



Service Area	North Carolina		
Effective Date	May 1, 2024		
Lines Of Business (LOB)	WellCare of North Carolina (Medicaid) Members 21 years of age and older		
Evolent Interventional Cardiovascular Scope	Services: - Cardiac catheterization and intervention - Electrophysiology - Vascular radiology and intervention - Cardiac surgery - Vascular surgery	Places of Treatment: 11 - Provider office 19 - Outpatient off-campus* 22 - Outpatient on-campus* 21 - Inpatient* 24 - Ambulatory* *Professional component of elective services only	Authorization required for: All planned/elective services listed, ordered by all specialties being performed in the covered places of treatment. Evolent manages approvals and denials. Grievance and appeals will remain a function of Wellcare.
Authorization Process & Provider Support	Ordering provider's office must submit treatment requests to Evolent for prior authorization. - Log on to the Evolent RadMD portal at evolent.com/provider-portal - Telephonic intake, physician discussions and auth status inquiries: 1.866.249.1583 - Dedicated Provider Engagement Manager can be located in RadMD in the Wellcare NC Medicaid section within Provider Resources HOURS OF OPERATION Monday – Saturday, 6:00 AM – 7:00 PM CST Sunday, 7:00 AM – 7 PM CST RadMD Support RadMDSupport@Evolent.com 1.800.327.0641		
Evolent Turnaround Times (TAT)	Standard Request: 14 calendar days Expedited Request: 72 calendar hours		



Retro Authorizations	Retrospective authorizations are in-scope up to 3 business days from the date of service (Requests submitted through RadMd effective 11.1.2025)
Authorization Validity Period	Prospective authorizations are valid for 60 calendar days from the request date. Retrospective authorizations are valid for 60 calendar days from the date of service on the request. (Requests submitted through RadMd effective 11.1.2025)
Evolent Resources	Program resources are available in the <i>Wellcare NC Medicaid</i> section within Provider Resources in RadMD.
Post-Determination	Reconsideration may be initiated within 10 business days from the date of denial notification by uploading additional/new clinical documentation to the denied request.
Appeals	Grievances and appeals will be managed by the health plan.
Interventional cardiovascular Program Exclusions	• DME/equipment requests • Emergency services • Heart transplants • Laboratory services • Left Ventricular Assist Device (LVAD) • Non-elective inpatient services • Pediatric members under the age of 21 • Pharmacy services • Places of treatment and services not specifically listed as in-scope • Referrals for office visits/consultations • Services outside of included CPT scope