



Interventional Cardiovascular Evolent In-Scope Services		
Service Area	Rhode Island	
Lines of Business (LOB)	Neighborhood Health Plan of Rhode Island Medicaid Medicare Advantage D-SNP (INTEGRITY for DUALS and DUAL CONNECT plans) 19 years of age and older	
Effective Date	Requests can be initiated January 1, 2026. Authorization Requirements go into effect February 1, 2026.	
Evolent Interventional Cardiovascular Scope	Services: Cardiac catheterization and intervention Electrophysiology Vascular radiology and intervention Cardiac surgery Vascular surgery Places of Service: 11 - Provider office 19 - Outpatient off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center Authorization Required for: All planned/elective services listed, ordered by all provider specialties performed in the covered places of service. Evolent is delegated approvals and adverse determinations (denials).	





Authorization Process and Provider Support	Ordering provider's office must submit prior authorization requests to Evolent. • Via the Evolent RadMD provider portal at evolent.com/provider-portal • Telephonic intake, physician discussions and authorization status inquiries: ○ 1.877.469.7949 • Contact information for the Evolent Provider Engagement Manager can be located within RADMD in the Neighborhood Health Plan of Rhode Island section within Provider Resources. Hours of Operation Monday – Friday, 8:00 AM – 8:00 PM EST RadMD Support RadMD Support RadMDSupport@evolent.com 1.800.327.0641
Turnaround Time (TAT)	Medicaid Standard: 7 calendar days Expedited: 72 calendar hours Medicare Standard: 7 calendar days Expedited: 72 calendar hours
Expedited Requests	The Evolent website RadMD.com cannot be used for medically urgent or expedited prior authorization requests during business hours. Expedited requests must be submitted by calling the Evolent call center.
Medicaid Retrospective Authorizations	Retrospective requests are in scope for Evolent and must be submitted within 7 calendar days from the date of service.
Medicaid Post Adverse Determinations	Re-reviews are available within 5 business days from the initial denial date.
Authorization Validity Period	Authorizations are valid for 60 calendar days from the date of service. If no date of service, then 60 calendar days from request date.





Evolent Resources	Resources available under the Neighborhood Health Plan of Rhode Island's health plan page in Evolent's RadMD portal: Clinical Guidelines Scope of Service Tip Sheets and Checklists Utilization Review Matrix	
Medicaid Appeals	Evolent is delegated for appeals. Appeals should be initiated through Evolent.	
Interventional Cardiovascular Evolent Program – Specific to Neighborhood		
Claims	Providers should continue to submit their claims to Neighborhood Health Plan of Rhode Island including Evolent's authorization number. For claim-related inquiries, please contact Neighborhood Provider Services at 1.800.963.1001. Claims for the following require an Evolent authorization number: Places of Service 11 - Provider office 19 - Outpatient off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center Type of Bill: 11X, 12X and 83X Type of Admission/Visit Code: 3 Elective Claims for the following do not require an Evolent authorization number: Places of Service 20 - Urgent care facility 23 - Emergency room Type of Admission/Visit Code: 1 Emergency 2 Urgent 4 Newborn inpatient 5 Trauma center	





Medicare Appeals	Appeals should be initiated through Neighborhood Health Plan of Rhode Island.
Medicare Retrospective Authorizations	Retrospective authorizations are outside of Evolent's review scope. Please follow the process through the health plan.
Other Program Exclusions	 Claims management CPT codes, places of treatment, and lines of business outside defined scope Emergent and non-elective services Members 18 years of age and younger Provider contracting Transplants