



# Ambetter Health of Delaware Musculoskeletal (MSK) Management Program

Provider Training Presented by:

Name





Date



# Evolut\*

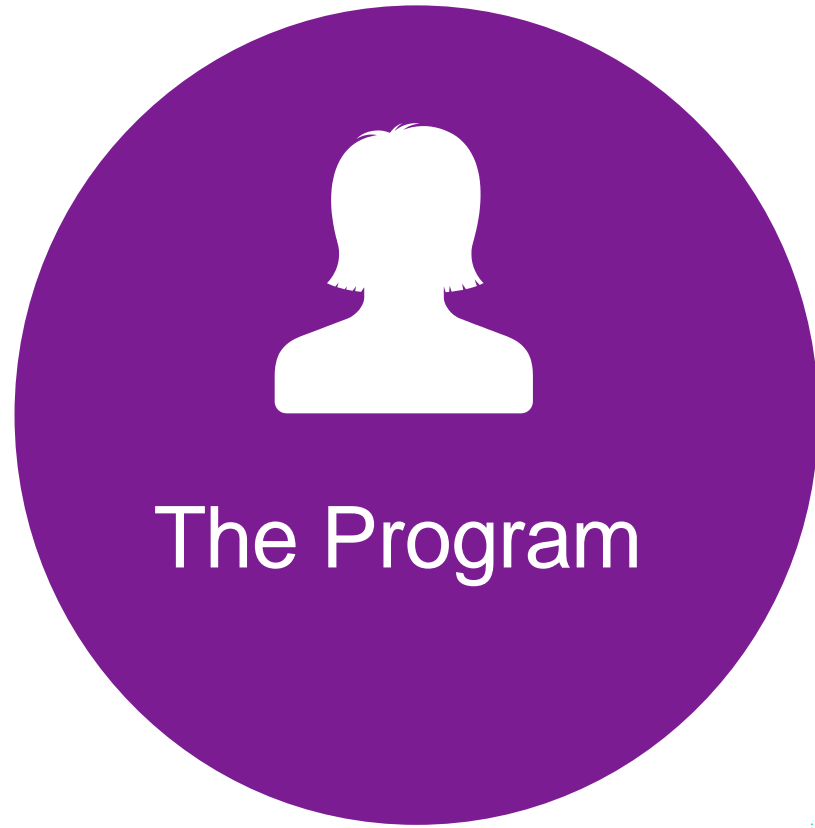
# Program Agenda

## Our MSK Program

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

*\* Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolut Health. Evolut Health and its affiliates and subsidiaries collectively referred to as "Evolut."*

# MSK Prior Authorization Program



- Ambetter Health of Delaware will begin a prior authorization program through Evolent for the management of MSK Services.



- Program start date: January 1, 2024
- Begin obtaining authorizations from Evolent on January 1, 2024
- for services rendered on or after January 1, 2024



- Outpatient, interventional spine pain management (IPM) services
  - Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries
- 
- Surgery Center
  - In Office
  - Hospital



- Exchange Programs



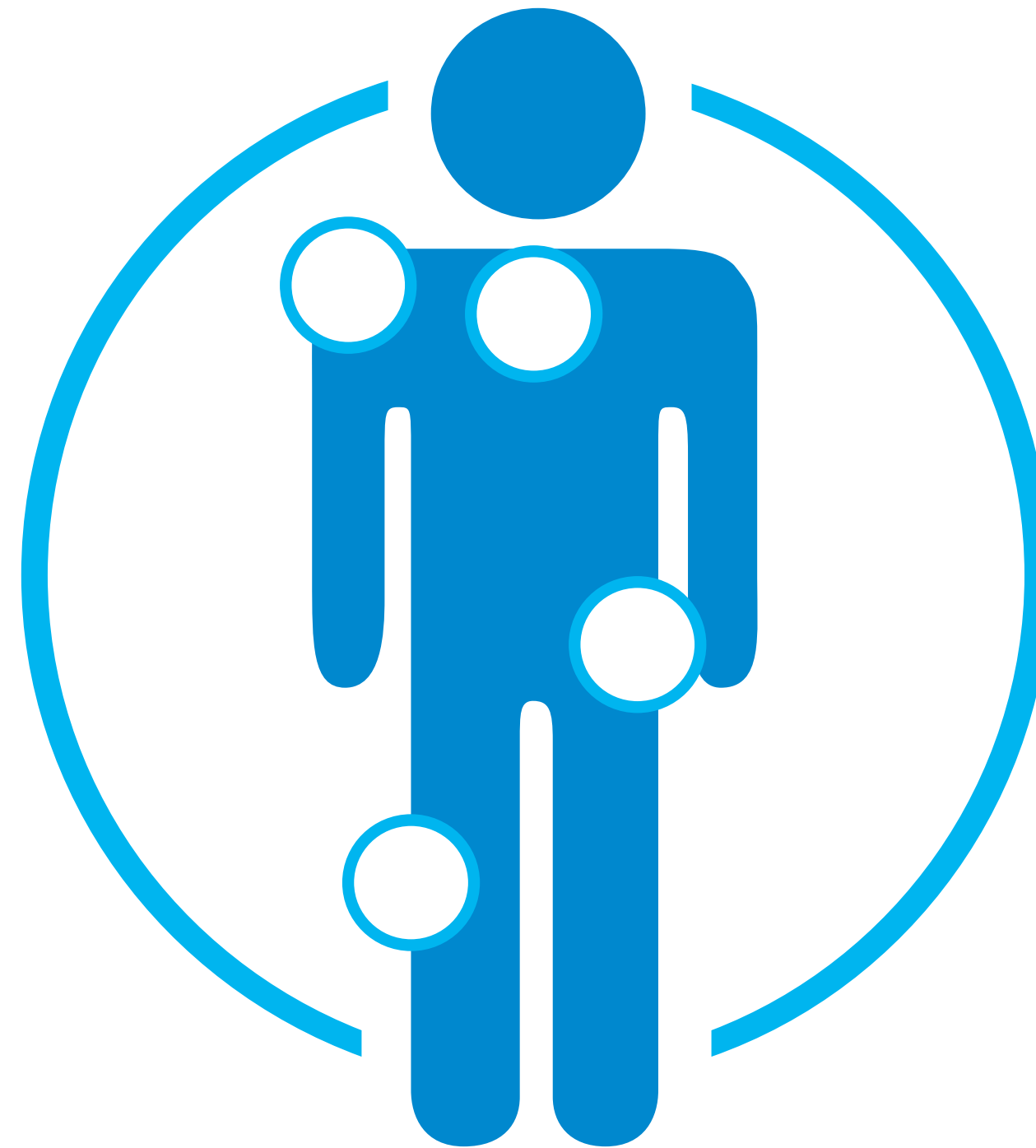
- Evolent will manage services through Ambetter Health of Delaware contractual relationships.

