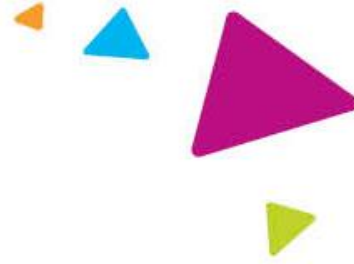








Ambetter from WellCare of New Jersey
Musculoskeletal (MSK)
Management Program

National Imaging Associates, Inc. (NIA) Program Agenda



Our MSK Program

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

NIA Specialty Solutions

National Footprint / Medicaid Experience



National Footprint

- ✓ Since 1995 – delivering Medical Specialty Solutions; one of the *go-to* care partners in industry.
- ✓ 91 health plans/markets – partnering with NIA for management of Medical Specialty Solutions.
- ✓ 33.69M national lives – participating in an NIA Medical Specialty Solutions Program nationally.
- ✓ Diverse populations – Medicaid, Exchanges, Medicare, Commercial, FEP, Provider Entities.

Medicaid/Medicare Expertise/Insights

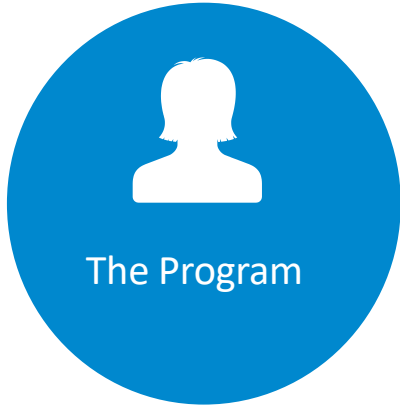
- ✓ 54 Medicaid plans/markets with NIA Medical Specialty Solutions in place.
- ✓ 18.65M Medicaid lives – in addition to 2.15M Medicare Advantage lives participating in an NIA Medical Specialty Solutions program nationally.

Intensive Clinical Specialization & Breadth

- ✓ Specialized Physician Teams
 - 160+ actively practicing, licensed, board-certified physicians
 - 28 specialties and sub-specialties

URAC Accreditation & NCQA Certified

NIA's MSK Prior Authorization Program



The Program

- Fidelis Care NJ, Wellcare and Ambetter from WellCare of New Jersey will begin a prior authorization program through NIA for the management of MSK Services.



Important Dates

- MSK and expanded IPM program start date: July 1, 2023
- Original IPM program started: Medicaid & Medicare - August 1, 2021; Exchange – January 1, 2022
- Begin obtaining authorizations from NIA on July 1, 2023, via RadMD or Call Center for services rendered on or after July 1, 2023.



Procedures & Settings Included

- Procedures:
- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
 - Expansion of the outpatient, interventional spine pain management services (IPM) to include spinal cord stimulators



Membership Included

- Medicaid (Fidelis Care NJ)
- Medicare (Wellcare)
- Exchange (Ambetter)



Network

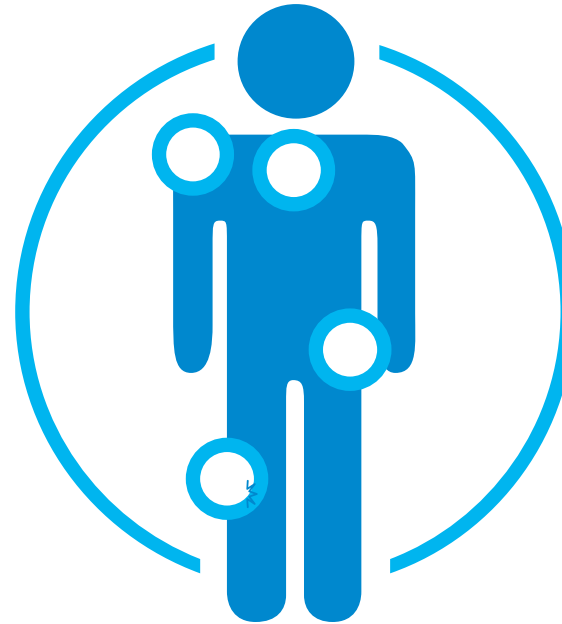
NIA will manage non-emergent select services for Fidelis Care NJ, Wellcare, and Ambetter from WellCare of New Jersey effective July 1, 2023, through Fidelis Care NJ, Wellcare, and Ambetter from WellCare of New Jersey's contractual relationships.

