

SERVICE AREA	Texas Superior HealthPlan (Medicaid) Members 21 years of age and older
LINES OF BUSINESS (LOB)	Ambetter from Superior HealthPlan (Exchange/ICHRA) Members 18 years of age and older Wellcare By Allwell (Medicare/Duals) Members 21 years of age and older
EFFECTIVE DATES	<ul style="list-style-type: none"> 01.01.2025: DSNP membership added to Medicare 01.01.2025: ICHRA membership added to Exchange 07.01.0205: Medicaid, Exchange, Medicare
INTERVENTIONAL CARDIOLOGY SCOPE	<p>Services</p> <ul style="list-style-type: none"> Cardiac Catheterization and Intervention Electrophysiology Vascular Radiology and Intervention Cardiac Surgery Vascular Surgery <p>Places of Service:</p> <p>11 - Provider office 19 - Outpatient off-campus* 22 - Outpatient on-campus* 21 - Inpatient* 24 - Ambulatory*</p> <p>*Professional component of planned services only</p> <p>Authorization Required for:</p> <p>All planned/elective services listed, ordered by all specialties being performed in the covered places of treatment.</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"> Evolent RadMD portal at www.evolent.com/provider-portal <ul style="list-style-type: none"> Medicaid Telephonic Intake: 1.800.642.7554 Ambetter Telephonic Intake: 1.866.424.4916 Medicare Telephonic Intake: 1.866.214.1703 Duals Telephonic Intake: 1.866.510.9630 <p>Hours of Operation</p> <p>Monday – Friday, 7:00 a.m. – 7:00 p.m. CST Weekends and Holidays – 9 a.m. 12 p.m. CST</p>

	<p>RadMD Support RadMDSupport@Evolent.com 1.800.327.0641</p>
TURNAROUND TIMES (TAT)	<p>Superior Medicaid (STAR, STAR+PLUS, STAR Health)::</p> <ul style="list-style-type: none"> • Standard Request: 3 business days • Expedited Request: 72 hours <p>Ambetter:</p> <ul style="list-style-type: none"> • Standard Request: 3 calendar day • Expedited Request: 72 hours <p>Wellcare By Allwell (Medicare):</p> <ul style="list-style-type: none"> • Standard Request: 7 calendar days • Expedited Request: 72 hours
RETROSPECTIVE AUTHORIZATIONS	Retroactive requests for Medicaid members can be initiated within one (1) business day and will be considered urgent/emergent. Retroactive requests for Ambetter members are allowed within one (1) business day of date of service. Retro requests for are not allowed for Wellcare By Allwell members.
POST-DETERMINATION	<p>Reconsideration, re-review, and re-opens are not allowed. Please refer to the provider appeals section below for post-determination options.</p> <p>Timeframe to Submit an Appeal:</p> <p>Superior Medicaid (STAR, STAR+PLUS, STAR Health): Within 60 Calendar Days</p> <p>Ambetter: Within 180 Calendar Days</p> <p>Wellcare By Allwell (Medicare): Contact Wellcare By Allwell</p> <p>NOTE: The “Initiate Appeal” option is located on the exam request verification details screen in RadMD. You will be prompted to answer clinical questions and upload additional clinical information.</p>
VALIDITY PERIOD	Authorizations are valid for thirty (30) Calendar Days from the date of service.
EVOLENT PROVIDER SOLUTIONS	Please contact your Evolent Provider Engagement Manager with any questions and click the link below to learn more about the interventional cardiology program and to RSVP for an upcoming Evolent provider training: www.evolent.com/july-1-2025-cardiology-program-changes
SUPERIOR PROVIDER SOLUTIONS	<p>Priscilla Singleton psingleton@evolent.com 1.314.387.5023</p> <p>Please contact your <u>Superior Provider Representative</u> for questions related to Superior's processes, including but not limited to:</p> <ul style="list-style-type: none"> • Claims • Complaints or Grievances about Superior

EVOLENT RESOURCES	<p>Additional provider resources available on the Superior and Ambetter health plan pages in Evolent's RadMD portal:</p> <ul style="list-style-type: none">• Program Details• Notification Letter• Frequently Asked Questions• Clinical Guidelines• ICD-HCPCS
EXCLUSIONS	<ul style="list-style-type: none">• Clinical trials• Claims management• Emergent services• Non-elective inpatient services• Places of treatment and services not specifically listed as in-scope• Provider contracting• Services and CPT codes outside of defined scope