



# AmeriHealth Caritas VIP Care Advanced and Cardiac Imaging Program Louisiana

Provider Training

# Evolent Program Agenda

## Our Advanced and Cardiac Imaging Program



Authorization Process

- Other Program Components



Provider Tools and Contact Information



RadMD Demo



Questions and Answers

# Evolent

Connecting Our Brands is About Connecting Care



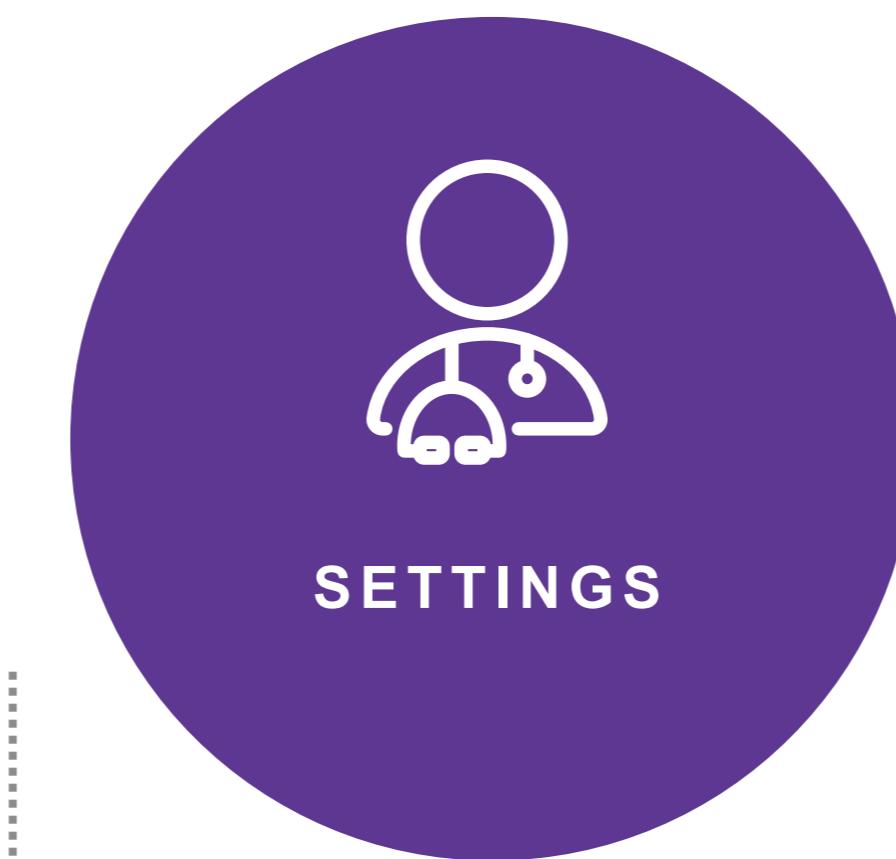
# Medical Specialty Solutions Prior Authorization Program



- AmeriHealth Caritas is enhancing the current authorization program through Evolent for the management of advanced and cardiac imaging services.



- Program to include AmeriHealth Caritas VIP Care enrollees: March 1, 2026



- Freestanding diagnostic facilities
- Hospital outpatient diagnostic facilities
- Provider offices



- Medicare (D-SNP)



- Evolent will manage services through AmeriHealth Caritas VIP Care's contractual relationships.

# Advanced and Cardiac Imaging Program

Evolent is managing authorizations for the following services being performed in outpatient settings: POS 11, POS 19, POS 22 and POS 24.

- CT/CTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Nuclear Stress Test

## Site of Service Exclusions:

- Hospital Inpatient
- Observation (following ER admit)
- Emergency Room
- Urgent Care

# CPT Codes Requiring Prior Authorization

 Review the Utilization  
Review Matrix to determine CPT  
codes managed by Evolent.

