

Physician

STEVEN R SHOCKLEY

Procedure

Location

Diagnosis

Q&A History

Musculoskeletal Management Request Step 2: Confirm the Physician's Phone and Fax Numbers

Evotent may need to contact the ordering physician in regards to this request.

Phone Number:

(281) 313-0100

Contact Name:

Jane Doe

Fax Number:

(832) 632-1417

Confirm Fax Number:

(832) 632-1417

Paperless Option

In an effort to minimize our impact on the environment, Evotent is defaulting communications, including service request notifications, to paperless/electronic. Notifications will be sent to

jdoe@email.com

 with a link to RadMD, where you can retrieve correspondence electronically. If you prefer to continue receiving paper correspondence, please change the selection below to Fax.

☒ Email

☐ Fax

Continue to Procedure

Users have the option to select notifications preference.

If anything is missing or incorrect, please click a step header to correct the information

Step 3: Identify the Procedure(s)

System will list any procedures that include the entered CPT within the primary cpt code, allowable billed groupings and/or additional covered procedure codes in Evolent's utilization matrix.

Patient

Name:
DOB:
ID:
Carrier:

Physician

STEVEN R SHOCKLEY

Procedure

Location

Diagnosis

Q&A History

If anything is missing or incorrect, please click a step header to correct the information

Musculoskeletal Management Request Step 3: Identify the Procedure(s)

Procedure Type To Be Performed

Procedure Type: Surgery 1

CPT4 Code(s) for this request

Enter a Procedure Code:

63030

Search 2

Code(s) Selected:

63030

Remove Code

List of Procedures:

- Lumbar Decompression
- Lumbar Fusion - Multi-Level
- Lumbar Fusion - Single Level 3
- Lumbar Microdiscectomy

4

>> <<

List of Procedures Selected:

If the desired procedure or CPT4 code is not present, please refer to the CPT code(s) matrix for this patient's health plan for additional assistance.

Back (Physician Selection)

LUMBAR SPINE SURGERY				
Primary Surgery Request	Primary CPT Code	Primary Surgery Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
Authorization is provided for the primary surgery requested. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary surgery request and when completed in combination, do not require a separate authorization.			These codes do not require prior authorization. If the main surgical procedure is approved, these codes are understood to be included in conjunction and do not require precertification from the health plan. *Please note: This is not an all-inclusive list of every ancillary 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 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939
Lumbar Fusion - Multiple Levels	22614	+22534, +22585, +22614, +22632, +22634, +63052, +63053	Microdiscectomy: 62380, 63030, +63035 Decompression: 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057 Single Level Fusion: 22533, 22558, 22612, 22630, 22633	Instrumentation: +22840, +22841, +22842, +22845, +22853 Bone Grafts: +20930, +20931, +20936, +20937, +20938 Bone Marrow Aspiration: 20939

Step 3: Identify the Procedure(s)

Patient

Name:

DOB:

ID:

Carrier:

Physician

STEVEN R SHOCKLEY

Procedure

Location

Diagnosis

Q&A History

Musculoskeletal Management Request Step 3: Identify the Procedure(s)

Procedure Type To Be Performed

Procedure Type: Surgery

CPT4 Code(s) for this request

Enter a Procedure Code:

63030

Search

Code(s) Selected:

63030

63030

Remove Code

List of Procedures:

Lumbar Decompression

Lumbar Fusion - Multi-Level

Lumbar Fusion - Single Level

Lumbar Microdiscectomy

List of Procedures Selected:

Lumbar Fusion - Single Level

>>

<<

Back (Physician Selection)

If anything is missing or incorrect, please click a step header to correct the information

The procedures selected cannot be submitted in a single request. If the procedure codes selected are correct, please enter them as individual requests.

Attempts to submit non-allowed combinations of procedures will present this alert message.

Providers can refer to the Utilization Matrices in Provider Resources within the health plan's dedicated page to confirm services in Evolent review scope.

If the desired procedure or CPT4 code is not present, please refer to the [CPT code\(s\) matrix](#) for this patient's health plan for additional assistance.