# Interventional Pain Management (IPM)



## IPM Procedures Performed Outpatient or In-Office

- Spinal Epidural Injections
- Paravertebral Facet Joint Injections or Blocks
- Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
- Sacroiliac Joint Injections
- Sympathetic Nerve Blocks
- Spinal Cord Stimulators



## IPM Procedures Performed in these Settings are Excluded:

- Hospital Inpatient
- Observation Room
- Emergency Room/Urgent Care Facility

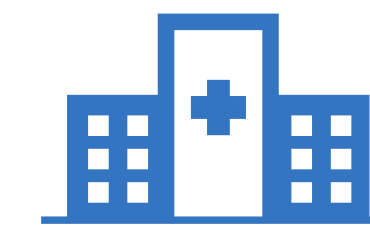
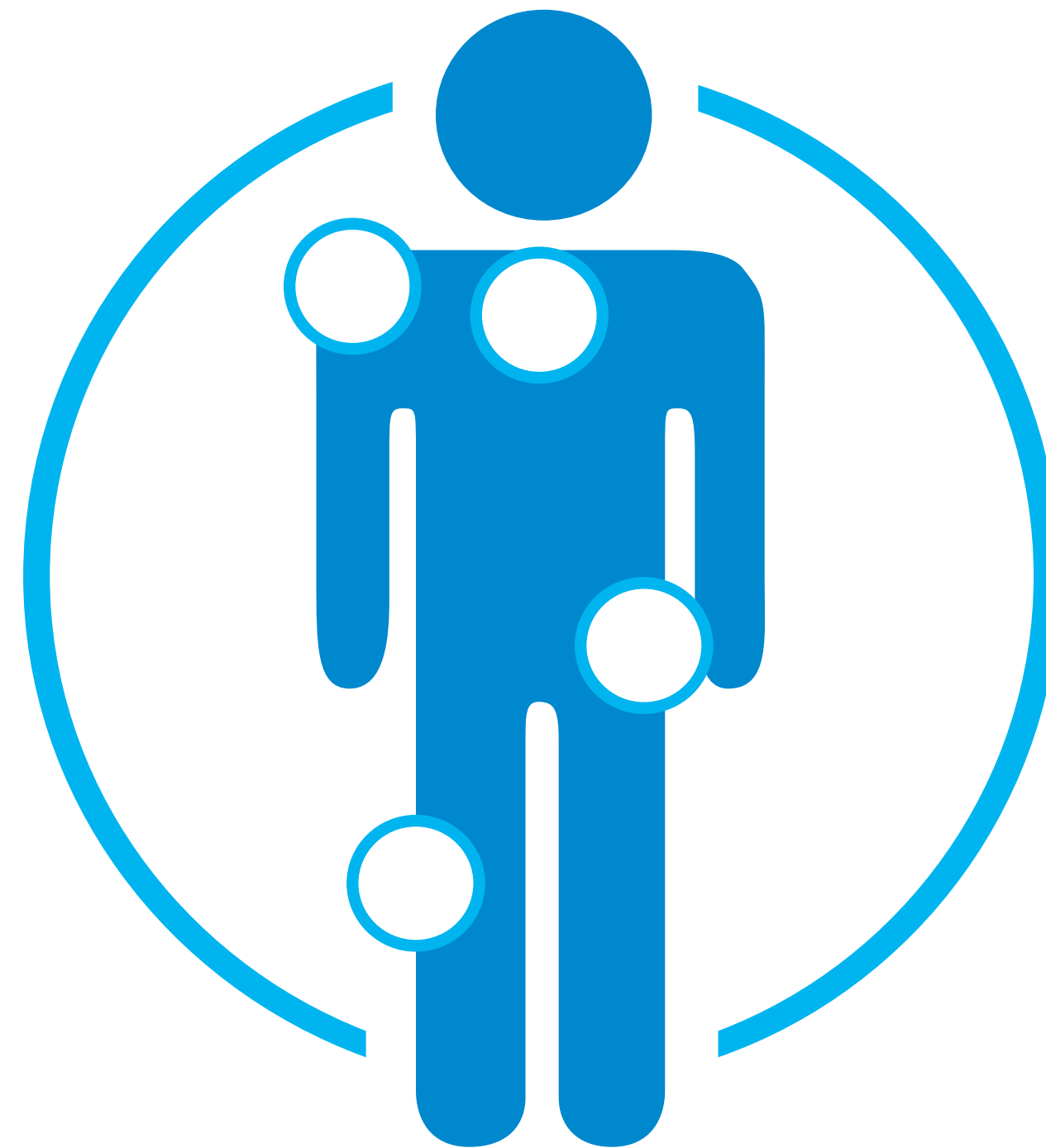
Ambetter Health of Delaware network providers are the preferred providers for delivering MSK services to Ambetter Health of Delaware members.

