

Frequently Asked Questions Interventional Pain Management (IPM) Program

Carolina Complete Health Effective April 1, 2026

- **Who is Evolent?**
 - Evolent (formerly National Imaging Associates, Inc.) is a comprehensive interventional pain management (IPM) quality management company whose goal is to apply evidence-based treatment to the delivery of care.
- **What is the IPM quality management program?**
 - The IPM quality management program provides prior authorization management for services rendered in provider office, outpatient hospital and ambulatory surgery center settings. This program emphasizes and supports the selection of evidence-based treatment for patient care. Authorizations are administered by Evolent.
- **What members are included in this program?**
 - Carolina Complete Health Medicaid members.
- **When will the program begin?**
 - April 1, 2026.
- **How can a physician's office request training for this program?**
 - If you have questions about Evolent programs, please email PracticeSuccess@evolent.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations
 - Real-time status of authorization requests
 - Physician discussions with specialty matched anesthesiologists, pain management specialists, orthopedic surgeons, and neurosurgeons
 - Support staff with dedicated provider engagement representatives available to assist with issues or questions
- **How do I contact Evolent authorization support?**
 - Contact our call center at 1.800.424.4889, Monday - Friday from 8:00 a.m. to 8:00 p.m. ET.

- **What is the transition of care process?**
 - Authorizations issued before April 1, 2026, will be honored and valid until the expiration date. Upon expiration, an authorization will be required from Evolent for services rendered on and after April 1, 2026.
- **When will Evolent begin accepting IPM authorization requests?**
 - Evolent will begin accepting requests for eligible Carolina Complete Health Medicaid members on April 1, 2026, for services rendered on or after April 1, 2026.
- **Who is responsible for obtaining prior authorization?**
 - The ordering physician or staff must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Via the Evolent provider portal at evolent.com/provider-portal, select RadMD
 - Via telephone at 1.800.424.4889 (Monday - Friday from 8:00 a.m. to 8:00 p.m. ET)
- **What is the turn-around time (TAT) for processing prior authorization requests?**

Line of Business	Standard Request	Expedited Request
Medicaid	7 calendar days	72 calendar hours

- **What services are included in the program?**
 - The Evolent program will apply to all specialties for the following non-emergent services:

Interventional Pain Management (IPM)

 - Spinal Epidural Injections
 - Paravertebral Facet Joint Injections of Blocks
 - Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)
 - Sacroiliac Joint Injections
 - Sympathetic Nerve Blocks
- **Who reviews IPM requests?**
 - Evolent medical reviewers are licensed practitioners using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at RadMD.com.
- **What happens if the authorization request does not meet guidelines?**
 - If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

- **What is the difference between Evolent tracking and authorization (Request ID) numbers?**
 - Tracking numbers consist of only numeric digits and are available once the authorization has been submitted. It can be used to find an authorization in Evolent's system.
 - Authorization number or request ID consists of only numeric digits. The authorization number is available once a determination has been made on a request. This number should be included when submitting claims and can be used to find a request in Evolent's system.

- **How long are authorizations valid?**
 - IPM authorizations are valid 60 calendar days from scheduled date of service. If no date of service is given at time of request, authorization is valid for 60 days from the request date.

- **Which place(s) of service are included?**
 - Provider office, outpatient hospital and ambulatory surgery center.

- **Does prior authorization guarantee payment?**
 - No. Prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the Carolina Complete Health's provider manuals.

- **Who is responsible for responding to grievances and appeals?**
 - Carolina Complete Health will maintain the grievance and appeal processes.

- **What will happen if the physician does not request and obtain an authorization?**
 - If authorization is not obtained, Carolina Complete Health may deny payment for the relevant services.