

<b>Program</b>	<b>Advanced and Cardiac Imaging Program</b>
<b>Service Area</b>	<b>Louisiana</b>
<b>Lines of Business (LOB)</b>	<b>AmeriHealth of Caritas VIP Care Medicare (D-SNP)</b>
<b>Effective Date</b>	<b>March 1, 2026</b>
<b>Evolut Advanced and Cardiac Imaging Scope</b>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• CT/CTA</li> <li>• MRI</li> <li>• MRA</li> <li>• PET scan</li> <li>• MUGA Scan</li> <li>• Myocardial Perfusion Imaging (MPI)</li> </ul> <p><b>Places of Service:</b></p> <p>11 - Provider office  19 - Outpatient off-campus  22 - Outpatient on-campus  24 - Ambulatory surgical center</p>
<b>Authorization Process and Provider Support</b>	<p><b>Ordering provider’s office must submit prior authorization requests to Evolent.</b></p> <ul style="list-style-type: none"> <li>• Via the Evolent <a href="#">RadMD</a> provider portal at <a href="https://evolent.com/provider-portal">evolent.com/provider-portal</a></li> <li>• Telephonic intake, physician discussions and authorization inquiries: <ul style="list-style-type: none"> <li>○ 1.888.642.4812</li> </ul> </li> <li>• Contact information for the Evolent Provider Engagement Manager can be located within <a href="#">RADMD</a> in the AmeriHealth Caritas Louisiana section of the Provider Resources page.</li> </ul> <p style="text-align: center;"><b>Hours of Operation</b>  Monday – Friday, 7:00 a.m – 7:00 p.m. CT</p> <p style="text-align: center;"><b>RadMD Support</b>  <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a>   1.800.327.0641</p>

<b>Evolut Turnaround Times (TAT)</b>	Standard Request: 7 calendar days Expedited Request: 72 calendar hours
<b>Expedited Requests</b>	The Evolut 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 Evolut call center.
<b>Retrospective Authorizations</b>	Retrospective requests are in scope for Evolut and must be submitted within 180 calendar days from the date of service.
<b>Authorization Validity Period</b>	Authorizations are valid for 90 days from the date of request.
<b>Post Adverse Determination</b>	Re-opens are allowed prior to submitting a formal appeal to the health plan. <ul style="list-style-type: none"> <li>• Re-opens are accepted within one year of the date of the denial.</li> <li>• Re-opens are accepted at any time to correct a clerical error.</li> </ul>
<b>Appeals and Claims</b>	<ul style="list-style-type: none"> <li>• Evolut is not delegated appeals. Appeals should be initiated through the health plan.</li> <li>• Providers should submit their claims to the health plan including Evolut's authorization number.</li> </ul>
<b>Evolut Resources</b>	Resources available under the AmeriHealth Caritas District of Columbia health plan page in Evolut's <a href="#">RadMD</a> portal: <ul style="list-style-type: none"> <li>• Evolut Scope of Service</li> <li>• Utilization Matrix</li> <li>• Evolut Clinical Guidelines, Tip Sheets and Checklists can be located at <a href="#">RADMD   Advanced Imaging</a></li> </ul>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• All places of service not specifically listed in the defined scope</li> <li>• Claims management/provider contracting</li> <li>• CPT codes and lines of business outside the defined scope</li> <li>• Emergent/non-elective services</li> <li>• Hospital Inpatient</li> </ul>