# Lumbar and Cervical Spine Surgery

## Lumbar and Cervical Spine Surgeries Performed Inpatient and Outpatient

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)
- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- 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 Artificial Disc – Single & Two Levels
- Sacroiliac Joint Fusion

Procedures Performed on or after January 1 , 2024, Require Prior Authorization. Evolent's Call Center and RadMD will open January 1, 2024.



## Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.

# Hip, Knee and Shoulder Surgery



## Hip Surgeries Performed Inpatient and Outpatient

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

## Knee Surgeries Performed Inpatient and Outpatient

- 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)

## Shoulder Surgeries Performed Inpatient and Outpatient

- 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)





## Surgery Performed in this Setting is Excluded:

- Emergency Surgery – admitted via the Emergency Room

# CPT Codes Requiring Prior Authorization (IPM)

- 
 Review Claims/Utilization Review Matrix to determine CPT codes managed by Evolent.
- 
 Includes CPT Codes and their Allowable Billable Groupings.
- 
 Located on [RadMD.com](https://www.RadMD.com).
- 
 Defer to Ambetter Health of Delaware Policies for Procedures not on Claims/Utilization Review Matrix.

**Ambetter Health of Delaware  
Utilization Review Matrix 2024  
Outpatient Interventional Pain Management (IPM)**

The matrix below contains all of the CPT 4 codes for which Evolent\* authorizes on behalf of Ambetter Health of Delaware

Evolent 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.

*\*Please note: IPM services rendered in an Emergency Room, Observation Room, Intraoperatively, or as a Hospital Inpatient are not managed by Evolent.*

IPM PROCEDURES			
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>
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484	
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T	

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# CPT Codes Requiring Prior Authorization (Spine Surgery)



## Utilization Review Matrix 2024 Ambetter Health of Delaware Musculoskeletal Surgery (Spine)



LUMBAR SPINE SURGERY PROCEDURES				
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes	Ancillary Procedures/Codes
<p>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.</p>				<p>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.</p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
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

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# CPT Codes Requiring Prior Authorization (Joint Surgery)

