

RadMD Quick Start Guide

Physical Medicine Authorization Requests

This Quick Start Guide is a tool to assist the ordering provider and staff in obtaining prior authorizations for Physical Medicine Services quickly and easily via the RadMD website. To start, open your Internet browser and 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*, click *Request Physical Medicine*.



RadMD.com

Menu Options

Request

- Request an exam or specialty procedure (including Cardiac, Ultrasounds and Sleep Assessments)
- Request Physical Medicine
- Request a Radiation Treatment Plan
- Request Pain Management or Minimally Invasive Procedure
- Request Spine Surgery or Orthopedic Surgery

Account Information

Tip Of The Day:
If you ever see data on a patient that does not belong to you or your comp, please let us know immediately. Also, please do not to print or save any data on a patient. email RadMD Support

Quick Links:
Hours of Operation
Authorization Call Center Phone Numbers
NIA Coversheet Instructions

2. Identify the patient

- Enter the patient's information.
- Select Health Plan from drop down menu

Click *Save and Continue*.

Patient

Provider

Cause

Q&A History

* Last Name: * First Name:

* Date of Birth: / /

* Health Plan: Where are the other health plans
 [Please Select One]

Member ID:

click a completed step header to view/update the data

Back (Menu) Save and Continue to Step 2

3. Identify the physical medicine treating provider

Enter Treating Provider search criteria.

Click *Search*.

Patient

Provider

Cause

Q&A History

Search Providers

Provider Name: American Zip:

Phone: Provider ID:

NPI: Tax ID:

Search

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

| 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

Back (Step 1)



4. Confirm the provider's phone & 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"/> |
| | Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number. |
| | <input type="text"/> |
| | Continue to Clinical Questions |
| Cause | |
| 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]"/> |
| Name: | ICD10 Code: <input type="text"/> <input type="button" value="Add Another Code"/> |
| 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: | Select the type of provider rendering the service: |
| DOB: | <input type="radio"/> Physical Therapist (PT) |
| ID: | <input type="radio"/> Occupational Therapist (OT) |
| Carrier: | <input type="radio"/> Physician/Medical Doctor (MD) |
| Provider | <input type="radio"/> Physician/Doctor of Osteopathic Medicine (DO) |
| | <input type="radio"/> Chiropractor (DC) |
| | <input type="radio"/> Other type of provider |

7. Clinical questions

Answer some 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? Date cannot be in the future date and must be mm/dd/yyyy format |
| DOB: | <input type="text" value="07/01/2018"/> |
| ID: | |
| Carrier: | |
| Provider | |
| Cause | Q/A History: |
| | <input type="button" value="Back"/> <input type="button" value="Next"/> |

Physical Medicine: Clinical Q/A

What is the type of therapy?

- Rehabilitative
- Habilitative

Q/A History:

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 |
|----------|---------|----------------|
|----------|---------|----------------|

Questions? Comments? Need help?

Send an email to RadMDSupport@MagellanHealth.com. Or call toll-free **877-80-RADMD** (877-807-2363). RadMD is available 24/7, except when maintenance is performed once every other week after business hours.