Joint Surgeries (Bilateral Procedures)

Hip, knee, shoulder

If a patient requires surgery on both sides and the procedures are scheduled for the same date of service, a separate authorization is required for each side. Be sure to submit one authorization for the left side and one authorization for the right side.

Musculoskeletal Management Request Step 3: Identify the Procedure(s)

Procedure Type To Be Performed

Procedure Type: Surgery

CPT4 Code(s) for this request

Enter a Procedure Code:
 Search

Code(s) Selected:
29806

Remove Code

1

List of Procedures:
Shoulder Labral Repair (left)
Shoulder Labral Repair (right)

List of Procedures Selected:

If the desired procedure or CPT4 code is not present, please refer to the [CPT code\(s\) matrix](#) for this patient's health plan for additional assistance.

Back (Physician Selection)

Musculoskeletal Management Request Step 3: Identify the Procedure(s)

Procedure Type To Be Performed

Procedure Type: Surgery

CPT4 Code(s) for this request

GroupCode already Selected. No duplicates Allowed.

Enter a Procedure Code:
 Search

Code(s) Selected:
29806

Remove Code

2

List of Procedures:

List of Procedures Selected:
Shoulder Labral Repair (left)

If the desired procedure or CPT4 code is not present, please refer to the [CPT code\(s\) matrix](#) for this patient's health plan for additional assistance.

Back (Physician Selection) Save and Continue to Step 4

Step 4: Identify the Place of Service (POS)

Once a procedure is selected, a list of required clinical documents will populate for preview.

Required Documents

- Diagnosis
- Surgical plan with CPT code
- Type and duration of ALL non-operative treatment
- and 7 more...

Patient

Name:

DOB:

ID:

Carrier:

Physician

STEVEN R SHOCKLEY

Procedure

Lumbar Fusion – Single Level
(with or without decompression
at one or more levels)

Location

Diagnosis

Q&A History

If anything is missing or incorrect,
please click a step header to
correct the information

Musculoskeletal Management Request: Identify the Place of Service

Place of Service

Enter at least one search term.
To narrow results, enter additional criteria.

Search by Name: Requires four letters

Search by City: Requires three letters

Search by Zip: Must be five digits

Search by PIN
(Provider ID):

Search by Tax ID: Requires nine digits

Search by NPI: Must be ten digits

Search

If the Place of Service does not appear in the search results, you cannot proceed. Your practice must contact our call center to initiate the request.

Back (Procedure) Next

Chosen Facility:
MEMORIAL HOSPITAL PEMBROKE
2233 BUCHANAN ST
Waukesha, WI 53186

Enter at least one search term.
To narrow results, enter additional criteria.

Name: Four+ letters

City: Three+ letters

Zip: Five digits

Tax ID: Nine digits

NPI: Ten digits

Provider ID: Health Plan Provider ID

Search

Back to (Step 3) Save and Continue

Your search returned 2 provider records. If you do not see the provider you are searching for, please try searching again with different criteria.

Name	Address	City	Zip	Tax ID
MEMORIAL HOSPITAL PEMBROKE	2233 BUCHANAN ST	Waukesha, WI	53186	596014973
PAGE MEMORIAL HOSPITAL INC	200 MEMORIAL DR	LURAY, VA	22835	540551200

SoC Workflow Starts at Setting Selection

Place of Service Questions (POS) - SoC Workflow

Once a setting is selected, RadMD automatically initiates the Site of Care review workflow when applicable.

Musculoskeletal Management Request: Place Of Service Questions

In what setting will the procedure be performed?

- ☐ 24 Ambulatory Surgery Center (ASC)
- ☐ 19 Off-Campus Outpatient Hospital
- ☐ 22 On-Campus Outpatient Hospital
- ☐ 21 Inpatient Hospital

Q/A History:

[Previous](#)[Next](#)

- POS 24 is preferred for many outpatient spine and joint procedures
- POS 19 or 22 may be preferred or allowed for more complex procedures
- POS 21 is generally used when documented inpatient-level criteria or another guideline-based exception applies

A non-preferred setting (POS) selection will trigger the site of care workflow.

A preferred setting (POS) selection will not trigger the site of care workflow, and the request will proceed to “Step 5” Reason for the Exam.

