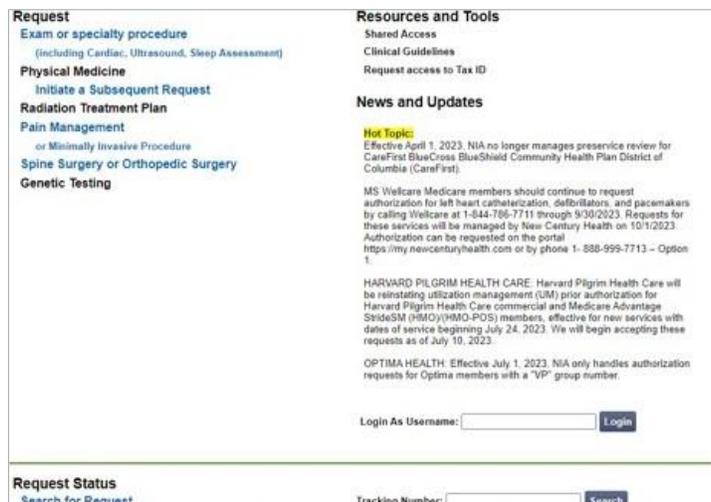


RadMD Quick Start Guide: Physical Medicine Authorization Requests

This quick start guide assists the ordering provider and staff in obtaining prior authorizations for physical medicine services quickly and easily via RadMD. To start, visit **RadMD.com**. Click Login on the right side of the screen. Enter your account ID and password, then click Login.

1. Request a physical medicine authorization

From the main menu under Request, then click *Request Physical Medicine*



The screenshot shows the 'Request' menu with the following options: 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. On the right, there are sections for 'Resources and Tools' (Shared Access, Clinical Guidelines, Request access to Tax ID) and 'News and Updates' (Hot Topic: Effective April 1, 2023, NIA no longer manages preservice review for CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst), MS Wellcare Medicare members should continue to request authorization for left heart catheterization, defibrillators, and pacemakers by calling Wellcare at 1-844-766-7711 through 9/30/2023, HARVARD PILGRIM HEALTH CARE: Harvard Pilgrim Health Care will be reinstating utilization management (UM) prior authorization for Harvard Pilgrim Health Care commercial and Medicare Advantage SideSM (HMO)(HMO-PDS) members, effective for new services with dates of service beginning July 24, 2023, OPTIMA HEALTH: Effective July 1, 2023, NIA only handles authorization requests for Optima members with a "VP" group number). At the bottom, there is a 'Request Status' section with a search bar and a 'Tracking Number' field.

2. Identify the patient

- Enter the patient's information
- Select Health Plan from drop down menu
- Click *Save and Continue*



The screenshot shows the patient identification form with the following fields: Patient, Provider, Cause, and Q&A History. The form includes input fields for Last Name, First Name, Date of Birth (MM/DD/YYYY), Health Plan (with a dropdown menu and a help icon), and Member ID. There are 'Back (Menu)' and 'Save and Continue to Step 2' buttons at the bottom. A note at the bottom left says 'click a completed step header to view/update the data'.

3. Identify the physical medicine treating provider

- Enter treating provider search criteria
- Click *Search*

Patient	Search Providers										
Name:	Provider Name: American Zip: <input type="text"/>										
DOB:	Phone: <input type="text"/> Provider ID: <input type="text"/>										
ID:	NPI: <input type="text"/> Tax ID: <input type="text"/>										
Carrier:	<input type="text"/>										
Provider	<input type="button" value="Search"/>										
Cause	Your search returned 1 treating provider record. If you do not see the treating provider you are searching for, you can try searching again with different criteria logout and call the NIA Call Center. Click here for NIA Call Center Telephone Numbers										
Q&A History	<table border="1"> <thead> <tr> <th>Provider Name</th> <th>Specialty</th> <th>Address</th> <th>Phone</th> <th>Identifiers</th> </tr> </thead> <tbody> <tr> <td>American Therapy</td> <td>Physical Medicine</td> <td></td> <td>(999) 999-9999</td> <td>NPI: Provider ID: Tax ID:</td> </tr> </tbody> </table>	Provider Name	Specialty	Address	Phone	Identifiers	American Therapy	Physical Medicine		(999) 999-9999	NPI: Provider ID: Tax ID:
Provider Name	Specialty	Address	Phone	Identifiers							
American Therapy	Physical Medicine		(999) 999-9999	NPI: Provider ID: Tax ID:							
click a completed step header to view/update the data											
<input type="button" value="Back (Step 1)"/>											