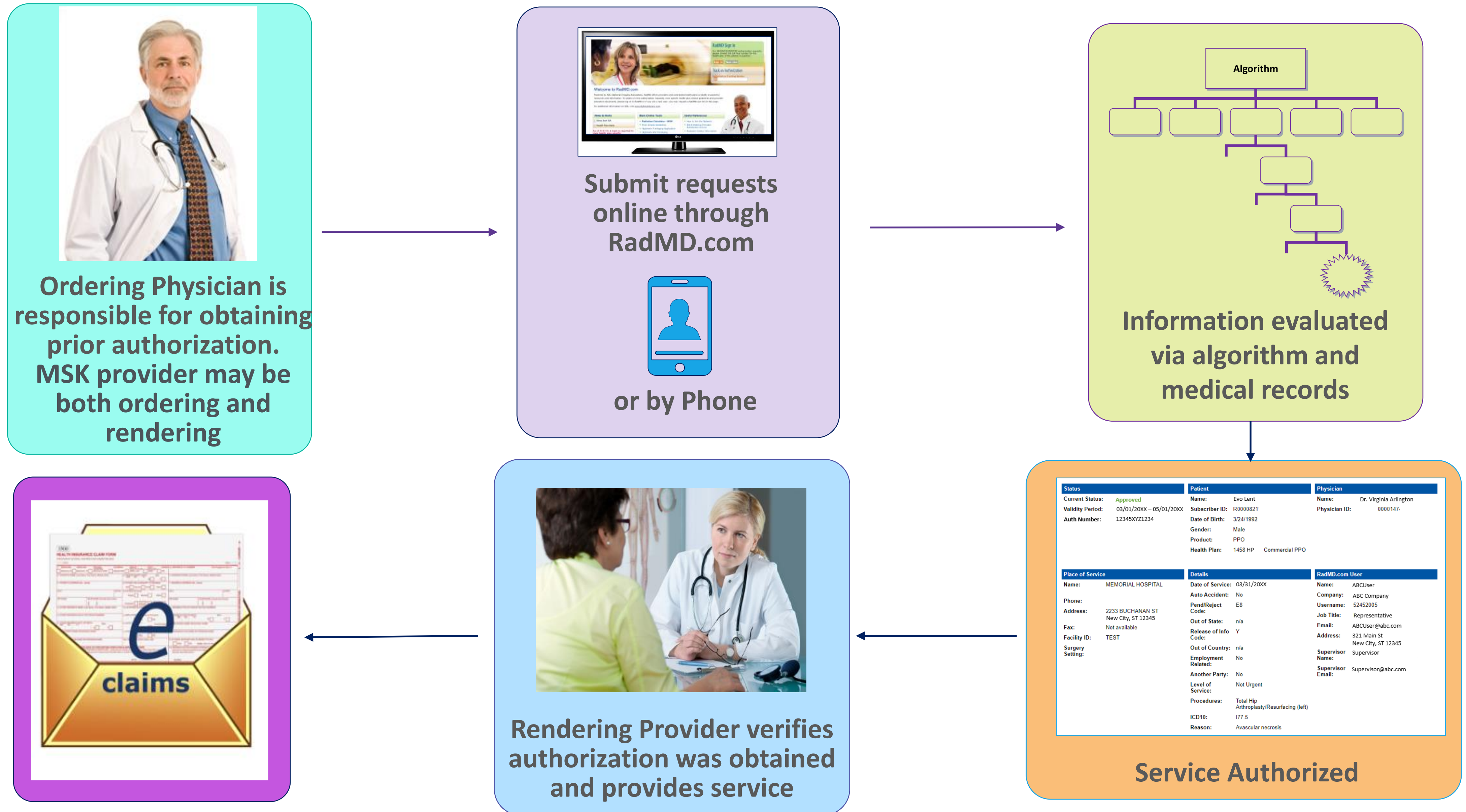


**Utilization Review Matrix 2024  
Ambetter Health of Delaware  
Musculoskeletal Surgery (Joint)**



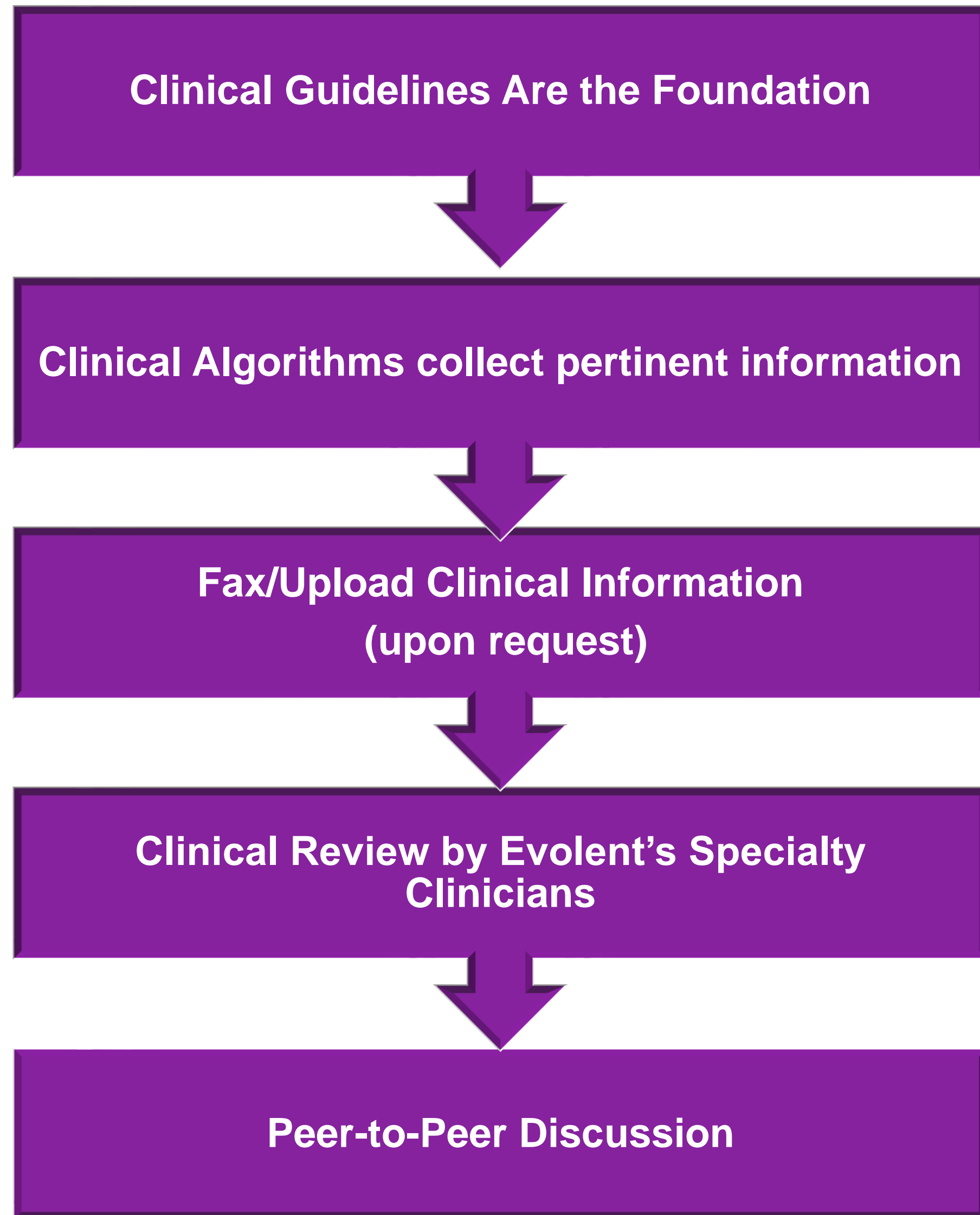
HIP SURGERY PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Additional Covered Procedures/Codes
<i>Authorization is provided at the procedure level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i>			
Revision/Conversion Hip Arthroplasty	27134	27132, 27134, 27137, 27138	
Total Hip Arthroplasty/Resurfacing	27130	27130, S2118	
Femoroacetabular Impingement (FAI) Hip Surgery	29914	29914, 29915, 29916	Loose Body Removal: 29861 Chondroplasty: 29862 Synovectomy: 29863
Hip Surgery – Other	29863	29860, 29861, 29862, 29863	

# Prior Authorization Process Overview



Status	Patient	Physician
Current Status: <b>Approved</b>	Name: Evo Lent	Name: Dr. Virginia Arlington
Validity Period: 03/01/20XX – 05/01/20XX	Subscriber ID: R0000821	Physician ID: 0000147.
Auth Number: 12345XYZ1234	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:	Auto Accident: No	Company: ABC Company
Address: 2233 BUCHANAN ST New City, ST 12345	Pend/Reject Code: E8	Username: 52452005
Fax: Not available	Out of State: n/a	Job Title: Representative
Facility ID: TEST	Release of Info Code: Y	Email: ABCUser@abc.com
Surgery Setting:	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	