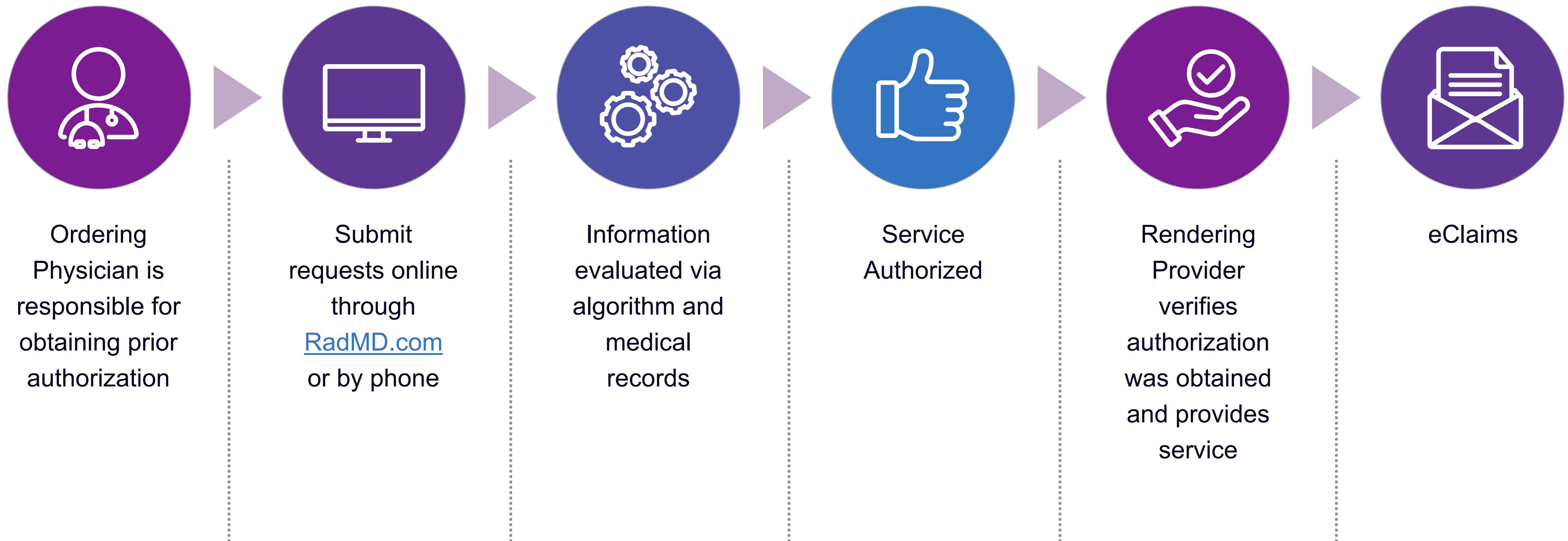
 Includes CPT Codes and their  
Allowable Billable Groupings.