NIA's Lumbar and Cervical Spine



Targeted Lumbar and Cervical Spine Surgery Procedures Performed in an Inpatient and Outpatient Facility

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



Expansion of the Interventional Pain Management Program to include Procedures Performed in an Outpatient Facility

- Spinal Cord Stimulator Trial
- Spinal Cord Stimulator Insertion, Revision, or Removal



Excluded from the Program Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room

Please note that CPT Codes 22800-22819 used for reconstructive spinal deformity surgery do not require NIA/Fidelis Care NJ, Wellcare, or Ambetter from WellCare of New Jersey prior authorization. NIA will monitor the use of these CPT codes, but prior authorization is not currently required.

NIA's Hip, Knee and Shoulder Surgery Performed in an Inpatient and Outpatient Facility



Targeted Hip Surgery

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

Targeted Knee Surgery

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



Targeted Shoulder Surgery

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



Excluded from the Program Hip, Knee and Shoulder Surgeries Performed in the following Settings:

- Emergency Surgery – admitted via the Emergency Room

List of CPT Procedure Codes Requiring Prior Authorization



Review Claims/Utilization Review Matrix to determine CPT codes managed by NIA.





CPT Codes and their Allowable Billable Groupings.



Located on [RadMD.com](https://www.radmd.com).



Defer to the Health Plan's Policies for Procedures not on Claims/Utilization Review Matrix.

**Fidelis Care of New Jersey
Utilization Review Matrix 2023
Outpatient Interventional Pain Management (IPM)**

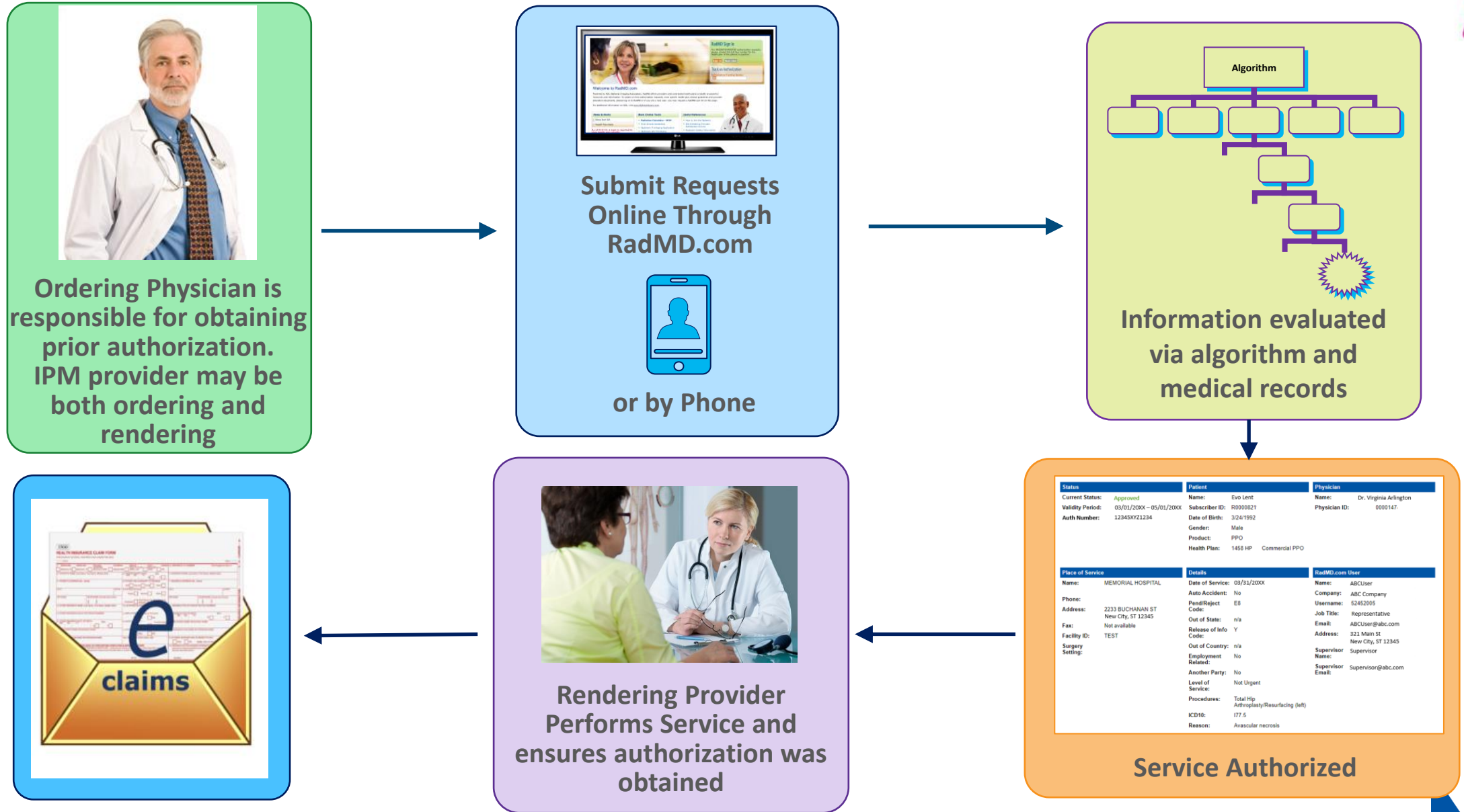
The matrix below contains all of the CPT 4 codes for which National Imaging Associates Inc. (NIA) authorizes on behalf of Fidelis Care.

