

Capital Blue Cross **Radiation Oncology Program**

Provider Training





Evolent Program Agenda

Our Radiation Oncology Program



Authorization Process

Other Program Components



Provider Tools and Contact Information



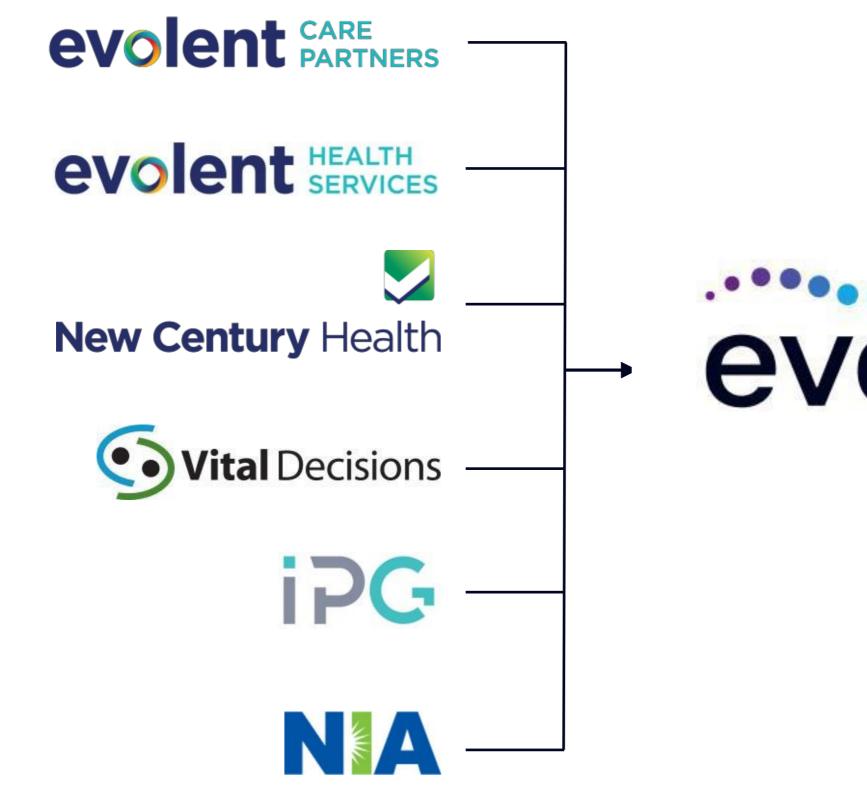
RadMD Demo



Questions and Answers



Connecting Our Brands is About Connecting Care



evolent -

Our Motivation

Patients

- **Better Treatment** ۲
- **Better Health** •

Providers

- Less Friction
- Appropriate Care

Radiation Oncology Prior Authorization Program



 Capital Blue Cros will begin a prior authorization program through Evolent for the management of Radiation Oncology Services.