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

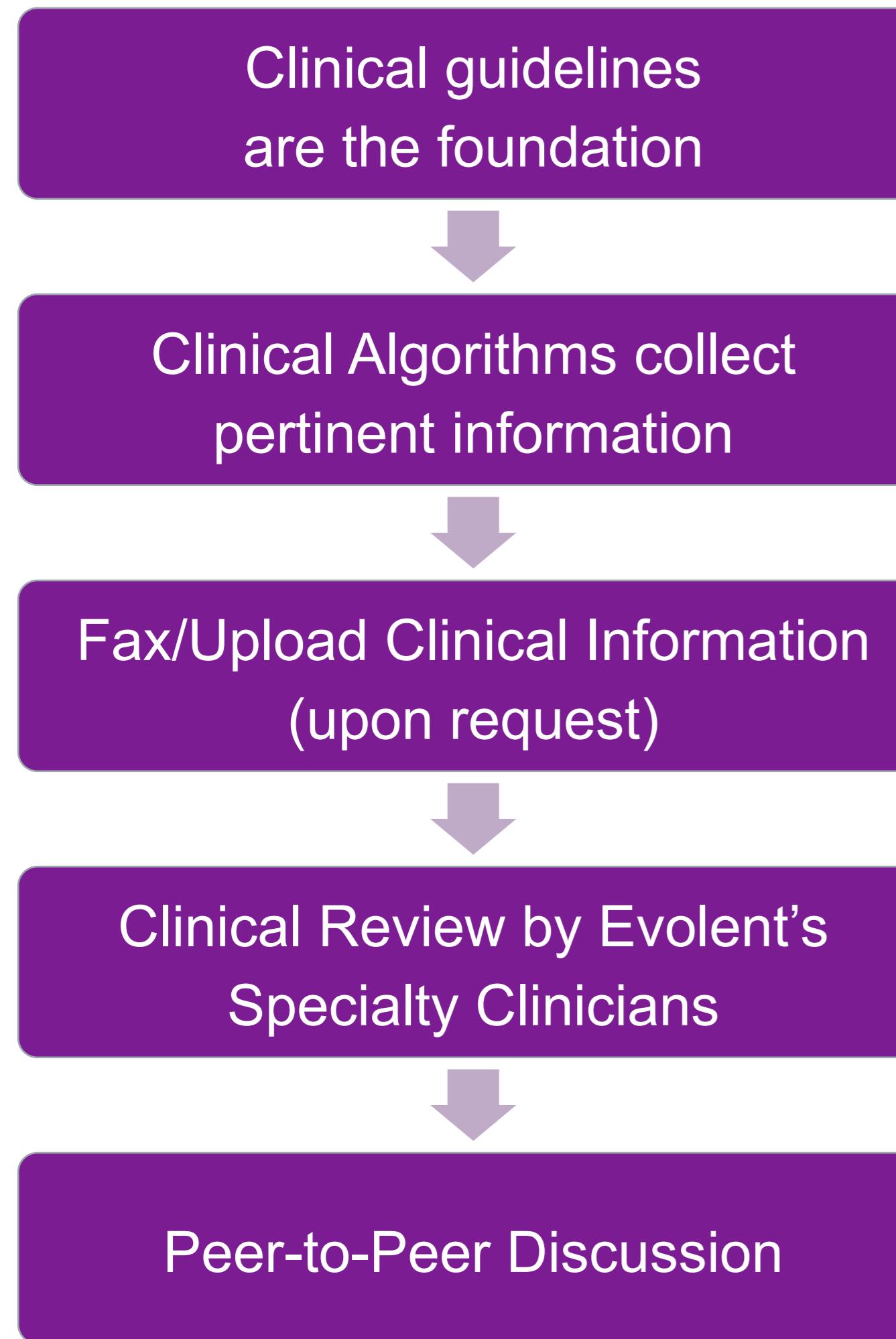
 Defer to AmeriHealth Caritas VIP  
Care's Policies for Procedures  
not on the Utilization Review  
Matrix.

Advanced and Cardiac Imaging Procedures		
Procedure Name	Primary CPT Code	Allowable Billed Groupings
<b>MRI Temporomandibular Joint</b>	70336	70336
<b>CT Head/Brain</b>	70450	70450, 70460, 70470, +0722T
<b>CT Orbit</b>	70480	70480, 70481, 70482, +0722T
<b>CT Maxillofacial/Sinus</b>	70486	70486, 70487, 70488, 76380, +0722T
<b>CT Soft Tissue Neck</b>	70490	70490, 70491, 70492, +0722T

# Prior Authorization Process Overview



# Evolent'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 AmeriHealth Caritas VIP Care and Evolent 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.
- Evolent has specialized clinical teams.
- 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 Advanced and Cardiac Imaging

## Special Information

- Ordering physician information, member information, rendering provider information, and requested examination.
- Clinical information that will justify examination, symptoms and their duration, and physical exam findings.
- Preliminary procedures already completed (i.e., x-rays, CT's, lab work, ultrasound reports, scoped procedures, referrals to specialist, specialist evaluation).
- Reason the study is being requested (i.e., further evaluation, rule out a disorder).
- Refer to Prior Authorization Checklists on RadMD for more specific information.

# Evolent to Physician: Request for Clinical Information

 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.