# 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 Ambetter Health of Delaware and Evolut Medical Officers and clinical experts. **Clinical Guidelines are available on [RadMD.com](https://www.radmd.com)**
- Algorithms are a branching structure that changes depending upon the answer to each question.
- The member's clinical information/medical record will be required for validation of clinical criteria before an approval can be made.
- Evolut 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.**

# Authorization for IPM

## Special Information

- Every IPM procedure performed requires a prior authorization; Evolent will not authorize 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 clinical guidelines for potential restrictions)
- Add on codes do not require separate authorization and are to be used in conjunction with the 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**

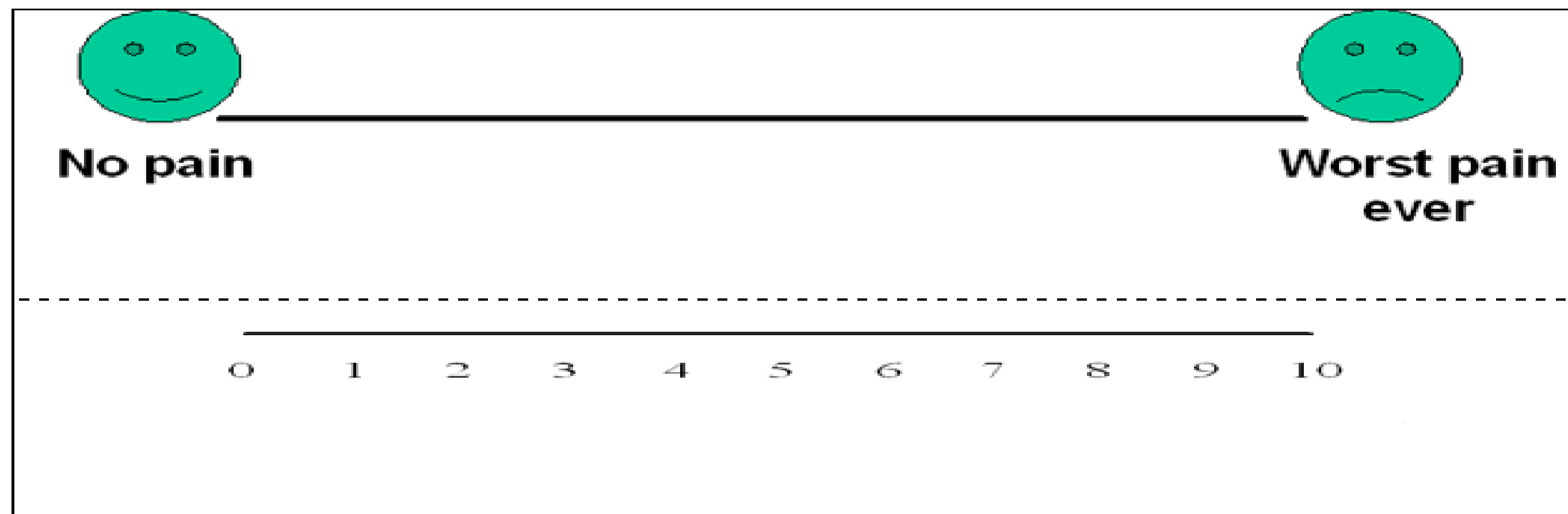
- A VAS score is an acceptable method to relay intensity of pain. However, a description of functional disability is also accepted as a means for measuring pain (ie - noting that the member is no longer able to perform work duties, daily care, etc).



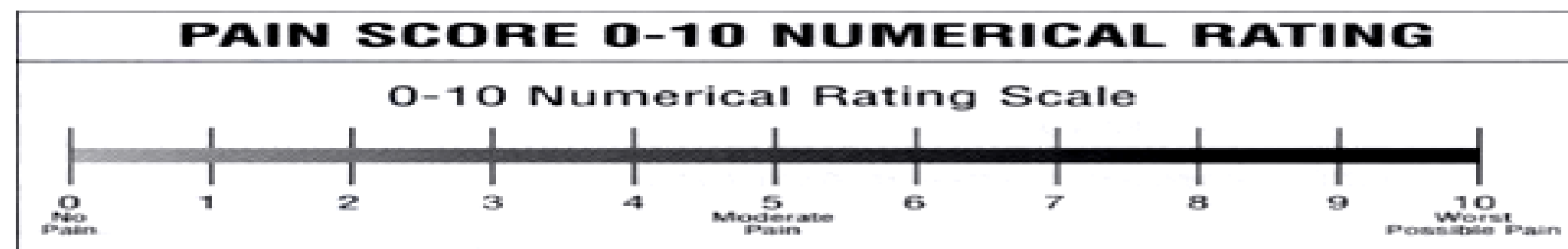
### **Follow Up To Prior Pain Management Procedures**

- 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.

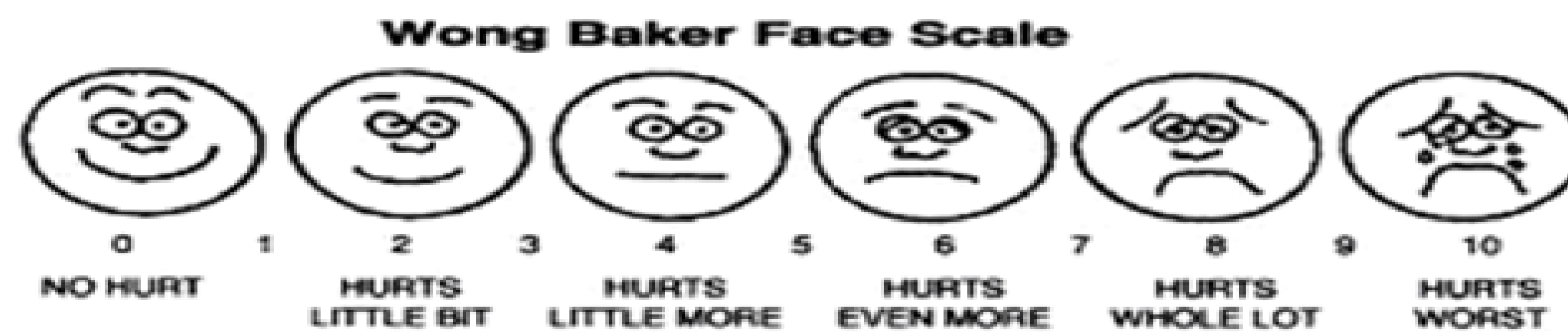
# Visual Analogue Scale (VAS) and Faces Rating Scale (FRS)