NIA issues authorizations based on the primary CPT code and its allowable billed groupings. A procedure can be billed under any **one** of the given CPT codes for that allowable billed grouping as long as a valid authorization number has been issued within the validity period.

Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			<i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i> <i>*Please note: This is not an all-inclusive list of every possible ancillary code</i>
Sacroiliac Joint Injection	27096	27096, G0260	
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	

1—Fidelis Care Medicare IPM Utilization Review Matrix 2023 – rev 04/2023

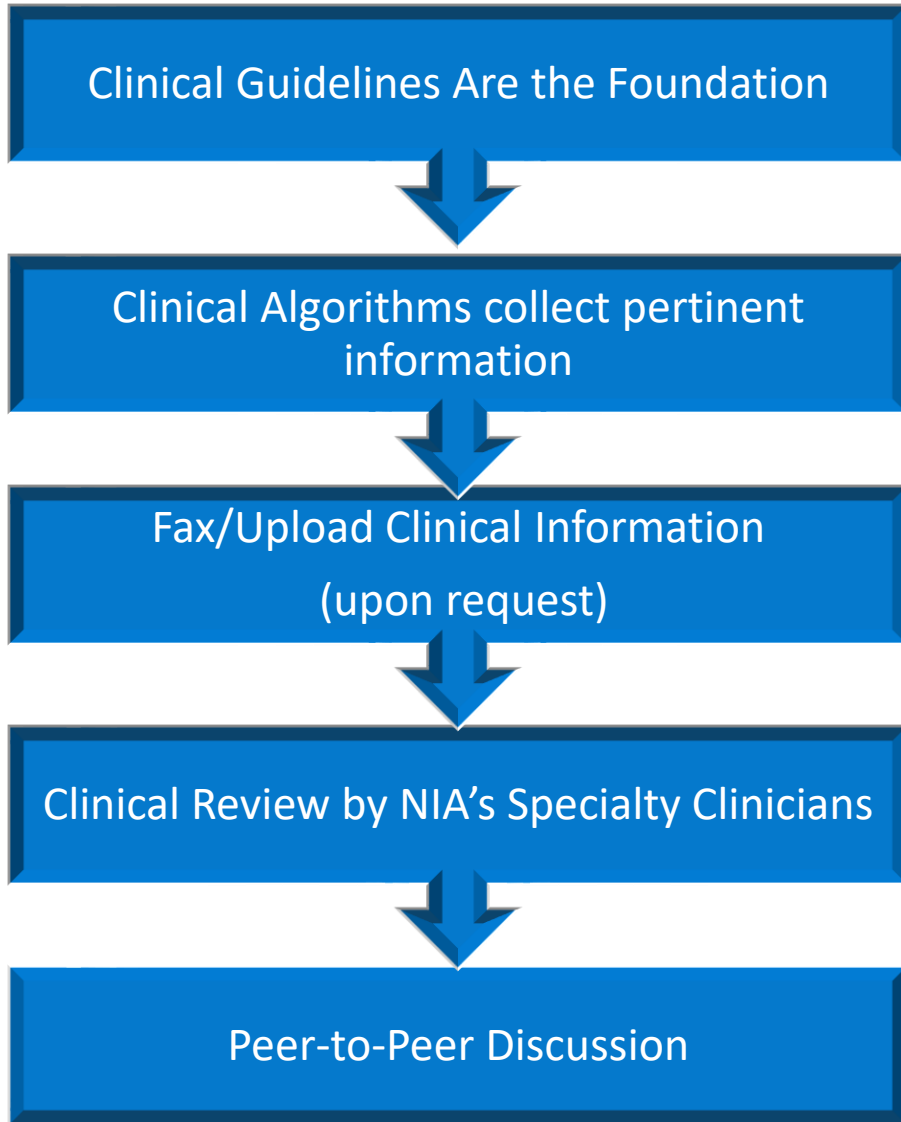
Prior Authorization Process Overview



Status	Patient	Physician
Current Status: Approved	Name: Evo Lert	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX - 05/01/20XX	Subscriber ID: R0000621	Physician ID: 0000147
Auth Number: 12345XY21234	Date of Birth: 3/24/1992	
	Gender: Male	
	Product: PPO	
	Health Plan: 1458 HP Commercial PPO	

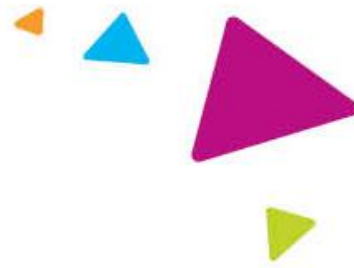
Place of Service	Details	RadMD.com User
Name: MEMORIAL HOSPITAL	Date of Service: 03/31/20XX	Name: ABCUser
Phone: 2233 BUCHANAN ST New City, ST 12345	Auto Accident: No	Company: ABC Company
Fax: Not available	Pend/Reject Code: EB	Username: 52452005
Facility ID: TEST	Out of State: n/a	Job Title: Representative
Surgery Setting:	Release of Info Code: Y	Email: ABCUser@abc.com
	Out of Country: n/a	Address: 321 Main St New City, ST 12345
	Employment Related: No	Supervisor Name: Supervisor
	Another Party: No	Supervisor Email: Supervisor@abc.com
	Level of Service: Not Urgent	
	Procedures: Total Hip Arthroplasty/Resurfacing (left)	
	ICD10: I77.5	
	Reason: Avascular necrosis	

NIA'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 the Plan and NIA 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.
- NIA has a specialized clinical team focused on MSK.
- Peer-to-peer discussions are offered for any request that does not meet medical necessity guidelines.
- **Our goal – ensure that members are receiving appropriate care.**

Information for Authorization for IPM Injections



Special Information

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

IPM Clinical Checklist Reminders



IPM Documentation:



Conservative Treatment

- Frequently, specifics of active conservative treatment/non-operative treatment are not present in office notes. Details such as duration and frequency should be provided in order to ensure 6 weeks has been attempted within the past 6 months. Official physical therapy records do not need to be obtained but the provider should supply a summary of these details. Physical therapy is not the only means of active conservative treatment acceptable; physician directed home exercise programs as well as chiropractic care are among other examples of appropriate treatments.



Visual Analog Scale (VAS) Score and/or Functional Disability

- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).