CC_TRACKING_NUMBER	FAXC												
<b>ABDOMEN - PELVIS CT</b> <b>PLEASE FAX THIS FORM TO: 1-800-784-6864</b>													
Date: TODAY													
<table border="1"><tr><td>ORDERING PHYSICIAN:</td><td>REQ_PROVIDER</td></tr><tr><td>FAX NUMBER:</td><td>FAX_RECIP_PHONE</td></tr><tr><td>RE:</td><td>Authorization Request</td></tr><tr><td>PATIENT NAME:</td><td>MEMBER_NAME</td></tr><tr><td>HEALTH PLAN:</td><td>HEALTH_PLAN_DESC</td></tr><tr><td colspan="2">We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.</td></tr></table>		ORDERING PHYSICIAN:	REQ_PROVIDER	FAX NUMBER:	FAX_RECIP_PHONE	RE:	Authorization Request	PATIENT NAME:	MEMBER_NAME	HEALTH PLAN:	HEALTH_PLAN_DESC	We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.	
ORDERING PHYSICIAN:	REQ_PROVIDER												
FAX NUMBER:	FAX_RECIP_PHONE												
RE:	Authorization Request												
PATIENT NAME:	MEMBER_NAME												
HEALTH PLAN:	HEALTH_PLAN_DESC												
We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.													
<p>Study Requested was: Abdomen - Pelvis CT For documentation <u>ALWAYS PROVIDE</u>:</p> <ol style="list-style-type: none"><li>1. The most recent office visit note</li><li>2. Any office visit note since initial presentation of the complaint/problem requiring imaging</li><li>3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging</li></ol> <p>Further specifics and examples are listed below: <u>FAX_QUESTIONS_ADDL</u> a) <u>Abdominal pain evaluation</u>: Provide details regarding history of abdominal pain (history- onset, trauma mechanism, if relevant, effect on/change w/ bowel or urinary habits, relevant past medical history- bowel disease or surgery, etc; examination, including pelvic/rectal examinations; diagnostic work-up- submit reports demonstrating abnormalities; prior treatment/consultation, if any). b) <u>Abnormal finding on examination, imaging or laboratory test</u>: Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging c) <u>Suspicion of cancer</u>: Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy d) <u>History of cancer</u>: Provide the office visit note describing the current symptoms or issue and the history; report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date. e) <u>Pre-operative evaluation</u>: Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period. f) <u>Post-operative evaluation</u>:</p>													
CC_TRACKING_NUMBER	FAXC												

# Submitting Additional Clinical Information



Records may be submitted:

- Upload to [RadMD.com](#)
- Fax using Evolent coversheet



Location of Fax Coversheets:

- Can be printed from [RadMD.com](#)
- Call 1-866-272-4085



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

# Clinical Specialty Team



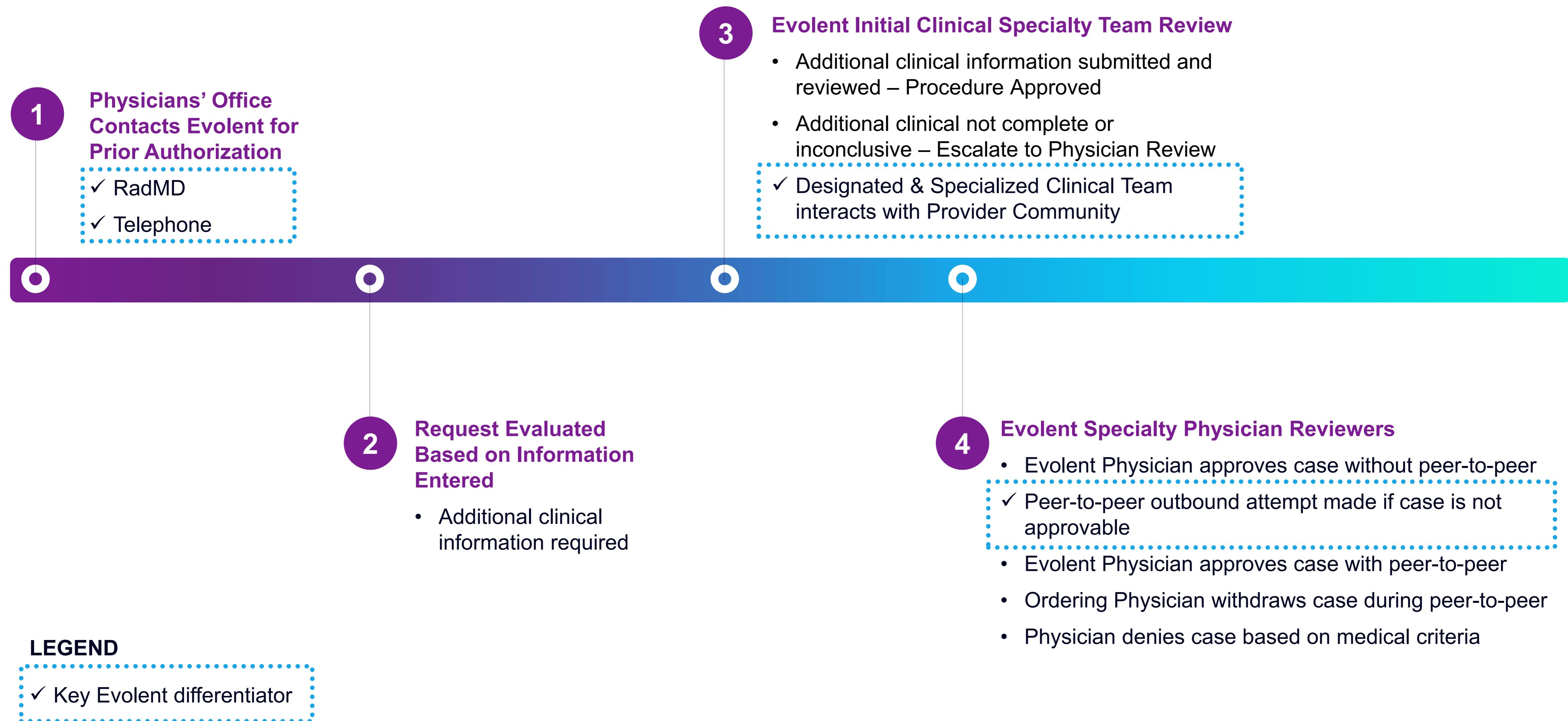
## Advanced and Cardiac Imaging Review

Clinical Specialization Pods  
Overseen by Medical  
Director

Physician Review Team  
consists of Physician Panel  
of Board-Certified Physician  
Specialists to meet State  
licensure requirements

Physician clinical reviewers  
conduct peer reviews on  
specialty products

# Clinical Review Process



# 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 [RadMD.com](http://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 at 1.888.642.4812.
- Turnaround time is within 72 calendar hours.

# Authorization Validity Period

- Authorizations are valid for :
  - 90 days from date of request or final determination

# Denial Notification

- Notifications include an explanation of services denied and the clinical rationale.
- Once a denial determination has been made, it is considered final.
- Re-opens are allowed, prior to submitting a formal appeal, following an adverse determination.
  - Re-opens are accepted, in writing, within one year of the date of the denial.
  - Re-opens are accepted, in writing, at anytime to correct a clerical error.
- Peer-to-peer discussions are offered prior to the final denial decision for any request that does not meet medical necessity guidelines.
- In the event of a denial, providers are asked to follow the instructions provided in their denial letter.

# Claims and Appeals

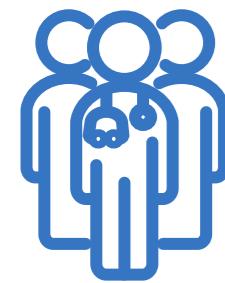
## Claims Process:

- Providers should submit their claims to AmeriHealth Caritas VIP Care.
- Providers are strongly encouraged to use EDI claims submission.
- Check on claims status by logging on to AmeriHealth Caritas VIP website at: [AmeriHealth Caritas VIP Care Louisiana - Medicare Plan](#)

## Appeals Process:

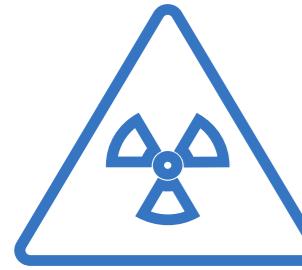
- In the event of a prior authorization or claims payment denial, providers may appeal the decision through AmeriHealth Caritas VIP Care.
- Providers should follow the instructions on their non-authorization letter or Explanation of Payment (EOP) notification.

# Radiation Safety and Awareness



Studies suggest a significant increase in cancer risk in dose estimates in excess of 50 mSv.

- 1mSv = 4 months of natural exposure/50 chest x-rays



CT scans and nuclear studies are the largest contributors to increased medical radiation exposure.



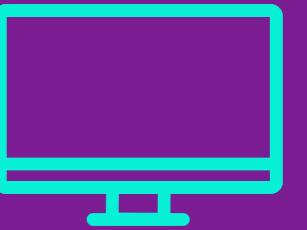
According to the 2019 NCRP Report, a dramatic decrease in average radiation dose per person by as much as 15 – 20% has been demonstrated due to radiation safety and technological advances.



