

RadMD Quick Start Guide

Request a genetic test

This quick start guide assists ordering providers and their staff in obtaining prior authorizations for genetic tests quickly and easily via RadMD. To start, visit [RadMD.com](https://www.radmd.com). Click Sign In on the right-hand side of the screen. Enter your username and password, then click Login.

1. Request a genetic test

From the main menu under Request, then click *Genetic Testing*

Request

- Exam or specialty procedure
(including Cardiac, Ultrasound, Sleep Assessment)
- Physical Medicine
- Initiate a Subsequent Request
- Radiation Treatment Plan
- Pain Management
or Minimally Invasive Procedure
- Spine Surgery or Orthopedic Surgery
- Genetic Testing

2. Identify the patient

Enter the patient's information, then click *Save and Continue* to Step 2

* Last Name: Requires first two letters * First Name: Requires first letter

* Date of Birth: / /

* Health Plan: [Where are the other health plans?](#)
 [Please Select One] ▼

Member ID: Optional

3. Identify the ordering provider

Enter ordering provider search criteria, then click *Search*

Search Ordering Provider

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

Last Name: Requires two letters Address: Requires three characters

First Name: Requires two letters Zip: Must be five digits

Phone: Provider ID:

NPI: Must be ten digits Tax ID: Requires nine digits

4. Identify the test and lab

Search test name, laboratory or GTU, then click *Search*

Search Test/Lab

To make your selection, search by test name (or CPT), laboratory name, and/or the genetic testing unit (GTU). At least one field is required.
 Note: you may only select one test per request.
 Not able to find a test? [Click here](#) for a list of genetic tests that require authorization.

Test Name Laboratory GTU

5. Identify the rendering provider location

Enter search criteria for a rendering provider, then click *Search*

Name:	<input type="text" value="Four+ letters"/>
City:	<input type="text" value="Three+ letters"/>
Zip:	<input type="text" value="Five digits"/>
Tax ID:	<input type="text" value="Nine digits"/>
NPI:	<input type="text" value="Ten digits"/>
PIN:	<input type="text" value="Health Plan Provider ID"/>

6. Reason for the test

Enter at least one ICD-10 code. Provide a reason in the text box. Answer all questions. Enter the date the test was performed if it is known. Click *Save and Continue to Confirmation*.

Please answer some questions about the patient and the reason for the test.

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

*Please provide the reason for this test:

*Is the cause of the illness/injury related to a Motor Vehicle Accident?
 No Yes

*Is Another Party Financially Responsible for the patient's illness/injury?
 No Yes

*Is the cause of the illness/injury related to the Patient's Employment?
 No Yes

Date of Service:

7. Confirm the ordering provider's phone and fax numbers

Enter the ordering provider's phone number, name and fax number along with the member's phone number. Click *Continue to Final Confirmation*.

Confirm the Physician's Phone and Fax Numbers
National Imaging Associates may need to contact the ordering physician in regards to this request.

Phone Number:

Contact Name:

Fax Number:

Confirm Fax Number:

Member's Phone Number:

Paperless Option
In an effort to minimize our impact on the environment, NIA is defaulting communications, including service request notifications, to paperless/electronic. Notifications will be sent to your e-mail address 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 No.

Yes No

8. Clinical questions: clinical Q/A

Answer questions specific to the procedure. Click *Next* after answering each question.

Which best describes status of the patient's cancer?

Advanced stage disease (Stage III (3) or IV (4))

Recurrent or relapsed disease

Refractory disease

Metastatic disease

None of the above

Unknown

Q/A History:

9. Request Complete

Final page confirms the request and displays current status. Click *Upload Clinical Document* to upload medical records/ additional clinical information.

Status	
Current Status:	Pending
Validity Period:	[Not Applicable]
Tracking Number:	0000000
Status	
Current Status:	Approved
Validity Period:	1/31/2014-4/1/2014
Authorization:	0000000

FOR PENDED REQUESTS, PROVIDERS CAN UPLOAD OR FAX CLINICAL DOCUMENTS.

Faxed clinical information should be accompanied by the OCR fax cover sheet.
Files that can be uploaded include:

- Microsoft Word documents (.doc)
- Image files (.gif, .png, .jpg, .tif, and .tiff)
- Adobe Acrobat files (.pdf)
- Text documents (.txt)

Files must be less than 100 MB in size.

Questions? Comments?

For assistance, please contact the provider support team at:
radmdsupport@evolent.com or call **1.800.327.0641**.

RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m.–12 a.m. PST.