• Program start date: January 1, 2015

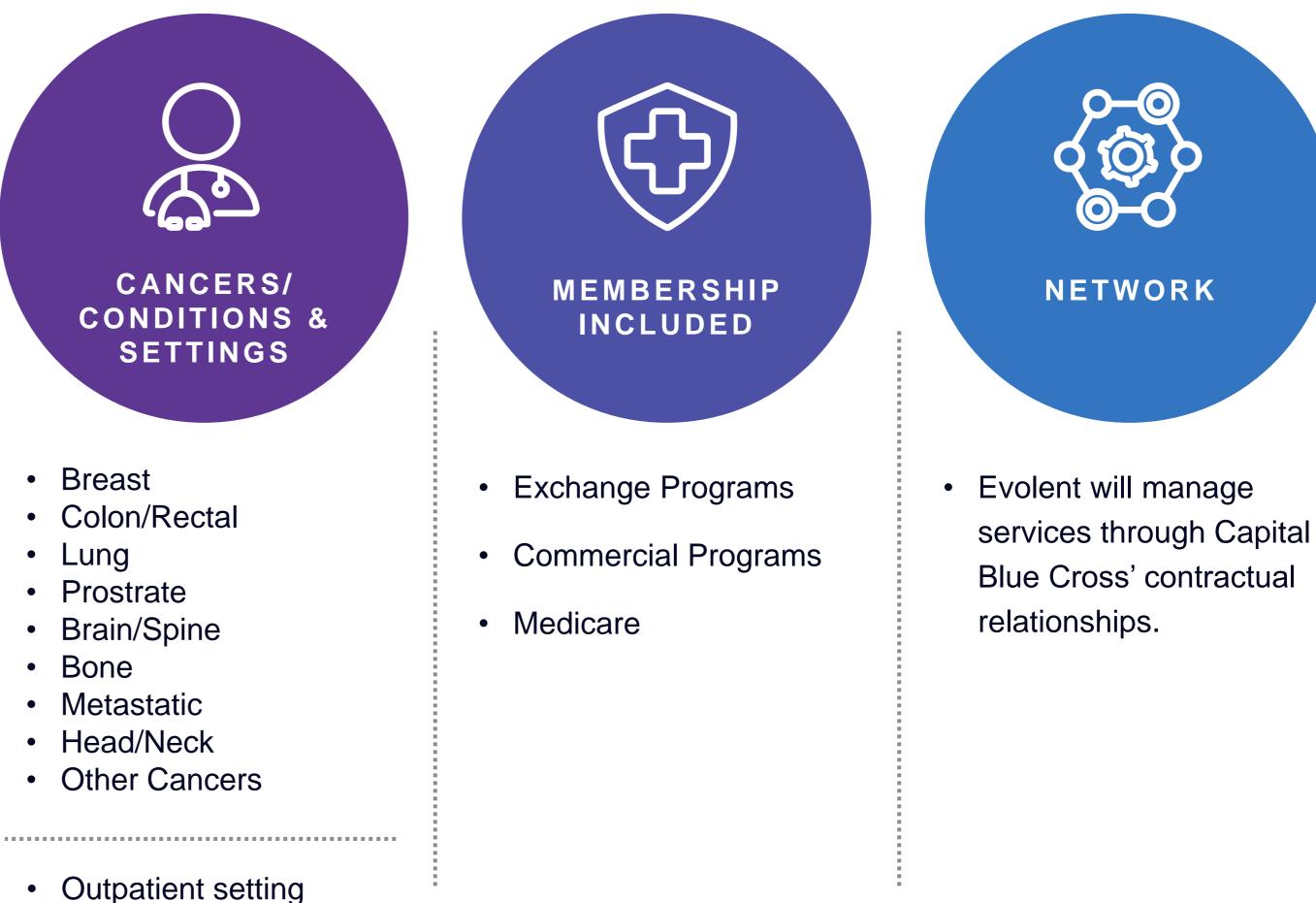
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IMPORTANT

DATES

- Breast
- Lung

- Bone •







Radiation Oncology Program

Program Focus:

Appropriate Use:

- Based on national clinical guidelines
- \bullet optimal fractions (dose).

Clinical Provider Variation:

Minimize clinical/provider variation through prior authorization process.

Billing/Coding: Ensure appropriate billing and coding activities throughout the patient's course of radiation therapy.

Manage the appropriate use of modalities and ensure radiation treatment is delivered safely and does not exceed

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Radiation Oncology Program

Radiation Therapy Modalities:

- Brachytherapy (Low-dose rate (LDR), High-dose rate (HDR) and Electronic
- 2D conventional radiation therapy (2D)
- 3D conformal radiation therapy (3D-CRT) \bullet
- Intensity modulated radiation therapy (IMRT)
- Stereotactic Radiation Therapy (SRS and SBRT)
- Proton beam radiation therapy (PBT)
- Intraoperative Radiation Therapy (IORT)
- **Neutron Beam**
- Hyperthermia

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Radiation Oncology Program

Radiation Therapy Treatment Plans:*

- Physics •
- Simulation •
- Management
- Devices ullet
- Delivery ullet
- Dosimetry \bullet
- Guidance \bullet
- Isodose \bullet

* Treatment Plans for all Radiation Therapies delivered

CPT Codes Requiring Prior Authorization (Radiation Oncology 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



Defer to Capital Blue Cross Policies for Procedures not on Claims/Utilization Review Matrix. Pro Treatment D Knife Treatment D Stereotactic Treatment D Stereotactic

> Treatment I Complex

RAD	RADIATION ONCOLOGY SERVICES					
rocedure Name	Primary CPT Code	Allowable Billed Groupings				
Deliveries - Gamma	77371	77371				
Deliveries – ic Radiation Therapy	77372	77372, 77373, G0339, G0340				
Deliveries - ic Radiation Therapy	77373	77372, 77373, G0339, G0340				
Deliveries - IMRT -	77385	77385, 77386, G6015, G6016				
Deliveries - IMRT -	77386	77385, 77386, G6015, G6016				