Follow Up To Prior Pain Management Procedures

- For repeat treatments, follow up is required in regard to what procedure was completed, how much and for how long relief was obtained, active participation in ongoing conservative treatment, and to what level the pain has returned. A follow up office visit is not required; documentation of telephone encounters with the member are acceptable to satisfy this requirement.

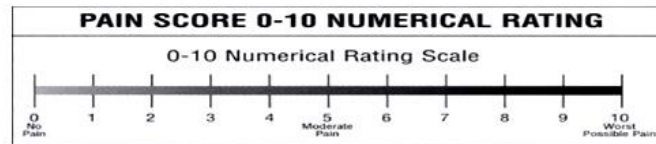


Sample Pain Rating Scales

Visual analogue scale (VAS)



Numerical rating scale (NRS)



Faces rating scale (FRS)



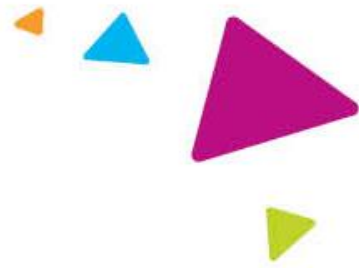
Information for Authorization for Surgery Procedures








Special Information

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

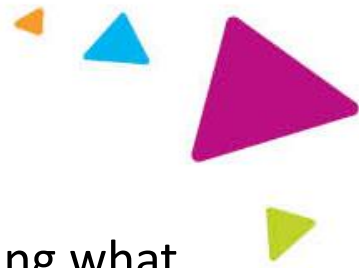
Surgery Clinical Checklist Reminders



Surgery Documentation:

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

NIA to Physician: Request for Clinical Information



CC_TRACKING_NUMBER FAXC

NIA

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 NIA clinical guidelines used for determinations please see radind.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: _____



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.

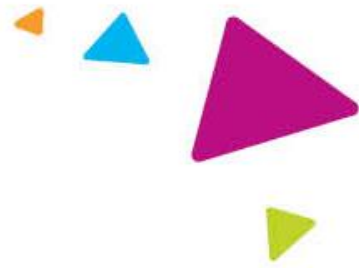


Determination timeframe begins after receipt of clinical information.



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

Submitting Additional Clinical Information



- Records may be submitted:
 - Upload to <https://www.RadMD.com>
 - Fax using that NIA coversheet
- Location of Fax Coversheets:
 - Can be printed from <https://www.RadMD.com>
 - Call
 - Medicaid: 1-866-249-1585
 - Medicare: 1-800-424-5388
 - Exchange: 1-800-642-7821
- Use the case specific fax coversheets when faxing clinical information to NIA

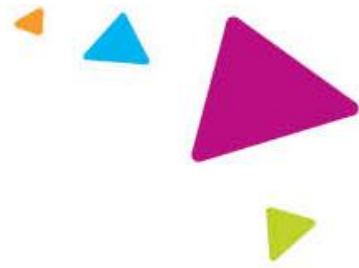
Exam Request Verification: Detail

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 IPM and MSK



IPM Reviews

Initial clinical review performed by specially trained IPM nurses

Clinical review team will proactively reach out for additional clinical information

