

Service Area	California
Lines of Business (LOB)	<ul> <li>Blue Shield of California members of all ages under the following:</li> <li>Commercial PPO</li> <li>Certain ASO and Shared Advantage plans</li> <li>Trio HMO with a virtual primary care physician</li> <li>Direct contract HMO plans</li> <li>Group Medicare Advantage PPO (New effective 1.1.2026)</li> </ul>
Evolent Advanced Imaging Scope	Services:  CT/CTA CCTA MRI/MRA PET scan Myocardial Perfusion Imaging (MPI) MUGA Scan  Places of Service:  11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory surgical center
Authorization Process and Provider Support	Ordering provider's office must submit prior authorization requests to Evolent.  • Via the Evolent provider portal at evolent.com/provider-portal, select RadMD  • Telephonic intake, physician discussions and authorization status inquiries:  • 1.888.642.2583  • Contact information for your Evolent Provider Engagement Manager can be located within RADMD in the Blue Shield of California section within Provider Resources.  Hours of Operation  Monday – Friday, 5:00 AM – 5:00 PM PST  RadMD Support  RadMD Support   1.800.327.0641



Turnaround Times (TAT)	Commercial/Exchange: Standard Request: 5 business days Expedited Request: 72 calendar hours  Medicare: Standard Request: 7 calendar days Expedited Request: 72 calendar hours
Expedited Requests	The Evolent portal RadMD 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.
Retrospective Authorizations	Retrospective requests are in scope and must be submitted within 365 calendar days from the date of service.
Authorization Validity Period	Authorizations are valid for 180 days from the date of request.
Post Adverse Determination	<ul> <li>Commercial/Exchange: Reconsideration is allowed and may be initiated through Evolent verbally or in writing for an unlimited timeframe prior to health plan appeal.</li> <li>Medicare: Re-opens are only allowed if the request complies with the CMS definition of a re-open. Providers will continue to have the option to submit an appeal utilizing the health plan's process.</li> </ul>
Claims and Appeals	<ul> <li>Providers should continue to submit their claims to Blue Shield of California including Evolent's authorization number.</li> <li>Evolent is not delegated appeals. Appeals should be initiated through Blue Shield of California.</li> </ul>
Evolent Resources	Resources available under the Blue Shield of California's health plan page in Evolent's RadMD portal:  Evolent Scope of Service CPT Utilization Matrix Evolent Clinical Guidelines, Tip Sheets and Checklists
Exclusions	<ul> <li>Membership/Plans:</li> <li>Medicare DSNP members</li> <li>Individual Medicare Advantage Prescription Drug</li> <li>BSC Members living outside of mainland USA (50 states)</li> <li>HMO members (exceptions include Trio HMO with a Virtual PCP and Direct Contract HMO)</li> <li>Medi-Cal (Promise)</li> <li>Federal Employee Program (FEP)</li> </ul>



## Services:

- All places of service not specifically listed in defined scope
- Claims management/provider contracting
- CPT codes, places of treatment, and lines of business outside defined scope
- Emergent/non-elective services