Prior Authorization Process Overview

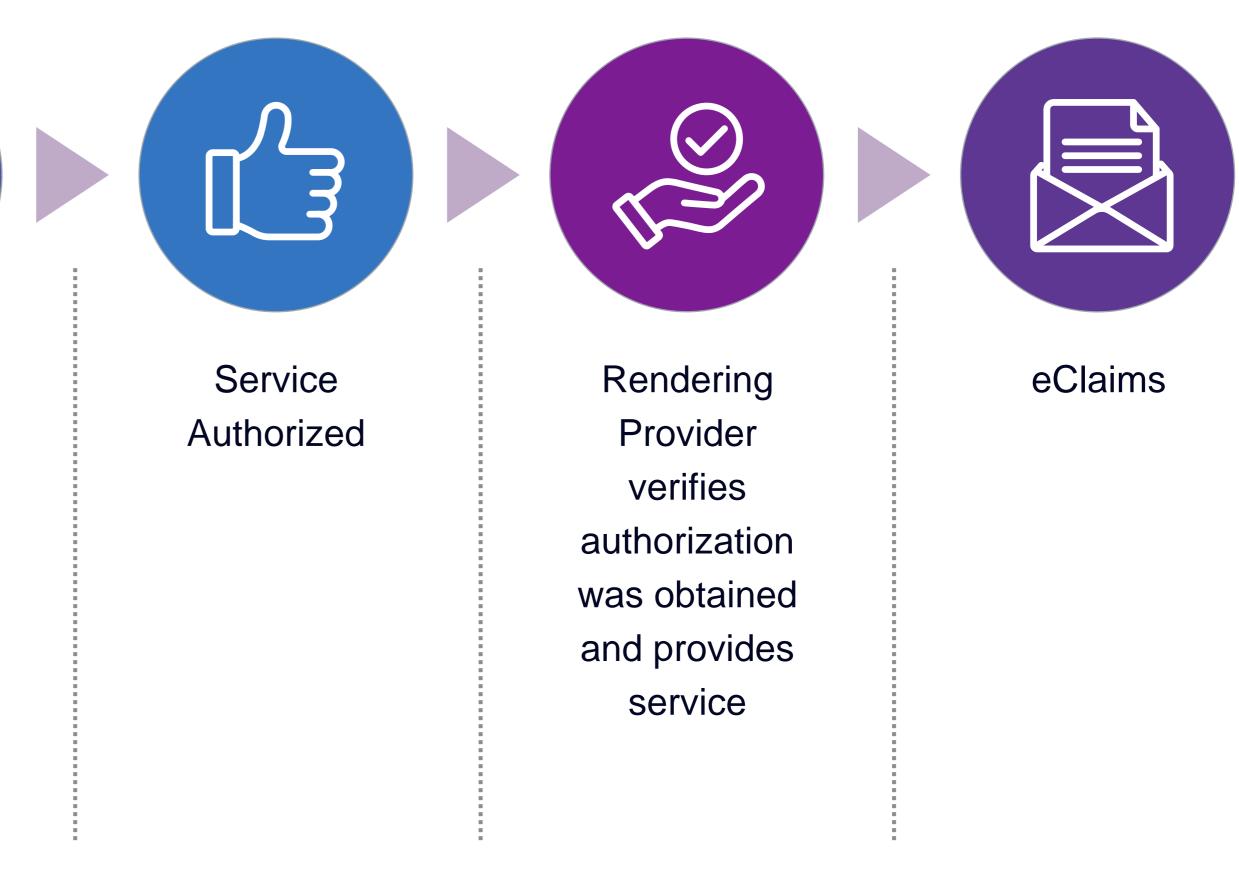


Radiation Oncologist determines treatment plan and is responsible for obtaining prior authorization

Submit requests online through RadMD.com or by phone



Information evaluated via algorithm and medical records



Evolent's Clinical Foundation & Review



Clinical Algorithms collect pertinent information

Fax/Upload Clinical Information (upon request)

Clinical Review by Evolent's **Specialty Clinicians**

Peer-to-Peer Discussion

- Clinical guidelines were developed by practicing specialty physicians, through literature reviews and evidenced-based research and standards of care. Guidelines are reviewed and mutually approved by Capital Blue Cross and Evolent Medical Officers and clinical experts.
 - Clinical Guidelines are available on 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 of Radiation Oncologists.
- 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.

