

<b>Service Area</b>	<b>Washington</b>
<b>Effective Date</b>	<b>January 1, 2026</b>
<b>Lines of Business (LOB)</b>	<p align="center"><b><u>Coordinated Care</u></b></p> <p>Ambetter from Coordinated Care Exchange members 18 years of age and older Coordinated Care Medicaid members 21 years of age and older</p>
<b>Evolent Interventional Cardiovascular Scope</b>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Cardiac catheterization and intervention</li> <li>• Electrophysiology</li> <li>• Peripheral vascular radiology and intervention</li> <li>• Cardiac surgery</li> <li>• Vascular surgery</li> </ul> <p><b>Places of Service:</b></p> <p>11 - Provider office 19 - Outpatient off-campus* 21 - Inpatient* 22 - Outpatient on-campus* 24 - Ambulatory surgical center*</p> <p>*Professional component of planned services only</p> <p><b>Authorization Required for:</b> All planned/elective services listed, ordered by all provider specialties performed in the covered places of service.</p> <p><b><i>Evolent is delegated approvals and adverse determinations (denials).</i></b></p>
<b>Authorization Process and Provider Support</b>	<p><b>Ordering provider's office must submit prior authorization requests to Evolent.</b></p> <ul style="list-style-type: none"> <li>• Via the Evolent <a href="#">RadMD</a> provider portal at <a href="https://evolent.com/provider-portal">evolent.com/provider-portal</a></li> <li>• Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> <li>○ Exchange: 1.800.424.4918</li> <li>○ Medicaid: 1.800.727.8627</li> </ul> </li> </ul> <p align="center"><b>Hours of Operation</b> Monday – Friday, 6:00 AM – 6:00 PM PST</p> <p align="center"><b>RadMD Support</b> <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a>   1.800.327.0641</p>

<p><b>Turnaround Times (TAT)</b></p>	<p><b>Medicaid</b></p> <p><b>Electronic Request:</b> Standard: 3 calendar days Expedited: 1 calendar day</p> <p><b>Non-Electronic Request:</b> Standard: 4 calendar days Expedited: 2 calendar days</p>	<p><b>Exchange</b></p> <p><b>Electronic Request:</b> Standard: 3 calendar days Expedited: 1 calendar day</p> <p><b>Non-Electronic Request:</b> Standard: 5 calendar days Expedited: 2 calendar days</p>
<p><b>Expedited Requests</b></p>	<p>The Evolent website RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Expedited requests must be requested by calling the Evolent call center.</p>	
<p><b>Retrospective Authorizations</b></p>	<p>Retrospective requests are in scope.</p> <p><b>Exchange:</b> Provider must submit requests within 1 business day from date of service.</p> <p><b>Medicaid:</b> Provider must submit requests within 30 calendar days from date of service.</p>	
<p><b>Secondary Insurance</b></p>	<p><b>Exchange:</b> Authorization is required when Ambetter from Coordinated Care is the secondary insurance.</p> <p><b>Medicaid:</b> No authorization is required when Coordinated Care Health Plan is the secondary insurance.</p>	
<p><b>Authorization Validity Period</b></p>	<p>Prospective authorizations are valid for 45 days from the request date. Retrospective authorizations are valid for 45 days from the date of service.</p>	
<p><b>Post Adverse Determination</b></p>	<p>Providers may request a reconsideration or re-review following an adverse determination, prior to appeal by contacting the Evolent call center or uploading additional/new clinical documentation to the denied request.</p> <p><b>Exchange:</b> Reconsideration is allowed within 45 calendar days of the denial date.</p> <p><b>Medicaid:</b> Re-review is allowed within 45 calendar days of the denial date.</p>	
<p><b>Claims and Appeals</b></p>	<ul style="list-style-type: none"> <li>Providers should continue to submit their claims to Coordinated Care.</li> <li>First level member appeals and provider on behalf of member appeals can be initiated through Evolent verbally or in writing. Appeals for Exchange members must be submitted within 180 calendar days from the denial notification; Medicaid member appeals must be submitted within 60 calendar days from the denial notification.</li> </ul>	

<p><b>Evolent Resources</b></p>	<p>Resources available under the Coordinated Care health plan page in Evolent's <a href="#">RadMD</a> portal:</p> <ul style="list-style-type: none"> <li>• <b>Scope of Service:</b> Resource document that outlines Evolent's review scope for interventional cardiovascular</li> <li>• <b>CPT Utilization Matrix</b></li> <li>• Evolent Clinical Guidelines, Tip Sheets and Checklists can be located at <a href="#">RADMD   Cardiovascular</a></li> </ul>
<p><b>Exclusions</b></p>	<ul style="list-style-type: none"> <li>• All places of service not specifically listed in defined scope</li> <li>• Claims management/provider contracting</li> <li>• CPT codes, places of treatment, and lines of business outside defined scope</li> <li>• Emergent/non-elective services</li> </ul>