Musculoskeletal Management Request: Place Of Service Questions

Does the planned surgery include revision of a previous fusion?

☐ Yes

☐ No

Q/A History:

This procedure will be performed in an Inpatient Hospital

cpt4_code = 22612

[Previous](#) [Next](#)

Answer additional SoC Questions

Musculoskeletal Management Request Step 5: Reason for the Procedure(s)

In what setting will the surgery be performed?

ICD-10 Code:

* ICD10 Code: [Add ICD10](#) [ICD10 Code Help](#)

* Please provide the reason for this procedure:

SoC Workflow Continued

Musculoskeletal Management Request: Place Of Service Questions

Attention: The selected hospital-based location may not align with site of care guidelines for this service.

☐ Choose a new Provider

☒ Continue with this Provider

Q/A History:

This procedure will be performed in an Inpatient Hospital

cpt4_code = 22612

No the planned surgery does not include revision of a previous fusion.

Previous

Next

- Select “Choose a new Provider” to go back and change the place of service and setting selection, or
- Select “Continue with this Provider” to proceed with the SoC workflow and advance to exception reasons.

Note: Once you choose “Continue with this Provider” and proceed past this step, you must go back to patient search and re-search the member to restart the PA workflow to change the selected setting (24, 19, 22, or 21).

Expand the category that applies and select the applicable exception reasons for clinical review.

You have selected Inpatient Hospital as the Site of Care, which is not preferred for the requested procedure. Please indicate if any of the following clinical reasons apply for this patient. Select all that apply

Expand All

Collapse All

☒ One or more medical conditions that increase the risk of major perioperative complications

☒ One or more inadequate home care situation identified perioperatively

☒ One or more practical or logistical barriers necessitating surgery at an Inpatient Hospital

☐ None of the reasons apply

Submit

Exception Reasons Expanded

You have selected Inpatient Hospital as the Site of Care, which is not preferred for the requested procedure. Please indicate if any of the following clinical reasons apply for this patient. Select all that apply

Expand All

Collapse All

▼ One or more medical conditions that increase the risk of major perioperative complications

☐ Very high anesthesia risk (American Society of Anesthesiologists [ASA] class IV or greater)

☐ Moderate to severe frailty (Clinical Frailty Score [CFS] 6)

☐ Preoperative myelopathy with functional impairment impacting safe ambulation

☐ Body mass index (BMI) 40 kg/m² with hemodynamic or respiratory issues

☐ Cardiovascular conditions: heart failure with ejection fraction (EF) < 40%, symptomatic coronary artery disease, severe valvular disease (e.g., aortic stenosis), or dangerous arrhythmia

☐ Stroke, transient ischemic attack (TIA), myocardial infarction, or thromboembolism within the last 3 months

☐ Symptomatic chronic obstructive pulmonary disease (COPD) or asthma requiring home oxygen

☐ Severe kidney disease (glomerular filtration rate [GFR] 30mL/min or requiring dialysis)

☐ End-stage liver disease (Model for End-Stage Liver Disease [MELD] score 10)

☐ Bleeding disorder requiring replacement factors or blood products

☐ Severe obstructive sleep apnea (apnea-hypopnea index [AHI] 30)

☐ Cognitive impairment or dementia

☐ Other unstable medical conditions: uncontrolled hypertension, persistent electrolyte abnormalities, or poorly controlled diabetes (hemoglobin A1c 8%)

▼ One or more inadequate home care situation identified perioperatively

☐ Patient will have post-operative incapacitation, has no available assistance at home, and alternative care cannot be arranged

☐ Travel time to facility exceeds 2 hours, and the procedure has potential for urgent complications that make transfer to home within 48 hours unsafe

▼ One or more practical or logistical barriers necessitating surgery at an Inpatient Hospital

☐ Performing Surgeon is not established to complete the planned operation within a reasonable timeframe at an Ambulatory Surgery Center

☐ No participating Ambulatory Surgery Center is available within a 2-hour drive from the member's residence

☐ None of the reasons apply

Submit

Select all applicable exception reasons that apply to the patient; selected responses are added to the case notes.

Evolent | Confidential—Do not distribute | 17

SoC Workflow is Complete

Step 5: Reason for the Exam

Required Documents

- Diagnosis
- Surgical plan with CPT code
- Type and duration of ALL non-operative treatment
- and 7 more...