When to Submit Prior Authorization Requests





Prior authorization requests should be submitted to Evolent after the treatment plan is completed.



Submit authorization request ASAP following set up simulation to avoid delay in claims processing.



Submit authorization either through Evolent's website <u>RadMD.com</u> (preferred method) or by calling Evolent at 1-888-203-1423.



Treatment devices and dosimetry calculations



Treatment delivery and management for all radiation therapies delivered.

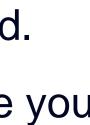
Authorization for Radiation Oncology

Special Information

- Member, radiation oncologist, and treatment facility information required.
- Complete the Radiation Therapy Treatment Plan Checklist to ensure you have all information needed to complete request.
- Identify treatment planning/anticipated treatment planning start date.
- Disease site being treated.
- Patient's clinical presentation:
 - Stage
 - Treatment Intent
 - Disease-specific clinical information
- Requested Radiation Therapy Modality (initial and/or boost stages)
 - Total dose
 - Fractions
 - Guidance (IGRT, Port Films)
 - Brachytherapy insertions and fractions

Additional modality.

Additional information needed depends on the cancer site and treatment



Intake Process Supported by Cancer-specific Checklists

Cancer-specific checklists provide an efficient "roadmap" for use by radiation oncologist office staff to collect patient's treatment plan information required for the prior authorization request.



Checklists are available on RadMD.com

Patient Name : DOB: Health Plan ID : Radiation Oncologist : Breast Surgeon : Radiation Therapy Facility : Treatment Planning Start Date (i.e. Initial Simulation): Anticipated Treatment Start Date: Patient Clinical Information ✓ Treatment Intent: Curative Palliative ✓ Treatment Timing : Post-Lumpectomy Post-Mastectomy Other Tsage: NStage: ✓ Margin Status: Noe patient None Regional Both Regional/Sentinel Tris NO N2 ✓ Imph Node Involvement: None Regional Both Regional/Sentinel Tis NO N2 ✓ Margin Status: Noe Breast Partial Breast Chest Breast Ta NX N V Breast Being Treating: Right Breast Chest Wall Statis arecurrent tumo? Yes No No Tra Nave distant Has patient received pre-operative chemotherapy: Yes No No No Ta metastasis For APBI Only Tumor Size(cm): ✓ Clinically Upifocal Tumor: BRCA1 or 2 Mutation: Ta <th>Radiation Oncologist : Breast Surgeon : Radiation Therapy Facility : Treatment Planning Start Date (i.e. Initial Simulation): Anticipated Treatment Start Date: Patient Clinical Information ✓ Treatment Timing : Post-Lumpectomy Post-Mastectomy Other TStage: NStage: ✓ Margin Status: Negative Close Postive TX NN NN Y Yearst Being Treated: None © Regional Sentinel Both Regional/Sentinel Tis NN NN Y Area Being Treated: Whole Breast © Partial Breast Chest Wall Tis LCIS) N NN Y Area Being Treated: Whole Breast © Partial Breast Chest Wall Tis LCIS) Yes No Yes No Partial Breast Chest Wall Trait Does patient metastasis Yes No Partial Breast Chest Wall Yes No Trait Pres No Partial Breast Chest Wall Yes No Trait Pres No Partial Breast Chest Wall Yes No</th> <th></th> <th></th> <th>Genera</th> <th>al Information</th> <th>า</th> <th></th> <th></th>	Radiation Oncologist : Breast Surgeon : Radiation Therapy Facility : Treatment Planning Start Date (i.e. Initial Simulation): Anticipated Treatment Start Date: Patient Clinical Information ✓ Treatment Timing : Post-Lumpectomy Post-Mastectomy Other TStage: NStage: ✓ Margin Status: Negative Close Postive TX NN NN Y Yearst Being Treated: None © Regional Sentinel Both Regional/Sentinel Tis NN NN Y Area Being Treated: Whole Breast © Partial Breast Chest Wall Tis LCIS) N NN Y Area Being Treated: Whole Breast © Partial Breast Chest Wall Tis LCIS) Yes No Yes No Partial Breast Chest Wall Trait Does patient metastasis Yes No Partial Breast Chest Wall Yes No Trait Pres No Partial Breast Chest Wall Yes No Trait Pres No Partial Breast Chest Wall Yes No			Genera	al Information	า		
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	✓ Will the IMRT course of therapy be inversely planned? ☐ Yes ☐ No				0,67	1222		

Evolent to Radiation Oncologist: Request for Clinical Information



A fax is sent to the radiation oncologist detailing where the clinical information is needed, along with a fax coversheet.