Numerical rating scale (NRS)



Faces rating scale (FRS)








# Authorization for Surgery

## Special Information

- Most surgeries require only one authorization request. Evolent provides a list of surgery categories to choose from and 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. 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 continue to be subject to concurrent review by Ambetter Health of Delaware.
- Date of Service is required.
- The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.
- Facility admissions do not require a separate prior authorization. However, the facility should ensure that an Evolent prior authorization has been obtained prior to scheduling the surgery/procedure.

# 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)



# Evolut 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 Evolent coversheet
- Location of Fax Coversheets:
  - Can be printed from <https://www.RadMD.com>
  - Call
  - 1-866-512-5148
- 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

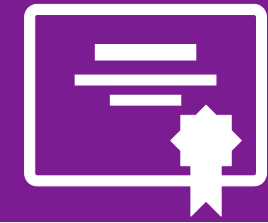
#### Member

**Name:** Evo Lent  
**Gender:** Female  
**Date of Birth:** 5/24/1971  
**Member ID:** AB123456  
**Health Plan:** ABC Health Plan  
HMO  
**Spoken Language:** ENGLISH  
**Written Language:** ENGLISH

#### Provider

**Name:** Memorial Hospital  
**Address:** 123 Main St, New City, ST  
12345  
**Phone:** 123-456-7890  
**Tax ID:** 987654321  
**UPIN:**  
**Specialty:**

# Clinical Specialty Team: Focused on IPM and MSK



## IPM Review

Initial clinical review performed by specially trained IPM nurses

Clinical review team will contact provider for additional clinical information

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



## MSK Surgery Review

Initial clinical review performed by specialty trained surgery nurses

Surgery concierge team will contact provider for additional clinical information

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

# MSK Clinical Review Process

## Physicians' Office Contacts Evolent for Prior Authorization



## Evolent Initial Clinical Specialty Team Review

- Additional clinical information submitted and reviewed – Procedure Approved
- Additional clinical not complete or inconclusive – Escalate to Physician Review

✓ *Designated & Specialized Clinical MSK Team interacts with Provider Community.*



✓  
*Key Evolent  
Differentiators*

## Request Evaluated Based on Information Entered

- Additional clinical information required

## Evolent Specialty Physician Reviewers

- Evolent Physician approves case without peer-to-peer

✓ *Peer-to-peer outbound attempt made if case is not approvable*

- Evolent Physician approves case with peer-to-peer
- Ordering Physician withdraws case during peer-to-peer
- Physician denies case based on medical criteria

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

# Urgent/Expedited Authorization Process

- If an urgent clinical situation exists (outside of a hospital emergency room) during business hours, please call Evolent immediately.
- The Evolent website <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 Evolent call center:
  - 1-866-512-5148
- Turnaround time is within 24 calendar hours not to exceed 72 calendar hours.

# Notification of Determination

## Authorization Notification

- Authorizations are valid for:

### **IPM**

- 60 days from date of request

### **Surgery**

- Inpatient – 60 days from date of request
- Outpatient- SDC/Ambulatory – 60 days from date of request

## Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- A peer-to-peer discussion can be initiated once the adverse determination has been made.
- Reconsiderations must occur within 5 business days from the date of denial and prior to submitting a formal appeal.
- 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

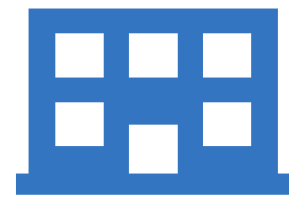


No series of epidural injections



Specialty Nurses and Physicians 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.



Reconstructive spinal deformity surgery does not require prior authorization. However, Evolent will monitor provider use of CPT codes 22800-22819.



# 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 MSK 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 & foreign body removal.

# MSK Surgery Points – All Surgeries



Specialized Orthopedic Surgeons or Neurosurgeons will review surgery requests. Inpatient admissions will continue to be subject to concurrent review by Ambetter Health of Delaware.



The ordering physician must obtain prior authorization with Evolent prior to performing the surgery/procedure.

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



Authorizations are valid for 60 calendar days from the date of request.

# Provider Tools



## RadMD Website

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

### Available



24/7 (except during maintenance, performed every third Thursday of the month from 9 pm – midnight PST)



## Toll-Free Numbers

■ 1-866-512-5148

### 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

# Evolent Website

<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.
- IPM & Surgery providers are typically both the ordering and the rendering provider.