Patient

Name:

DOB:

ID:

Carrier:

Physician

STEVEN R SHOCKLEY

Procedure

Lumbar Fusion – Single Level (with or without decompression at one or more levels)

Location

COMMUNITY MEMORIAL HEALTH
1902 MAY ST
MARYSVILLE, KS 66508

Diagnosis

Q&A History

If anything is missing or incorrect, please click a step header to correct the information

Musculoskeletal Management Request Step 5: Reason for the Procedure(s)

ICD-10 Code:

* ICD10 Code:

Add ICD10

ICD10 Code Help

Type ICD10 and click “Add ICD10”

* Please provide the reason for this procedure:

* Is the cause of the illness/injury related to a Motor Vehicle Accident?

No

* Is Another Party Financially Responsible for the patient’s illness/injury?

No

* Is the cause of the illness/injury related to the Patient’s Employment?

No

* Date of Service

Back (Place of Service)

Continue to Clinical Questions

Evolut | Confidential—Do not distribute | 19

Clinical Q & A

Providers will be prompted to answer clinical questions. If the submitted service and clinical responses meet the clinical rules criteria, an approval will be issued in real time. Requests that do not meet these criteria will be routed for manual review.

Musculoskeletal Management Request: Clinical Q/A

Required Documents

- Diagnosis
- Surgical plan with CPT code
- Type and duration of ALL non-operative treatment
- and 7 more...

Patient

Name:
DOB:
ID:
Carrier:

What is the primary clinical reason for a single-level fusion?

- ☐ Spondylolisthesis
- ☐ Revision surgery for failed disc surgery
- ☐ Revision surgery for failed fusion surgery (at same level)
- ☐ Chronic low back pain or degenerative disc disease
- ☐ Cancer, tumor or cyst
- ☐ Infection
- ☐ Other

Q/A History:

The member is 18 years of age or older.

Physician

STEVEN R SHOCKLEY

Procedure

Lumbar Fusion – Single Level
(with or without decompression
at one or more levels)

Location

COMMUNITY MEMORIAL HEALTH
1902 MAY ST
MARYSVILLE, KS 66508

Diagnosis

M54.50

Q&A History

- The member is 18 years of age or older.

Previous

Next

Pending/Clinical Review

Print

Print Fax Cover Sheet

Upload Additional Information

Disclaimer

This request requires additional review. Please upload clinical information to support this request via RadMD.com or fax it to 1-800-784-6864. You will receive notification when the case has been approved or if additional information is necessary to complete the review. To check the status of this request go to RadMD.com. Clinical review criteria are also available online or upon request. Your tracking number is 0971019623.

Status	Patient	Physician
Current Status: Pending	Name:	Name:
Validity Period: [Not Applicable]	Subscriber ID:	Physician ID:
Tracking Number: 0971019623	Date of Birth:	
	Gender:	
	Product:	
	Health Plan:	

Place of Service	Details	RadMD.com User
Name:	Date of Service: 2/20/2026	Name:
Phone:	Auto Accident: No	Company:
Address:	Pend/Reject Code: E8	Username:
	Out of State: n/a	Job Title:
Fax:	Release of Info Code: Y	Email:
Facility ID:	Out of Country: n/a	Address:
Surgery Setting:	Employment Related: No	Supervisor Name:
	Another Party: No	Supervisor Email:
	Level of Service: Not Urgent	
	Procedures: Lumbar Fusion - Single Level	
	ICD10: M54.50	
	Reason: test	

Clinical Q/A

The member is 18 years of age or older.

The primary clinical reason for a single-level fusion is Other

[Click here to continue](#)

Requests that pend for review will show a **Pending** status reflecting all request details. Proceed to Upload Clinical Documents.

Providers can track their pending request via the Tracking number.

Upload Clinical Documents

Upload Additional Clinical Information

The document you upload will be attached to the request and become part of the patient's medical record.