We stress the need to provide the clinical informati as quickly as possible so we can make a determination.



Determination timeframe begins after receipt of clinical information.



Failure to receive requested clinical information ma result in non certification.

[Tracking Number]	FAXC
DO NOT WRITE ABOVE THIS LINE	
Date:	[Date of Fax]
ORDERING PHYSICIAN: [Requesting Provider Name]	
FAX NUMBER: [Recipient Fax Number] TRACKING NUMBER: [Tracking Number]	
RE: Authorization Request MEMBER ID: [Member ID]	
PATIENT NAME: [Member Name] HEALTH PLAN: [Name of Health Plan]	
We have received your request for [service]. We are unable to approve based on the information p	provided to date, please
respond to this fax as soon as possible.	
URGENT: REPLY REQUIRED FOR CASE REVIEW Request for Additional Clinical Information	
We have received your request for <i>[service]</i> along with some clinical information. However, needed in the form of clinical records which support the medical necessity of these services this case.	
[Requested clinical information]	
The ordering physician is responsible for obtaining prior authorizations and for submitting requested. Please respond as soon as possible with the clinical information identified abo	
Receipt of written records is required in order to process your request. Once this informatic case will be reviewed by a clinician, and you will be notified of the determination. The order have a <u>peer to peer</u> discussion.	
Submitting a prior authorization request on RadMD is fast and effic	cient!
Our provider portal, RadMD, is the easiest way to request authorizations, upload docume and much more! To get started, visit <u>www.RadMD.com</u> , select New User and submit an Ag	
To initiate a peer-to-peer discussion, please sign in at <u>www.RadMD.com</u> , click "Provider Res Call Center Authorization Phone Numbers" for the appropriate Health Plan-specific phone n	
All information supplied is considered part of the member's utilization review record confidential in accordance with HIPAA and/or applicable state law.	and will be kept strictly
IF THIS CASE IS CLINICALLY URGENT, PLEASE CALL	
[Tracking Number]	
FAXC	
CONFIDENTIAL NOTICE:	minimal This for and one film.
If you received this facsimile is error, please reply immediately to the sender that you have received this message is error and destroy the with it contain information that may be legally confidential and/or privileged. The information is interded solely for the individual or ext	ty named and access by anyone else is
unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is proble	ixted and may be unlawful.

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Submitting Additional Clinical Information



- Records may be submitted:
- Upload to <u>RadMD.com</u>
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from
 <u>RadMD.com</u>
- Call 1-888-203-1423



Use the case specific fax coversheet when faxing clinical information to Evolent

Exam Re
Upload Clin
Cases in thi
Member
Name:
Gender:
Date of Birth
Member ID:
Health Plan:
Spoken Lan

equest Verification: Detail

ical Document

Print Fax Cover Sheet

Request Additional Visits

is Request

Member		Provider	
Name:	Evo Lent	Name:	Memorial Hospital
Gender: Date of Birth:	Female 5/24/1971	Address:	123 Main St, New City, ST
Member ID:	AB123456	Phone:	12345 123-456-7890
Health Plan:	ABC Health Plan HMO	Tax ID: UPIN:	987654321
Spoken Language: Written Language:		Specialty:	



Clinical Specialty Team: Focused on Radiation Oncology



Radiation Oncology Review

Initial clinical review performed by specialty trained radiation oncology nurses and radiation therapists

Clinical review team will contact provider for additional clinical information

Radiation Oncologist conducts clinical reviews and peer-to-peer discussions on radiation oncology requests





Radiation Oncology Clinical Review Process

Physicians' Office Contacts Evolent for Prior Authorization of Treatment Plan ✓ RadMD

✓ Telephone

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Requests Pend for Clinical Review and are Evaluated based on Information Entered

 Additional clinical information required

Generally, the turnaround time for completion of these requests is within two or three business days upon receipt of sufficient clinical information