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



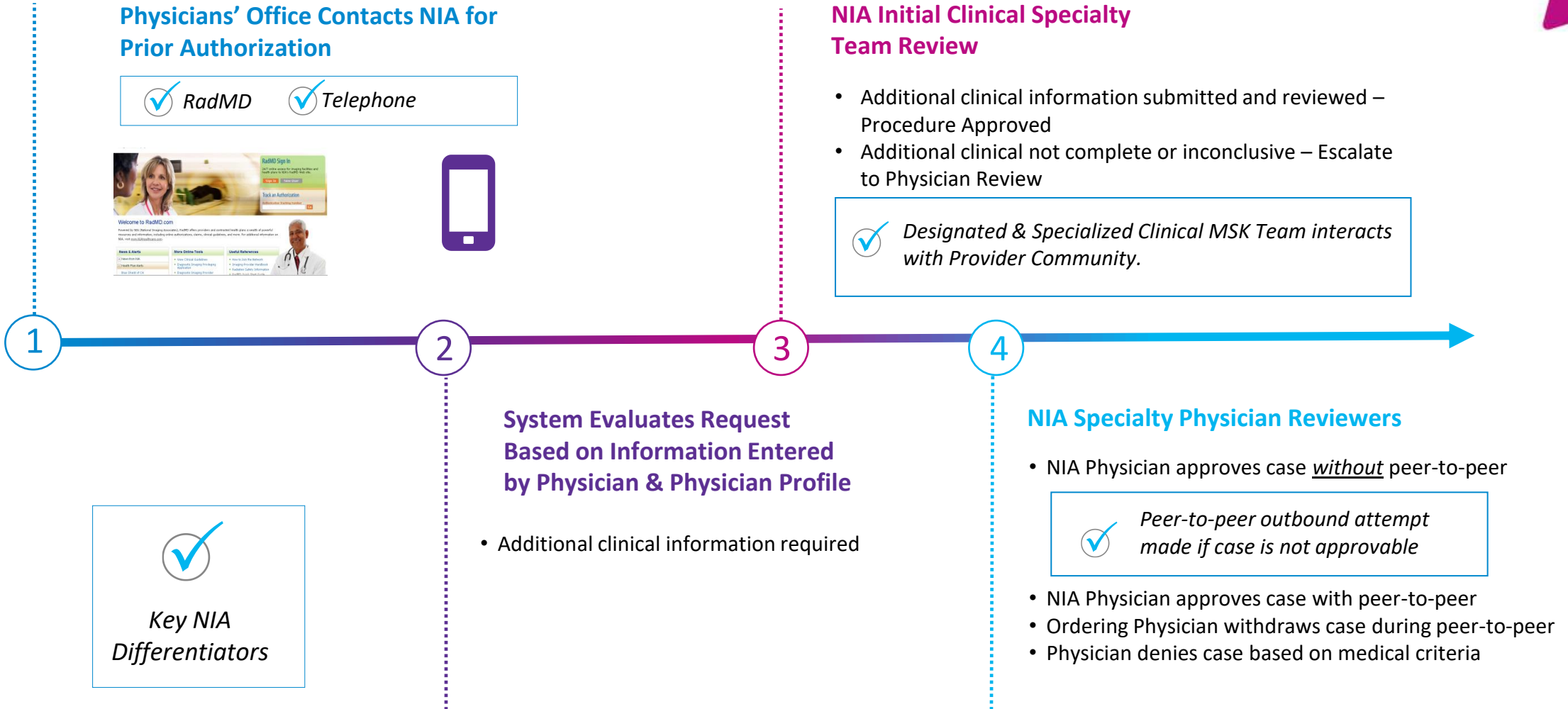
MSK Surgery Reviews

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will proactively reach out for additional clinical information

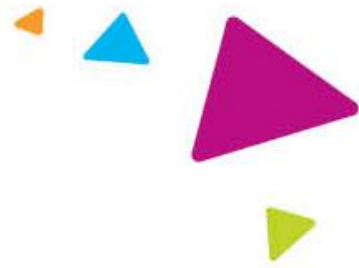
Orthopedic surgeons or neurosurgeons conduct clinical reviews and peer-to-peer discussions on surgery requests

MSK Clinical Review Process



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

NIA Urgent/Expedited MSK Authorization Process



Urgent/Expedited MSK Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call NIA immediately.
- The NIA website <https://www.RadMD.com> cannot be used for medically urgent or expedited prior authorization requests during business hours. Those requests must be processed by calling the NIA call center at Medicaid & Exchange: 1-866-249-1585 or Medicare: 1-800-424-5388.
- Turnaround time is within 1 Business day not to exceed 72 Business Calendar Hours.

Notification of Determination

Authorization Notification

- Validity Period - Authorizations are valid for:
 - IPM**
 - 60 days from date of service
 - Surgical**
 - Inpatient – 60 days from date of service
 - Outpatient- SDC/Ambulatory –60 days from date of service
- The date of service that is selected at the time of the prior authorization request, will be used to determine the validity period. If the date of service changes please contact NIA to update.

