

Musculoskeletal Surgery (MSK) 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) All ages
Effective Date	Requests can be initiated January 1, 2026. Authorization Requirements go into effect February 1, 2026.
Evolent Musculoskeletal Surgery (MSK) Scope	<p>Services:</p> <ul style="list-style-type: none"> • Lumbar and cervical spine surgery • Hip, knee and shoulder surgery <p>Places of Service:</p> <p>19 - Outpatient off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center</p> <p>Authorization Required for:</p> <p>All planned/elective services listed, ordered by all provider specialties performed in the covered places of service.</p> <p><i>Evolent is delegated approvals and adverse determinations (denials).</i></p>

<p>Authorization Process and Provider Support</p>	<p>Ordering provider's office must submit prior authorization requests to Evolent.</p> <ul style="list-style-type: none"> • Via the Evolent RadMD provider portal at evolent.com/provider-portal • Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> ○ 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. <p style="text-align: center;">Hours of Operation Monday – Friday, 8:00 AM – 8:00 PM EST</p> <p style="text-align: center;">RadMD Support RadMDSupport@evolent.com 1.800.327.0641</p>
<p>Turnaround Time (TAT)</p>	<p><u>Medicaid</u> Standard: 7 calendar days Expedited: 72 calendar hours</p> <p><u>Medicare</u> Standard: 7 calendar days Expedited: 72 calendar hours</p>
<p>Expedited Requests</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 submitted by calling the Evolent call center.</p>
<p>Medicaid Retrospective Authorizations</p>	<p>Retrospective requests are in scope for Evolent and must be submitted within 7 calendar days from the date of service.</p>
<p>Medicaid Post Adverse Determinations</p>	<p>Re-reviews are available within 5 business days from the initial denial date.</p>
<p>Authorization Validity Period</p>	<p>Authorizations are valid for 60 calendar days from the date of service. If no date of service, then 60 calendar days from request date.</p>

Evolent Resources	<p>Resources available under the Neighborhood Health Plan of Rhode Island's health plan page in Evolent's RadMD portal:</p> <ul style="list-style-type: none"> • Clinical Guidelines • Scope of Service • Tip Sheets and Checklists • Utilization Review Matrix
Medicaid Appeals	<p>Evolent is delegated for appeals. Appeals should be initiated through Evolent.</p>
<p style="text-align: center;">Musculoskeletal Surgery (MSK) Evolent Program – Specific to Neighborhood</p>	
Claims	<p>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.</p> <p>Claims for the following require an Evolent authorization number: <u>Places of Service</u> 11 - Provider office 19 - Outpatient off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center</p> <p>Type of Bill: 11X, 12X and 83X</p> <p>Type of Admission/Visit Code:</p> <ul style="list-style-type: none"> • 3 Elective <p>Claims for the following do not require an Evolent authorization number: <u>Places of Service</u> 20 - Urgent care facility 23 - Emergency room</p> <p>Type of Admission/Visit Code:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Claims management • CPT codes, places of treatment, and lines of business outside defined scope • Emergent and non-elective services • Provider contracting