

# RadMD Quick Start Guide

## Request an Exam

This Quick Start Guide is a tool to assist ordering physicians and staff in obtaining prior authorizations for imaging procedures quickly and easily via the **RadMD website**. To start, open your Internet browser and visit [RadMD.com](http://RadMD.com). Click *Login* on the right side of the screen. Enter your *Account ID* and *Password*, then click *Login*.

### 1. Request an Exam

From the main menu under *Request*, click *Request an Exam*.

#### Menu Options

##### Request

**Request an Exam**

Request a Radiation Treatment Plan

Initiate Pain Management Request

Create New Medicare FFS Decision Support Record

### 2. Identify the Patient

Enter the patient's information.  
Click *Save and Continue*.

\* Last Name:

\* First Name:

\* Date of Birth:  /  /

\* Health Plan: *Where are the other health plans?*

Member ID:

### 3. Identify the Physician

Enter physician search criteria.  
Click *Search*.

**Search Physicians**

First Name:

Last Name:

Zip:

Physician ID:

NPI:

4. Identify the Exam(s)

Select the *Exam(s)* from the list.  
Click *Add* to choose an exam(s).  
Click *Save and Continue*.

**All Available Exams:**

- Abdomen and Pelvis CT
- Abdomen and Pelvis CT Angiography
- Abdomen CT
- Abdomen CT Angiography
- Abdomen MRA
- Abdomen MRI

CPT4 / Keyword Lookup

**Currently Chosen Exams:**

>> Add >>  
<< Remove <<

Back (Step 2) Save and Continue to Step 4

5. Identify the Place of Service

Enter Search criteria for a provider location.

**Imaging Provider Search**

Search By Provider Name:

Search By Provider City:

Search By Provider Zip:

Search

Click *Search*.

6. Reason for Request

Enter at least one ICD-10 code. Provide a reason in the text box.

\*ICD-10 Code:  Add ICD-10 ICD-10 Code Help

\*Please provide the reason for this exam(s):

Answer all of the questions.

\*Is the cause of the illness/injury related to a Motor Vehicle Accident?  
[Please select one]

\*Is Another Party Financially Responsible for the patient's illness/injury?  
[Please select one]

\*Is the cause of the illness/injury related to the Patient's Employment?  
[Please select one]

Date of Service mm/dd/yyyy

Click *Save and Continue*.

Back (Step 4) Save and Continue to Confirmation

7. Confirm the Physician's Phone & Fax Numbers

Enter any physician callback phone and fax numbers.

**Confirm the Physician's Phone and Fax Numbers**

National Imaging Associates may need to contact the ordering physician in regards to this request.

If so, what is the best phone number to use?

If we need to call you about this request, who should we ask for?

If we have information to fax to the ordering physician, what fax number should be used?

Please re-type the fax number. This is done to ensure accuracy; PHI may be faxed to this number.

NIA is pleased to offer convenient and user friendly paperless notifications. If you select 'yes' to the question below, you will receive an email notification to [email@magellanhealth.com](mailto:email@magellanhealth.com) when the determination for this request is completed. The email will include a quick link to RadMD allowing you to log in and receive the written notification of the request determination. If you prefer to receive a written notification (fax or mail) for this request determination, please select 'no' to the question below.

Yes  No

Back (Step 5) Continue to Final Confirmation

Click *Continue to Final Confirmation*.

8. **Clinical Questions: Clinical Q/A**  
Answer questions specific to the procedure

Click *Next* after answering each question.

9. **Request Complete**  
Final page confirms the request and displays current status.

Click *Start New Exam* or *Back to Main Menu* or *Upload Clinical Documents*.

**Exam Request: Clinical Q/A: Questions**

Is this a request for an Abdomen/Pelvis CT combination?

- Yes  
 No

Q/A History:

[Back](#) [Next](#)

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 request, providers can fax or upload clinical documents to National Imaging Associates, Inc. (NIA)

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

Microsoft Word Documents (.doc files)  
Image files (.gif, .png, .jpg, .tif, and .tiff files)

Adobe Acrobat files (.pdf files)  
Text documents (.txt files)

*Files must be less than 10 MB in size.*

**Questions? Comments? Need help?**

Call the NTC Provider Services line at 1-84-385-2192 or contact your designated Provider Relations Representative.