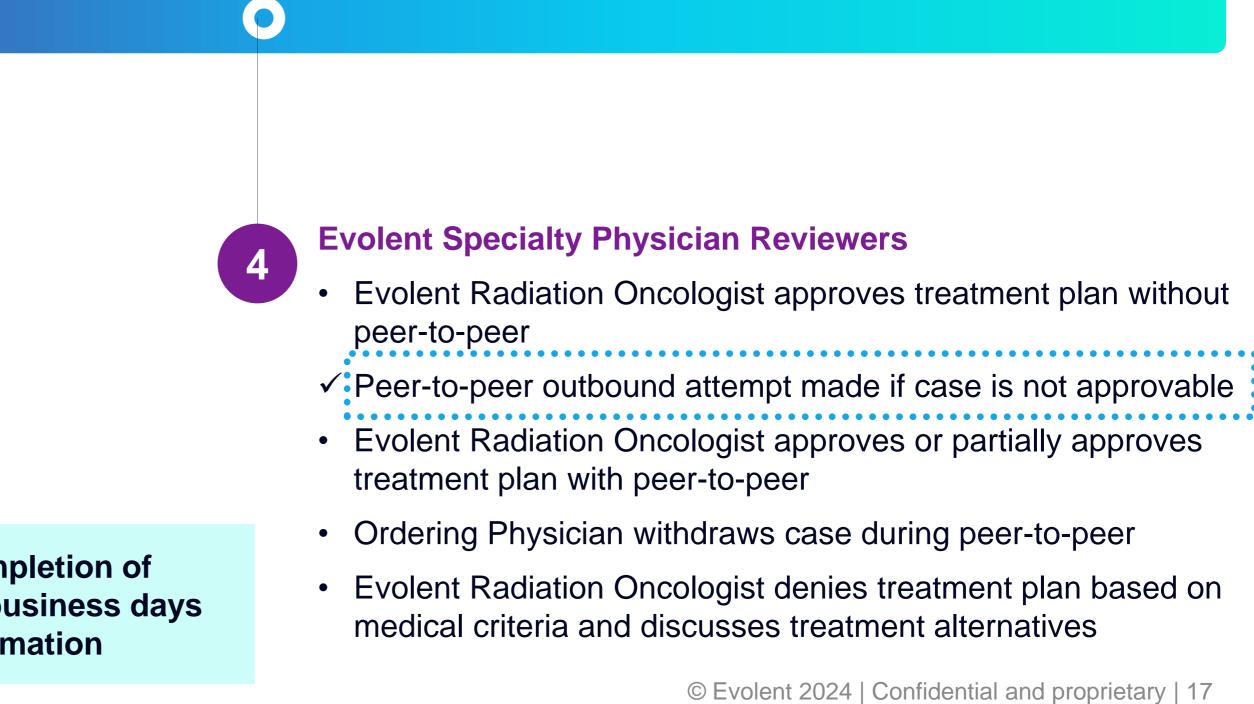
LEGEND

✓ Key Evolent differentiator



Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed for medical necessity – Procedure Approved
- Additional clinical not complete or inconclusive **Escalate to Physician Review**
- ✓ Designated & Specialized Clinical Radiation Oncology Team interacts with Provider Community



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 <u>RadMD.com</u> 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 1-888-203-1423.
- Turnaround time is within 2 business day not to exceed 72 calendar hours.

Modifying Treatment Plans



Changing or Adding Services for Approved Treatment Plan





Modifications will be reviewed for medical necessity.



Be prepared to supply additional clinical information if necessary.



Determination will be made after all requested information is received.



Authorization number will NOT change.

All modifications of approved treatment plan requests must be called into the Call Center.

Radiation Therapy Treatment Notification for Transition Cases

Transition cases include:

- Radiation therapy began prior to member's coverage start date
- Radiation therapy began as inpatient, and treatment will continue as outpatient

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Radiation Therapy Treatment Notification Form for Transition Cases

- Form available on RadMD.com
- Fax the completed form to Evolent at: 1-717-540-2171
- No Medical Necessity Review Required for these Members. However, notification is required to avoid claims denials
 - Evolent will confirm receipt of form within 48 hours from receipt

HEALTH PLAN LOGO

Radiation Therapy Treatment Notification Form for Transition Cases

Complete this Radiation Therapy Treatment Notification Form to notify [Health Plan] about radiation treatment impacted by one of the following scenarios (select one):

patient began radiation therapy prior to the program start of [start date]

patient began radiation therapy prior to coverage by [Health Plan]

patient began radiation therapy while in an inpatient setting and treatment is expected to continue on an outpatient basis

Important Notes

 Providers can send completed forms for each patient to [HEALTH PLAN] by fax at: [FAX NUMBER]. Regarding Notification • A confirmation notification will be faxed to the provider within 48 hours of receipt.