Denial Notification

- Notifications will include an explanation of what services have been denied and the clinical rationale for the denial
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- A re-review/reconsideration may be available with new or additional information.
- Timeframe for re-review/reconsideration is 7 business days (Medicaid) or 180 calendar days (Ambetter) from the date of the denial notification.
- Medicare re-opens are not available.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

IPM Points



Injections in all regions of spine are managed



Date of service is required for all requests



Each IPM procedure must be prior authorized

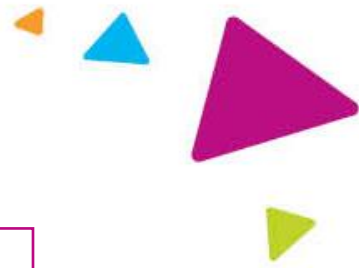


No series of epidural injections



Specialty Nurses and Physicians will review IPM requests

MSK Surgery Points – Lumbar/Cervical Spine Surgery



Inpatient and outpatient non-emergent surgeries



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

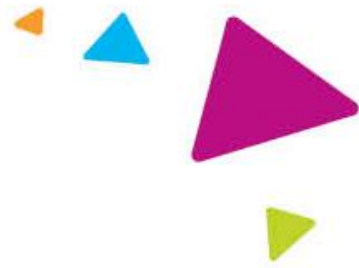


For spinal surgeries, only one authorization request per surgery. For example, a lumbar fusion authorization includes decompression, instrumentation, etc.



CPT Codes 22800-22819 used for reconstructive spinal deformity surgery and the associated instrumentation do not require prior authorization. NIA will monitor the use of these CPT codes.

MSK Surgery Points – Hip, Knee and Shoulder Surgery



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



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

MSK Surgery Points – For all Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by the health plan.



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



Authorizations are valid for 60 days from the date of service. NIA must be notified of any changes to the date of service.

Provider Tools



RadMD Website

RadMD.com

Available 24/7



(except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



Toll-Free Number

Medicaid: 1-866-249-1585

Medicare: 1-800-424-5388

Exchange: 1-800-642-7821



Available

Monday - Friday

8:00 AM – 8:00 PM EST

- 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

NIA's Website

<https://www.RadMD.com>

RadMD Functionality varies by user:

- **Ordering Provider's Office** – View and submit requests for authorization.
- **Rendering Provider** – Views approved, pended and in review authorizations for their facility.
- IPM providers are typically both the ordering and the rendering provider.

Online Tools Accessed through

<https://www.RadMD.com>:

- NIA's Clinical Guidelines
- Frequently Asked Questions
- Quick Reference Guides
- IPM Checklist
- RadMD Quick Start Guide
- Claims/Utilization Matrices

The screenshot shows the RadMD Sign In page. At the top, it says "RadMD Sign In" in blue text. Below that, it states "24/7 online access for imaging facilities and health plans to NIA's RadMD Web site." There are two buttons: "Sign In" in orange and "New User" in grey. Below this is a section titled "Track an Authorization" in blue text. Underneath, there is a label "Authorization Tracking Number" in orange, followed by a white input field and an orange "Go" button. The entire interface is reflected below it.

Registering on RadMD.com to Initiate Authorizations



Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.

STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

Offices that will be both ordering and rendering should request ordering provider access, this will allow your office to request authorizations on RadMD and see the status of those authorization requests.

1

RadMD Sign In

24/7 online access for imaging facilities and health plans to NIA's RadMD Web site.

Sign In New User

Track an Authorization

Authorization Tracking Number Go

2

-- Please Select an Appropriate Description --

Physician's office that orders procedures

Facility/office where procedures are performed

Health Insurance company

Cancer Treatment Facility or Hospital that performs radiation oncology procedures

Physicians office that prescribes radiation oncology procedures

Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

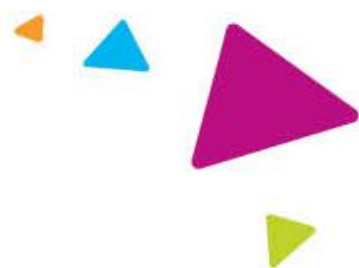
In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
-- Please select an appropriate description -- What about read-only radiology offices?