Evolent has developed a Radiation Awareness Program designed to create member and physician awareness of radiation concerns.

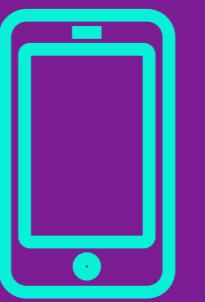
# Provider Tools

- 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



[RadMD.com](http://RadMD.com)

Available 24/7



1.888.642.4812

Available Monday - Friday  
7:00 AM – 7:00 PM CT

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- Interactive Voice Response (IVR) System for authorization tracking

# 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
- RadMD Quick Start Guide
- Claims/Utilization Matrices



# RadMD New User Application Process - Ordering

## 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 **“Physician’s office that orders procedures”**.
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 due to HIPAA regulations.
- 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.

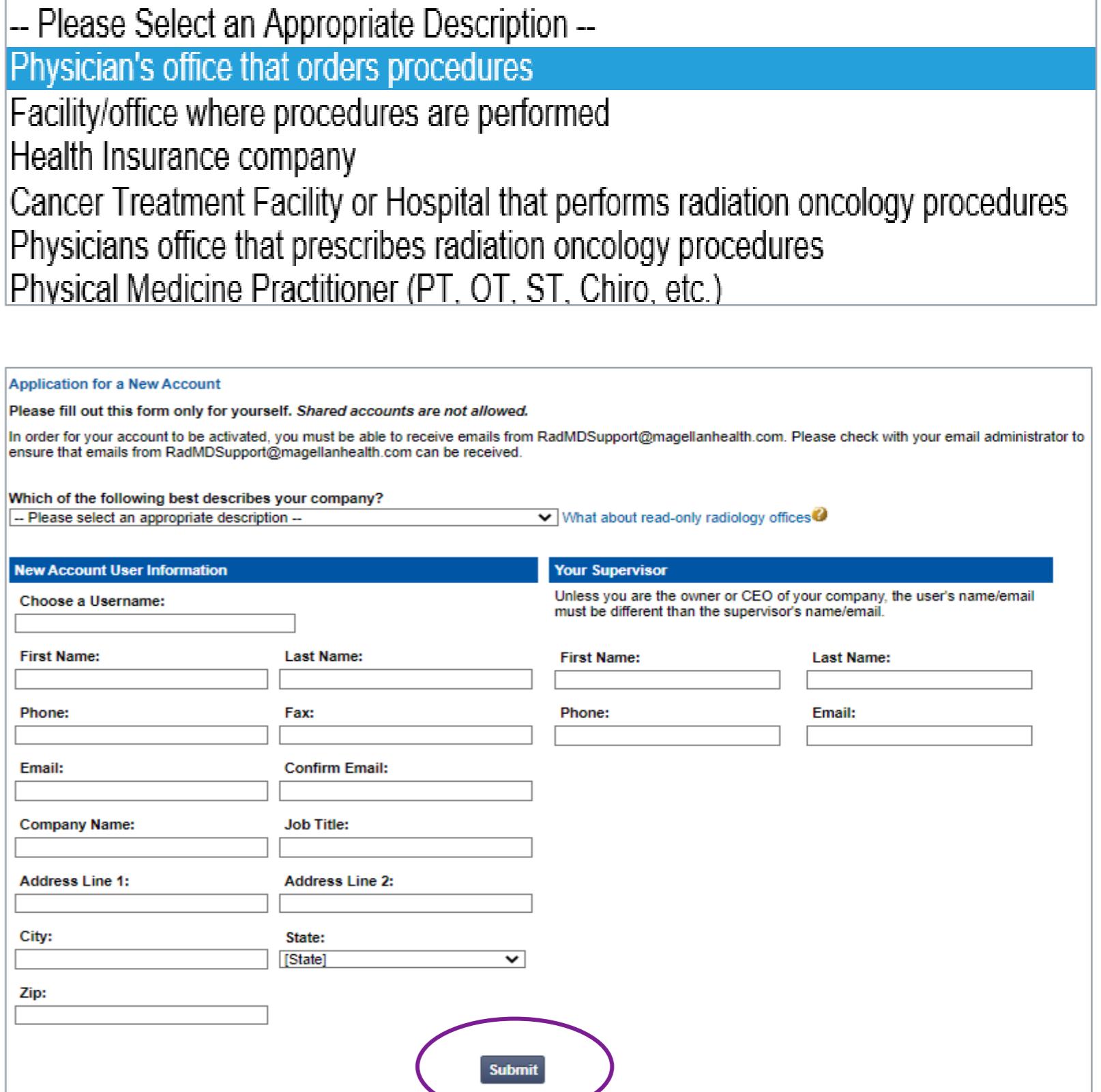
1



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

Choose a Username:	Your Supervisor
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"/>
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: <input type="text"/>
Zip: <input type="text"/>	