Submitted By	Name (Lost, First)	Name (Lost, First)				
Date:	Phone #		Fax#	*Required		
Member	Name (Last, First)					
Information	Address					
	Gender D M D F DOB Member ID					
Provider	Radiation Oncologist N	ame				
Information	Address					
	Phone #		Fax#			
	Physician Tax ID					
	Radiation Therapy Faci	lity				
	Address					
	Phone #		Fax#			
	Facility Tax ID					
Radiation Therapy Treatment Plan	Diagnosis - ICD					
Information	Site Being D Br Treated D Lu		Prostate	Rectal		
	Treatment Start Date		Treatment End Date			
	Radiation Therapy Type		CPT code	# of Treatments		
	Low-dose-rate (LDR	Brachytherapy				
	High-dose-rate (HDR	l) Brachytherapy				
	2D Conventional Rad	liation Therapy (2D)				
	3D Conformal Radia	tion Therapy (3D-CRT)				
	Intensity Modulated	Radiation Therapy (IMRT)				
	Stereotactic Body R	adiation Therapy (SBRT)				
	Proton Beam Therap	у				
	Other:					
Treatment Plan Update	A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date. Check here if this form is to report changes to a previously submitted form. Complete all fields above. For Treatment End Date, enter NEW end date, if applicable. For CPT code, enter all CP codes (including codes previously reported). For # of treatments, indicate total # of treatments needed (including # previously reported).					
				C-17-GEN (9/13)		

Treatment Authorization Nuances

Partial Breast Irradiation using High Dose Brachytherapy (HDR)

- Involves a Radiation Oncologist and a Breast Surgeon
- Two authorizations required:
 - Treatment Plan Authorization 1.

2. Authorization for Insertion of Catheters Process:

- Lumpectomy with spacers inserted into the breast during surgery
- Cancer cells are analyzed and pathology report issued (Prior Authorization occurs here)
- Spacers are replaced with a catheter
- Radiation Therapy treatment occurs

approved.

Note: Once the radiation therapy treatment plan has been approved, the catheter insertion can be

Radiation Oncology Points



The radiation oncologist determining the treatment plan and providing the radiation therapy is responsible for obtaining the prior authorization. Prior authorization requests can be made telephonically or through <u>RadMD.com</u>. The radiation oncologist is the ordering provider, but also the rendering provider for the professional services and is responsible for the oversight of the radiation therapy.



The prior authorization request should be submitted after the clinical treatment planning and before the beginning of the treatment phase:

- Date Treatment Planning Began
- Anticipated Treatment Start Date



An authorization for radiation treatment plan will cover the course of treatment. In order to provide the required authorization review information, it will be necessary for the provider to complete the clinical treatment plan prior to the prior authorization call.



For physicians and cancer treatment facilities, only one authorization is needed for both the technical and professional components of each procedure.



Treatment Plan Authorization - Sample Authorization

Management of Entire Treatment Plan

	Print Fax Coversi	heet						
Uplo	ad Clinical Doc	ument						
Pati	ent Informat	tion						
	e: e of Birth: th Plan:	JOHN E DOE 2/15/1949 123456 Employ	ee Health Plan	Gender: Member ID:	M 12345	600000		
Ren	dering Physi	cian						
Nam Tax Spec		TOM THOMAS, M 12340000000 Radiation Oncolo		Phone: UPIN:	(999) 1 MD12	123-4567 345		
Trea	atment Facili	ity						
Nam	1 Killing	CANCER TREATM	ENT CENTER					
0.0044	e Informatio	1234500000 N		Address:		MAIN STREE DWN, USA 13	-	
Case Req Stat	e Informatio				ANYTO S/15/20 RadMD 185	OWN, USA 13 (MRT) 012	-	
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(based on Revenue Cycle Guidelines)

Coding guidelines available on <u>RadMD.com</u> and based on Evolent Radiation Oncology Coding Standards

Authorization Validity Period

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

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Denial Notification

- Notifications include an explanation of services denied and the clinical rationale. ullet
- **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 prior to or after an adverse determination has been made - Exchange and Commercial.
- In some cases, a peer-to-peer discussion will be for consultation purposes only.
- Reconsideration may be available with new or additional information.
- Reconsideration must occur within 5 business days from the date of denial and prior to submitting \bullet a formal appeal.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter. \bullet

Claims and Appeals

Claims Process:

- Capital Blue Cross.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to Capital Blue Cross website at https://www.capbluecross.com

Appeals Process:

- \bullet through Capital Blue Cross.
- \bullet (EOP) notification.