New Account User Information		Your Supervisor	
Choose a Username: <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: [State] <input type="text"/>		
Zip: <input type="text"/>			

Submit

Allows Users the ability to view all approved, pended and in review authorizations for facility



IMPORTANT

- Everyone in your organization is required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages the access for the entire facility.

STEPS:

- Click the “New User” button on the right side of the home page.
- Select “Facility/office where procedures are performed”
- Fill out the application and click the “Submit” button.
 - You must include your e-mail address in order for our Webmaster to respond to you with your NIA-approved username and password.
- New users will be granted immediate access

NOTE: On subsequent visits to the site, click the “Sign In” button to proceed.

If you have multiple staff members entering authorizations and you want each person to be able to see all approved, pended and in review authorizations, they will need to register for a rendering username and password. The administrator will have the ability to approve rendering access for each employee. This will allow users to see all approved, pended and in review authorizations under your organization.



1

-- Please Select an Appropriate Description --

- Physician's office that orders procedures
- Facility/office where procedures are performed**
- Health Insurance company
- Cancer Treatment Facility or Hospital that performs radiation oncology procedures
- Physicians office that prescribes radiation oncology procedures
- Physical Medicine Practitioner (PT, OT, ST, Chiro, etc.)

3

Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

In order for your account to be activated, you must be able to receive emails from RadMDSupport@magellanhealth.com. Please check with your email administrator to ensure that emails from RadMDSupport@magellanhealth.com can be received.

Which of the following best describes your company?
[Facility/office/lab where procedures are performed] [What about read-only radiology offices?]

New Account User Information		Your Supervisor	
Choose a Username: <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"/>		Affiliated Facilities	
Job Title: <input type="text"/>		Facility Tax ID #: <input type="text"/>	<input type="button" value="Add"/>
Address Line 1: <input type="text"/>		Your Tax IDs: [none]	
City: <input type="text"/>	State: [State]		
Zip: <input type="text"/>			
<input type="button" value="Submit"/>			

RadMD Enhancements



NIA 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.

The screenshot displays the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. Below this is a horizontal green line. The main content area is divided into two columns. The left column is titled "Request" and lists several categories: "Exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)", "Physical Medicine" (with a sub-link "Initiate a Subsequent Request"), "Radiation Treatment Plan", "Pain Management (or Minimally Invasive Procedure)", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below these columns is a "Login As Username:" field with a "Login" button. At the bottom left, there is a "Request Status" section with links for "Search for Request" and "View All My Requests". At the bottom right, there is a "Tracking Number:" field with a "Search" button and a link for "Forgot Tracking Number?".

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.

When to Contact NIA

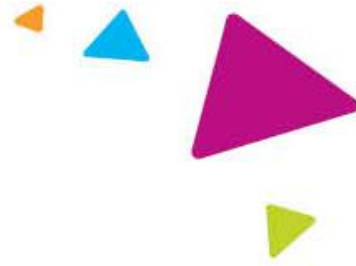


<p>Initiating or checking the status of an authorization request</p>	<ul style="list-style-type: none">▪ Website, https://www.RadMD.com▪ Medicaid: 1-866-249-1585; Medicare: 1-800-424-5388; Exchange: 1-800-642-7821▪ Interactive Voice Response (IVR) System
<p>Initiating a Peer-to-Peer Consultation</p>	<ul style="list-style-type: none">▪ Medicaid: 1-866-249-1585▪ Medicare: 1-800-424-5388▪ Exchange: 1-800-642-7821
<p>Provider Service Line</p>	<ul style="list-style-type: none">▪ RadMDSupport@Evolent.com▪ Call 1-800-327-0641
<p>Provider Education requests or questions specific to NIA</p>	<ul style="list-style-type: none">▪ Seth Cohen Senior Manager, Provider Relations 1-800-450-7281 Ext. 32418 seth.cohen@Evolent.com

RadMD Demonstration



Confidentiality Statement



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A large blue triangular shape is positioned on the left side of the slide, pointing towards the center. Several smaller, colorful triangles (orange, lime green, purple, cyan, and magenta) are scattered around the blue shape. The text "Thank you!" is centered within the blue area.

Thank you!