

Program	Musculoskeletal Surgery (MSK)
Service Area	North Carolina
Lines of Business (LOB)	Carolina Complete Health Medicaid
Effective Date	Effective April 1, 2026
Evolut Interventional Pain Management (IPM) Scope	<p>Places of Service: 19 - Outpatient hospital off-campus 21 - Inpatient hospital (elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center</p> <p>Services:</p> <ul style="list-style-type: none"> • Lumbar and cervical spine surgery • Hip, knee and shoulder surgery <p>Authorization Required for: All planned/elective procedures listed, ordered by all provider specialties performed in the covered places of service.</p> <p><i>Evolut is delegated approvals and adverse determinations (denials).</i></p>
Authorization Process and Provider Support	<p>Ordering provider’s office must submit prior authorization requests to Evolut.</p> <ul style="list-style-type: none"> • Via the Evolut RadMD provider portal at evolent.com/provider-portal • Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> ○ 1.800.424.4889 • Contact information for the Evolut Provider Engagement Manager can be located on RADMD on the “Carolina Complete Health” page within the Provider Resources section. <p style="text-align: center;">Hours of Operation Monday – Friday, 8:00 a.m. – 8:00 p.m. ET</p> <p style="text-align: center;">RadMD Support RadMDSupport@Evolut.com 1.800.327.0641</p>
Turnaround Time (TAT)	Standard: 7 calendar days Expedited: 72 calendar hours

Expedited Requests	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.
Retrospective Authorizations	Retrospective requests are in scope for Evolent within 3 business days from the date of service.
Post Adverse Determination	<ul style="list-style-type: none"> • Re-reviews are available within 5 business days from the initial denial date prior to submitting an appeal to the health plan. • Peer-to-Peer discussions are available for consultation purposes or to clarify existing documentation by calling Evolent’s call center at 1.800.424.4889.
Authorization Validity Period	Authorizations are valid for 60 calendar days from the date of service.
Claims and Appeals	<ul style="list-style-type: none"> • Providers should continue to submit their claims to the Health Plan, including Evolent’s authorization number. • Evolent is not delegated appeals. Directions to submit an appeal to the health plan are included in the denial notification.
Evolent Resources	Resources available within RADMD and located on the “Carolina Complete Health” page within the Provider Resources section: <ul style="list-style-type: none"> • Evolent Scope of Service, CPT Utilization Matrix, Evolent Clinical Guidelines, Tip Sheets and Checklists
Exclusions	<ul style="list-style-type: none"> • 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