Request Information

Name:
Date of Birth:
Exam: Lumbar Fusion - Single Level
Status: In Review
Request Date: 02/19/2026 09:22 AM
Referring Prov:
Rendering Prov:

Upload a clinical document with the file dialog or by dragging and dropping a file onto the dashed region

Allowed file types: .DOC .DOCX .PDF .JPEG .TIFF .GIF .PNG .TXT
PDF and TIFF file types are preferred
All other allowed file types will be converted to PDF at time of upload

Browse for file

I attest that ALL relevant clinical documents have been uploaded

Required Documents

- ☐ Diagnosis
- ☐ Surgical plan with CPT code
- ☐ Type and duration of ALL non-operative treatment
- ☐ Physical examination findings
- ☐ Results of any relevant recent imaging (X-ray, Ultrasound, CT or MRI) or procedures
- ☐ Medical records should include risk/potential complications discussion
- ☐ List of active medical problems
- ☐ Recent office visit (clinical) notes including functional impairment
- ☐ BMI or height and weight
- ☐ Nicotine History (quit date, if applicable)

Received Documents

Upload the required documents and complete the process by attesting all relevant clinical documents have been uploaded.

Upload Additional Clinical Information

The document you upload will be attached to the request and become part of the patient's medical record.

Request Information

Name:

Date of Birth:

Exam:

Status:

Request Date:

Referring Prov:

Rendering Prov:

Lumbar Fusion - Single Level

In Review

02/19/2026 09:22 AM

Upload a clinical document with the file dialog or by dragging and dropping a file onto the dashed region

Allowed file types: .DOC .DOCX .PDF .JPEG .TIFF .GIF .PNG .TXT

PDF and TIFF file types are preferred

All other allowed file types will be converted to PDF at time of upload

Browse for file

Upload Successful: Clinical docs.pdf

pages: (1)

Which requirements does this file satisfy?

☒ Diagnosis

☒ Surgical plan with CPT code

☒ Type and duration of ALL non-operative treatment

☒ Physical examination findings

☐ Results of any relevant recent imaging (X-ray, Ultrasound, CT or MRI) or procedures

☐ Medical records should include risk/potential complications discussion

☒ List of active medical problems

☐ Recent office visit (clinical) notes including functional impairment

☐ BMI or height and weight

☐ Nicotine History (quit date, if applicable)

I attest that ALL relevant clinical documents have been uploaded

You have not satisfied the required documents for this request. Please be advised that we cannot confirm the medical necessity of your request without full clinical information present.

I have more documents to upload

I wish to continue with only the documents attached

I do not/will not have the required documents and would like to withdraw this request

Required Documents

☐ Diagnosis

☐ Surgical plan with CPT code

Received Documents

Clinical docs.pdf

16kb • uploaded 02/19/2026 09:59AM

If users try to attest without all required documentation, they will be prompted to select a reason advising why the documentation is not available.

Request Searches

Main Menu – Auth Summary



Staging

Provider Resources Ygar444 ▼

Request

- Exam or Specialty Procedure
(Non-Cardiac Advanced Imaging, Sleep Assessment)
- Cardiovascular Services
- 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
- Clinical Guidelines

News and Updates

Phone and fax requests must be located via Tracking Number search.

Request Status

- Search for Request
- View All My Requests

Tracking Number:

[Forgot Tracking Number?](#)

You have 15 auths returned - Click a section header to set sorting preference., 10 per page: << [1] [2] >>

Member Name	Member ID	Service	Tracking No. - Request ID	Request Date	Status	Status Change Date ▲
Exchange, Superior	56168546521	22612: Lumbar Fusion - Single Level	07712181256 - None	10/5/2026	In Review	10/5/2026
MEDICARE, HMSA	987046406	74150: Abdomen CT	05419117425 - 26254H001	9/11/2026	Approved	9/11/2026
Medicaid, HMSA	465846584	97116: Therapy-PT	05417117289 - None	7/30/2026	In Review	7/30/2026
Exchange, Superior	56168546521	74175: Abdomen CT Angiography	07719174143 - None	7/29/2026	Denied	7/29/2026
Exchange, Superior	56168546521	74176: Abdomen and Pelvis CT	07719174143 - None	7/29/2026	Denied	7/29/2026
Exchange, Superior	56168546521	74150: Abdomen CT	07719174143 - None	7/29/2026	Denied	7/29/2026
Medicaid, HMSA	465846584	97116: Therapy-PT	05417117289 - 26209H007	7/28/2026	Approved	7/29/2026
MEDICARE, HMSA	987046406	97116: Therapy-PT	05416117288 - 26209H006A	7/28/2026	Approved	7/28/2026
MEDICARE, HMSA	987046406	97116: Therapy-PT	05416117288 - 26209H006A	7/28/2026	Approved	7/28/2026
MEDICARE, HMSA	987046406	97116: Therapy-PT	05416117288 - 26209H006	7/28/2026	Approved	7/28/2026