## Online Tools Available on RadMD

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



# RadMD New User Application Process - Ordering

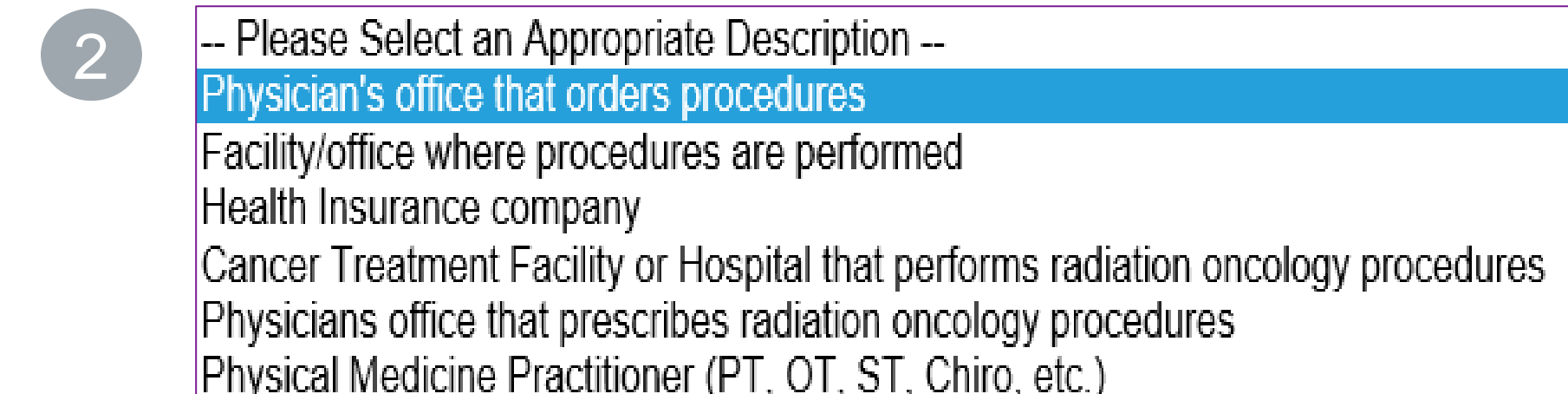
**Users are required to have their own separate usernames and passwords due to HIPAA regulations.**

## STEPS:

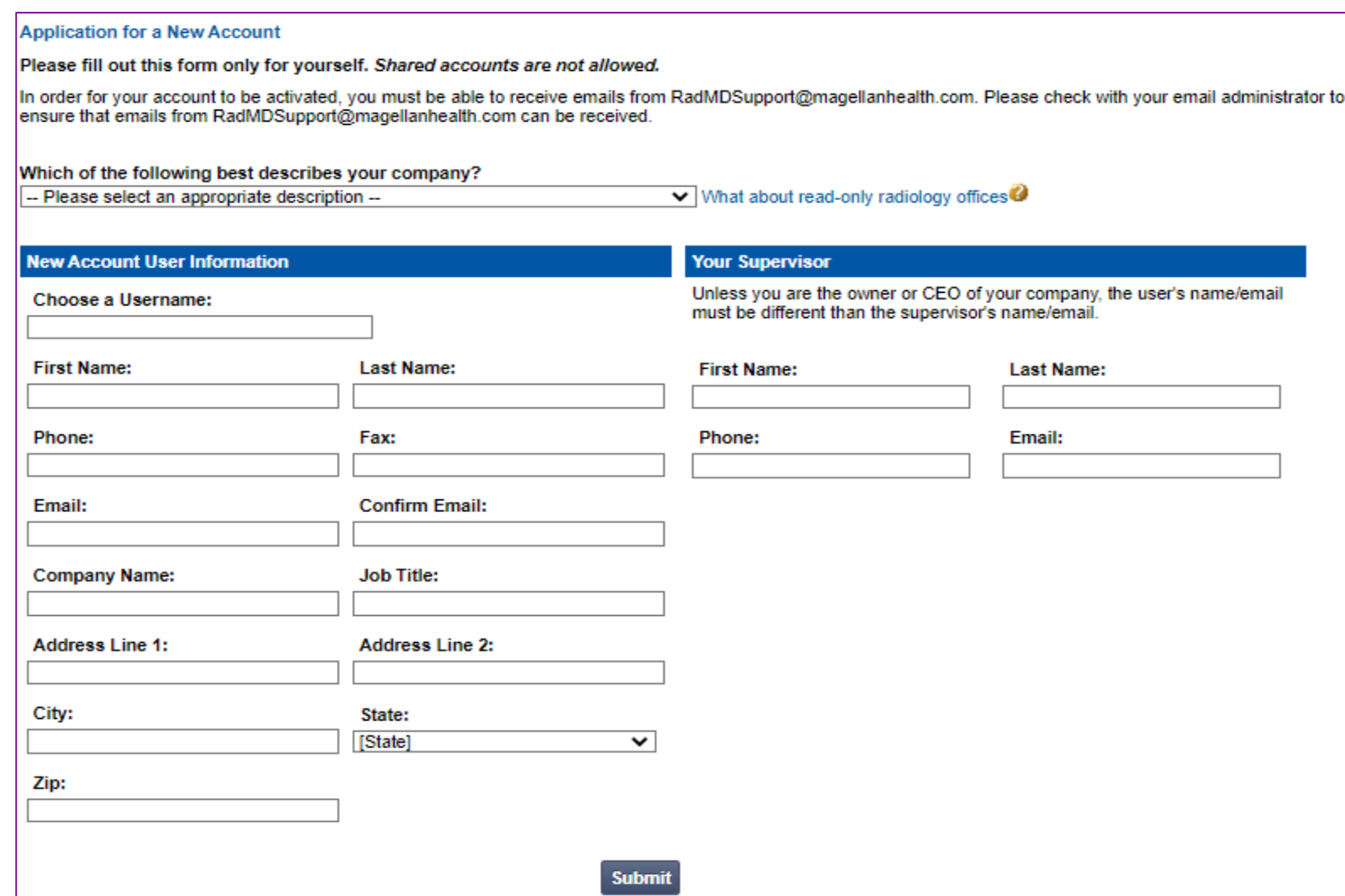
1. Click the “New User” button on the right side of the home page.
2. Select “Physician’s office that orders procedures”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions

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

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.