4. Confirm the provider's phone and fax numbers

- Enter provider callback phone and fax numbers
- Click *Continue to Clinical Questions*

Patient	Physical Medicine: Confirm the Provider's Phone and Fax Numbers
Name:	National Imaging Associates may need to contact the provider in regards to this request.
DOB:	If so, what is the best phone number to use?
ID:	<input type="text"/>
Carrier:	If we need to call you about this request, who should we ask for?
Provider	<input type="text"/>
	If we have information to fax to the provider, what fax number should be used?
	<input type="text"/>
Cause	Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number.
	<input type="text"/>
	<input type="button" value="Continue to Clinical Questions"/>
Cause:	
Diagnoses:	

5. Cause for therapy

- Select the cause for therapy
- Provide diagnosis codes
- Answer general questions
- Click *Save and Continue*

Patient	Cause for Therapy: <input type="text" value="[[Choose One]]"/> <input type="button" value="Add Another Code"/>
Name:	ICD10 Code: <input type="text"/>
DOB:	*Is the cause of the illness/injury related to a Motor Vehicle Accident?
ID:	<input type="text" value="[[Please select one]]"/>
Carrier:	*Is Another Party Financially Responsible for the patient's illness/injury?
Provider	<input type="text" value="[[Please select one]]"/>
	*Is the cause of the illness/injury related to the Patient's Employment?
	<input type="text" value="[[Please select one]]"/>
Cause	<input type="button" value="Back (Provider)"/> <input type="button" value="Continue"/>

6. Select the type of provider rendering the service

Patient	Physical Medicine: Clinical Q/A
Name:	What is the evaluation date of the Physical Therapy
DOB:	mm/dd/yyyy format
ID:	<input type="text" value="07/01/2018"/>
Carrier:	
Provider	

7. Clinical questions

- Answer questions specific to the service
- Click *Next* after answering each question
- Click *Finish* once all questions have been answered

Patient	Physical Medicine: Clinical Q/A
Name:	What is the evaluation date of the Physical Therapy
DOB:	mm/dd/yyyy format
ID:	<input type="text" value="07/01/2018"/>
Carrier:	
Provider	
Physical Medicine: Clinical Q/A	
What is the type of therapy?	
<input checked="" type="radio"/> Rehabilitative <input type="radio"/> Habilitative	
Q/A History:	
<input type="button" value="Back"/> <input type="button" value="Next"/>	

8. Request complete

A set of visits specific to the requested treatment plan may be offered as an initial authorization based on the responses to the preceding questions.

“Do you want to accept the approved visits?” **Yes** - Begin using visits to provide service **No** - Proceed with clinical validation process to continue request

If we are not able to offer an initial set of visits based on the responses provided, or if you choose not to accept the initial offering, you will be prompted to submit clinical information to continue processing the request. Your request will enter a pended status until the clinical information is received.

Upload supportive clinical documentation or fax clinical documentation using fax cover sheet.

Physical Medicine - Confirm Approved Visits

Therapy Type	Approved Visits	Validity Period
Physical Therapy	6	6/4/2019 - 8/3/2019

Do you accept the approved visits?
 Yes No

Continue

Disclaimer

This case is being pended for further evaluation. You may fax clinical information for review to 1 800 784-6864. Clinical review criteria and current status are available with your tracking number using our automated phone options or at www.radmd.com. Your tracking number is 159244.

Status	Patient	Provider
Current Status: Pending	Name:	Name:
Validity Period: [Not Applicable]	Member ID:	
Tracking Number: 159244	Date of Birth: 7/20/1980	Provider ID:
	Gender: Female	

Facility	Details	RadMD.com User
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FOR HELP...

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