Submit

# RadMD New User Application Process - Rendering

## 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 **“Facility/office where procedures are performed”**.

3. Complete the application and click **“Submit”**.

4. Open email from Evolent webmaster with new user password instructions.

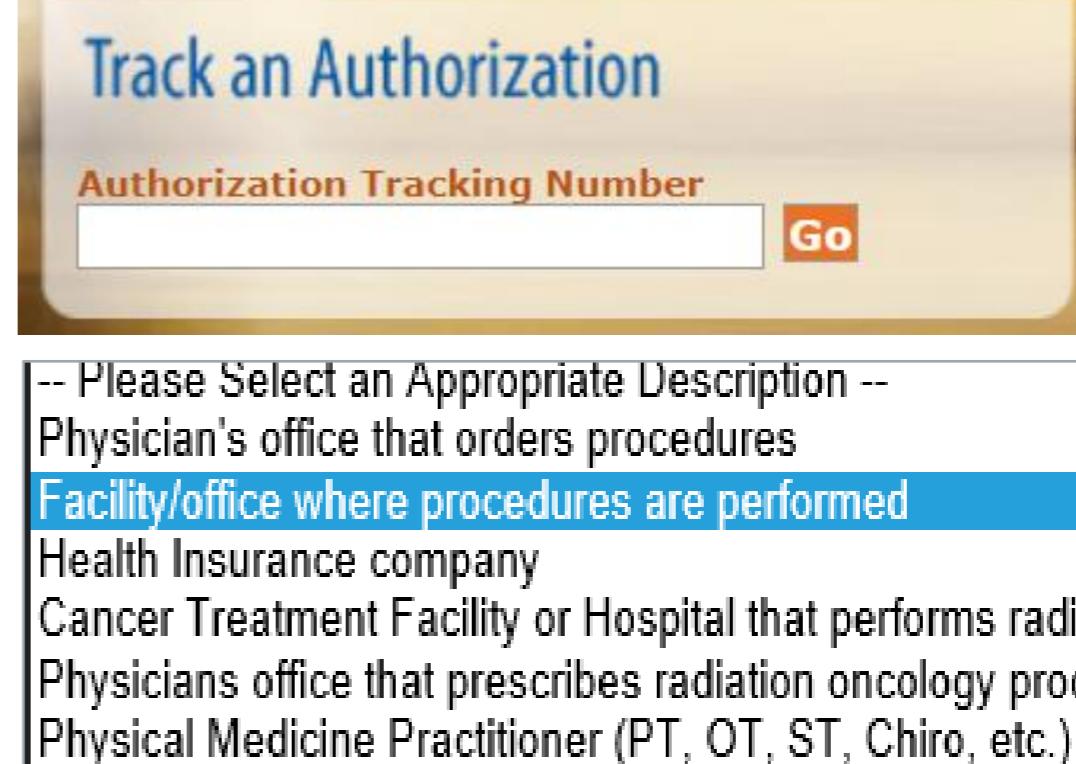
### IMPORTANT

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

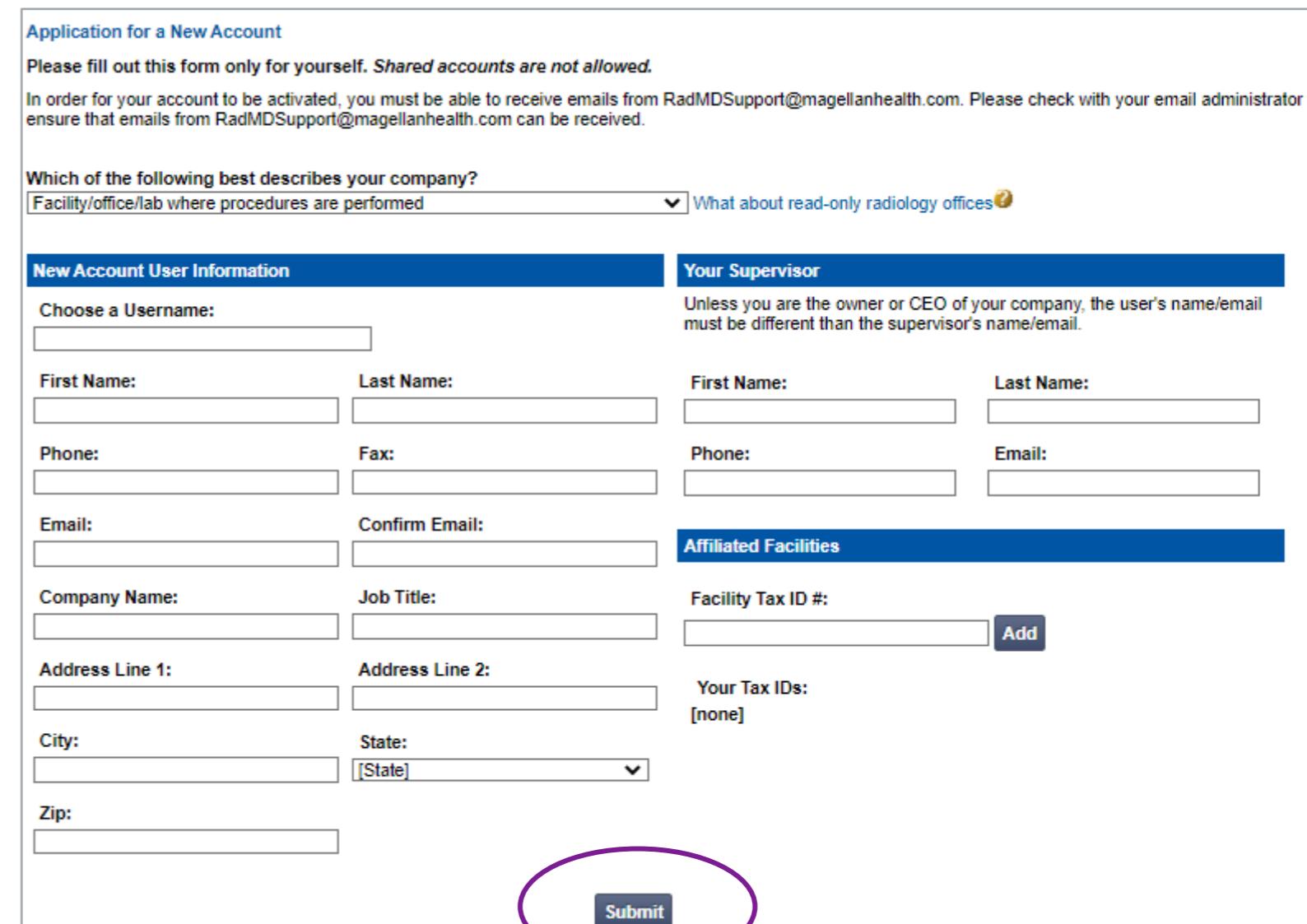
1



2



3



# 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 [RadMD.com](#), allowing them to communicate with members and facilitate treatment.

## 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](#)

## 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:

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## Request Status

[Search for Request](#)  
[View All My Requests](#)  
[View Customer Service Calls](#)

Tracking Number:    
[Forgot Tracking Number?](#)

# When to Contact Evolent

**Initiating or checking  
the status of an authorization  
request**

- Website: [RadMD.com](http://RadMD.com)
- 1.888.642.4812

**Initiating a Peer-to-Peer  
Consultation**

- 1.888.642.4812

**Provider Service Line**

- [RadMDSupport@Evolent.com](mailto:RadMDSupport@Evolent.com)
- Call 1.800.327.0641

**Provider Education requests  
or questions specific to  
Evolent**

Provider Training  
[Providertraining@evolent.com](mailto:Providertraining@evolent.com)

# RadMD Demonstration



# THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.