In the event of a prior authorization or claims payment denial, providers may appeal the decision

Providers should follow the instructions on their non-authorization letter or Explanation of Payment

Provider Tools

- **Request Authorization** \bullet
- View Authorization Status \bullet
- View and manage Authorization Requests with other users
- Upload Additional Clinical Information \bullet
- View Requests for additional Information and Determination Letters
- View Clinical Guidelines
- View Frequently Asked Questions (FAQs)
- View Other Educational Documents \bullet
- Interactive Voice Response (IVR) System \bullet for authorization tracking



Available 24/7



1-888-203-1423

Available Monday - Friday 8:00 AM - 8:00 PM EST

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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
- Quick Reference Guides
- Checklists
- RadMD Quick Start Guide
- Claims/Utilization Matrices



RadMD New User Applica Process – Radiation Onco

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" but to proceed.
- 2. Under the Appropriate Description dropdown select "Physicians office that prescribes radiation oncology proc
- 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 d
- Designate an "Administrator" for the facility who manages the access for

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	Authorization	n Tracking Number	Go	
	Which of the foll	owing best describes yo	our company?	
e. 2	Physicians offic	e that prescribes radiat	ion oncology proce	edures
		an Appropriate Descrip		
ton	Health Insurance	or Hospital that perforn company	ns radiology exams	6
		e that orders radiology	exams	
			A	ion oncology procedure
	Application for a New Account	e that prescribes radiat	ion oncology proce	dures
edures".	Please fill out this form only for In order for your account to be a	or yourself. Shared accounts are not allow	from RadMDSupport@magellanheal	Ith.com. Please check with your email adminis
	Which of the following best de	escribes your company?	✓ What about read-only radio	logy offices
	New Account User Informatio	n	Your Supervisor	
	Choose a Username:			CEO of your company, the user's name/email pervisor's name/email.
	First Name:	Last Name:	First Name:	Last Name:
	Phone:	Fax:	Phone:	Email:
	Email:	Confirm Email:		
ue to HIPAA regulations.	Company Name:	Job Title:		
	Address Line 1:	Address Line 2:		
the entire facility.	City: Zip:	State: [State]	v	
		Su	bmit	





RadMD New User Applica Process – Cancer Treatme Facilities

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 "Cancer Treatment Facility or Hospital that performs radiation of procedures".
- 3. Complete the application and click "Submit".
- 4. Open email from Evolent webmaster with new user password instruct

IMPORTANT

- Users are required to have their own separate username and password du
- Designate an "Administrator" for the facility who manages the access for the

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3	In order for your account to be activ	yourself. Shared accounts are not allo vated, you must be able to receive emai pport@magellanhealth.com can be rece	Is from RadMDSupport@magellanhealth	n.com. Please check with your email administ
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	Phone:	Fax:	Phone:	Email:
	Email:	Confirm Email:		
	Company Name:	Job Title:		
e to HIPAA regulations.	Address Line 1:	Address Line 2:		
he entire facility.	City:	State:		
	Zip:	[State]	~	
			Submit	





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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 <u>RadMD.com</u>, allowing them to communicate with members and facilitate treatment.

Request Exam or specialty procedure **Physical Medicine** Initiate a Subsequent Request Radiation Treatment Plan Pain Management or Minimally Invasive Procedure Spine Surgery or Orthopedic Surgery **Genetic Testing**

Request Status Search for Requ View All My Req **View Customer**

(including Cardiac, Ultrasound, Sleep Assessment)

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	
s Jest Juests Service Calls	Tracking Number: Search Forgot Tracking Number?	



When to Contact Evolent

Initiating or checking the status of an authorization request	 Website: <u>RadMD.con</u> 1-888-203-1423
Initiating a Peer-to-Peer Consultation	 1-888-203-1423
Provider Service Line	 <u>RadMDSupport@Evc</u> Call 1-800-327-0641
Provider Education requests or questions specific to Evolent	Lori A. Fink <i>Provider Relations Man</i> 1-410-953-2621 • Ifink@



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RadMD Demonstration

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