* Exam Request Numbers with a * next to them are RETRO requests

Scroll down on the Main Menu to view recent authorization activity for requests you have submitted through the portal. You can click on the section headers to sort the activity as needed.

Request Verification page

Perform searches using any of the available search fields. The Request Type filter allows you to narrow results by service type, while the View All of My Online Requests option displays all authorization activity submitted by you through the portal. To view all available procedure types again, set the Request Type filter back to "All."

Request Verification

View all of my own online requests

Request Type:

Musculoskeletal - Surgery

Member Name	Member ID	Request ID	Tracking Number	Request Date
Last Name:	Member ID:	Request ID:	Tracking Number:	Start:
First Name:	Member ID Search	Request Search	Tracking Search	End:
Name Search				Date Search

Click on the Member Name to view request details

Your search returned 2 requests

Member Name	Member ID	Service	Tracking	Request ID	Req Date ▲	Status
Exchange, Superior	58188546521	22812: Lumbar Fusion - Single Level	07712181258	None	10/5/2026 by Ygar444	In Review
Exchange, Coordinated	6878987478	22812: Lumbar Fusion - Single Level	0971019623	None	2/19/2026 by Ygar444	In Review

Please be advised that all data was current as of Tuesday, October 06, 2026 at 5:28 AM MST

Details Available in Requests

Approvals include a Request ID and Validity Dates.

Denials reflect a Disapproval Status with Request ID and no validity dates.

Exam Request Verification: Detail

Upload Clinical Document Print Fax Cover Sheet Withdraw Request

Member	Referring Physician	Place of Service
Name:	Name: VICTOR TEST	Name: MEMORIAL REGIONAL HOSPITAL
Gender:	Address: P O BOX 847408 DALLAS, TX 75284	Address: 3501 JOHNSON ST HOLLYWOOD, FL 33021
Date of Birth:	Phone: (305) 305-3355	Phone: (954) 276-5502
Member ID:	Tax ID:	Tax ID:
Health Plan:	UPIN:	Setting: Ambulatory Surgical Center
Spoken Language: Not Indicated	Specialty:	
Written Language: Not Indicated		

Case	MSK Surgery
Case Description: 22612 Lumbar Fusion - Single Level	Date of Service: 10/9/2026 <button>Update</button>
Request Date: 10/05/2026 10:56 AM	Expedited: No
Entry Method: RadMD	Extension: No
ICD10: M51.16 <button>Update</button>	CPT4: 22612
Retro Flag Description: Prospective Review	Clinical Rcvd: [none]
Appeal Extension: No	Pre-Approved OBUS: [none]
Initial Determination Date: NOT COMPLETED	
Final Determination Date: NOT COMPLETED	

Request ID: Not Available
Tracking: 07712181256

Status: In Review

Validity Dates: [Not Applicable]

Contact Name:

Expedited Appeal:

Email:

Please be advised that all data was current as of Monday, October 05, 2026 at 10:57 AM MST

Procedure Description	Procedure Name	Primary/Assigned CPT4 Code	Billable Grouping
-----------------------	----------------	----------------------------	-------------------

Medical Necessity Evaluation

Status History	
Date	Status
10/05/2026 10:56AM	Please fax or upload the clinical documentation requested in the fax or email we sent to you.

Documents Received

Date Received	Name	Size	Method	Actions
---------------	------	------	--------	---------

Documents Sent

Date Sent	Pages	Recipient	Actions
-----------	-------	-----------	---------

Back to Search Criteria



Thank you!

Questions? Reach out to us at practicesuccess@evolent.com