

Service Area	California
Lines of Business (LOB)	<p>Blue Shield of California members of all ages under the following:</p> <ul style="list-style-type: none"> • Commercial PPO • Certain ASO and Shared Advantage plans • Trio HMO with a virtual primary care physician • Direct contract HMO plans • Group Medicare Advantage PPO (<i>New effective 1.1.2026</i>)
Evolent Musculoskeletal (MSK) Surgery Scope	<p>Services:</p> <ul style="list-style-type: none"> • Lumbar and cervical spine surgery <p>Places of Service:</p> <p>21 - Inpatient hospital 22 - Outpatient on-campus 24 - Ambulatory surgical center</p>
Evolent Interventional Pain Management (IPM) Scope	<p>Services:</p> <ul style="list-style-type: none"> • Spinal epidural injections • Paravertebral facet joint injections or blocks • Paravertebral facet joint denervation (radiofrequency (RF) neurolysis) • Sacroiliac joint injections <p>Places of Service:</p> <p>11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory surgical center</p>
Authorization Process and Provider Support	<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"> ○ 1.888.642.2583 • Contact information for your Evolent Provider Engagement Manager can be located within RADMD in the Blue Shield of California section within Provider Resources. <p style="text-align: center;">Hours of Operation Monday – Friday, 5:00 AM – 5:00 PM PST</p>

	<p>RadMD Support RadMDSupport@Evolent.com 1.800.327.0641</p>
Turnaround Times (TAT)	<p>Commercial/Exchange: Standard Request: 5 business days Expedited Request: 72 calendar hours</p> <p>Medicare: Standard Request: 7 calendar days Expedited Request: 72 calendar hours</p>
Expedited Requests	<p>The Evolent portal 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>
Retrospective Authorizations	<p>Retrospective requests are in scope for Evolent and must be submitted within 365 Calendar days from the date of service.</p>
Authorization Validity Period	<p>Authorizations are valid for 180 days from the date of request.</p>
Post Adverse Determination	<ul style="list-style-type: none"> • Commercial/Exchange: Reconsideration is allowed and may be initiated through Evolent verbally or in writing for an unlimited timeframe prior to health plan appeal. • 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.
Claims and Appeals	<ul style="list-style-type: none"> • Providers should continue to submit their claims to Blue Shield of California including Evolent's authorization number. • Evolent is not delegated appeals. Appeals should be initiated through Blue Shield of California.
Evolent Resources	<p>Resources available under the Blue Shield of California's health plan page in Evolent's RadMD portal:</p> <ul style="list-style-type: none"> • Evolent Scope of Service • CPT Utilization Matrix • Evolent Clinical Guidelines, Tip Sheets and Checklists

Exclusions

Membership/Plans:

- Medicare DSNP members
- Individual Medicare Advantage Prescription Drug
- BSC Members living outside of mainland USA (50 states)
- HMO members (exceptions include Trio HMO with a Virtual PCP and Direct Contract HMO)
- Medi-Cal (Promise)
- Federal Employee Program (FEP)

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