3



The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for company description, a "What about read-only radiology offices?" link, and two columns of form fields: "New Account User Information" and "Your Supervisor". The "New Account User Information" fields include: Choose a Username, First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State (dropdown), and Zip. The "Your Supervisor" fields include: First Name, Last Name, Phone, and Email. A "Submit" button is at the bottom right.

# RadMD New User Application Process - Rendering

## IMPORTANT

- Users are required to have their own separate username and password due to HIPAA regulations.
- Designate an “Administrator” for the facility who manages access for users.

## STEPS:

1. Click the “New User” button on the right side of the home page.
2. Select “Facility/office where procedures are performed”
3. Complete the application and click “Submit”.
4. Open email from Evolent webmaster with new user password instructions.

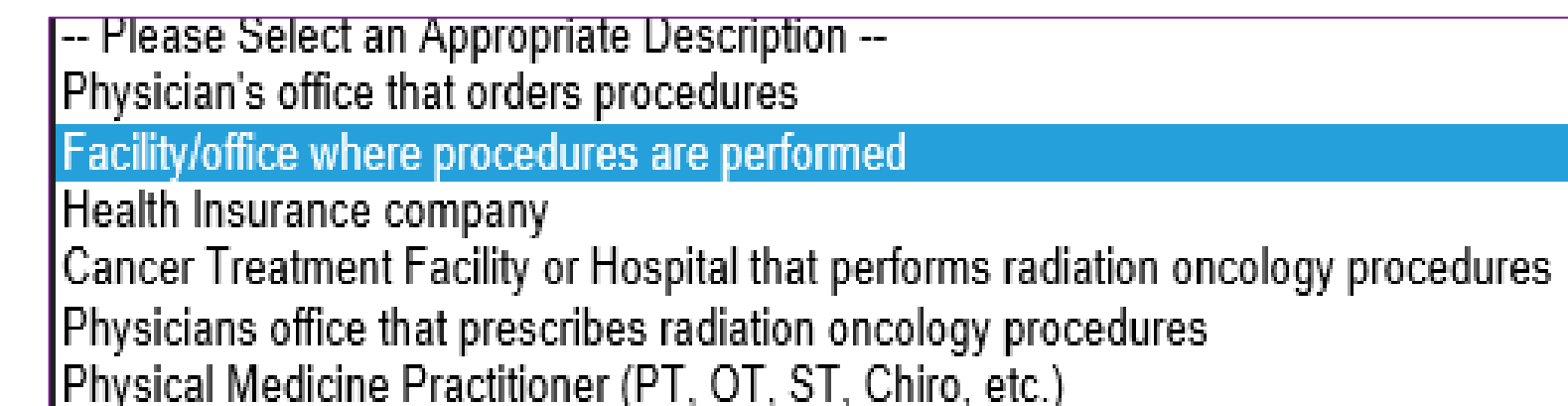
**NOTE: On subsequent visits to RadMD, click the “Sign In” button to proceed.**

If multiple staff members entering authorizations need to view approved, pended, and in-review authorization requests, they will each need to complete and submit a new user application. The account administrator is responsible for granting rendering access for each employee.

1



2



3

The screenshot shows the "Application for a New Account" form. It includes a dropdown menu for "Which of the following best describes your company?" with "Facility/office/lab where procedures are performed" selected. The form is divided into several sections: "New Account User Information" (with fields for Username, First Name, Last Name, Phone, Fax, Email, Confirm Email, Company Name, Job Title, Address Line 1, Address Line 2, City, State, and Zip), "Your Supervisor" (with fields for First Name, Last Name, Phone, and Email), and "Affiliated Facilities" (with fields for Facility Tax ID # and Your Tax IDs). A "Submit" button is at the bottom.

# 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.

The screenshot shows the RadMD.com website interface. At the top right, there are links for "Provider Resources" and "User" with a dropdown arrow. 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", "Radiation Treatment Plan", "Pain Management or Minimally Invasive Procedure", "Spine Surgery or Orthopedic Surgery", and "Genetic Testing". Below this list is a "Login As Username:" field with a text input box and a "Login" button. The right column is titled "Resources and Tools" and lists "Shared Access", "Clinical Guidelines", and "Request access to Tax ID". Below this is a "News and Updates" section. At the bottom of the page, there is a "Request Status" section with links for "Search for Request" and "View All My Requests". To the right of this is a "Tracking Number:" field with a text input box, 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 Evolent

<p><b>Initiating or checking the status of an authorization request</b></p>	<ul style="list-style-type: none"><li>■ Website, <a href="https://www.RadMD.com">https://www.RadMD.com</a></li><li>■ Toll-free numbers: 1-866-512-5148</li><li>■ Interactive Voice Response (IVR) System</li></ul>
<p><b>Initiating a Peer-to-Peer Consultation</b></p>	<ul style="list-style-type: none"><li>■ Call: 1-866-512-5148</li></ul>
<p><b>Provider Service Line</b></p>	<ul style="list-style-type: none"><li>■ <a href="mailto:RadMDSupport@evolent.com">RadMDSupport@evolent.com</a></li><li>■ Call 1-800-327-0641</li></ul>
<p><b>Provider Education requests or questions specific to Evolent</b></p>	<ul style="list-style-type: none"><li>■ Charmaine Everett Senior Manager, Provider Relations 410-953-2615 <a href="mailto:CEverett@Evolent.com">CEverett@Evolent.com</a></li></ul>



# RadMD Demonstration

# Confidentiality Statement

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Thanks!