



Partners Health Management Tailored Plan Interventional Pain Management (IPM) Program

Provider Training

How We Will Spend Our Time Together

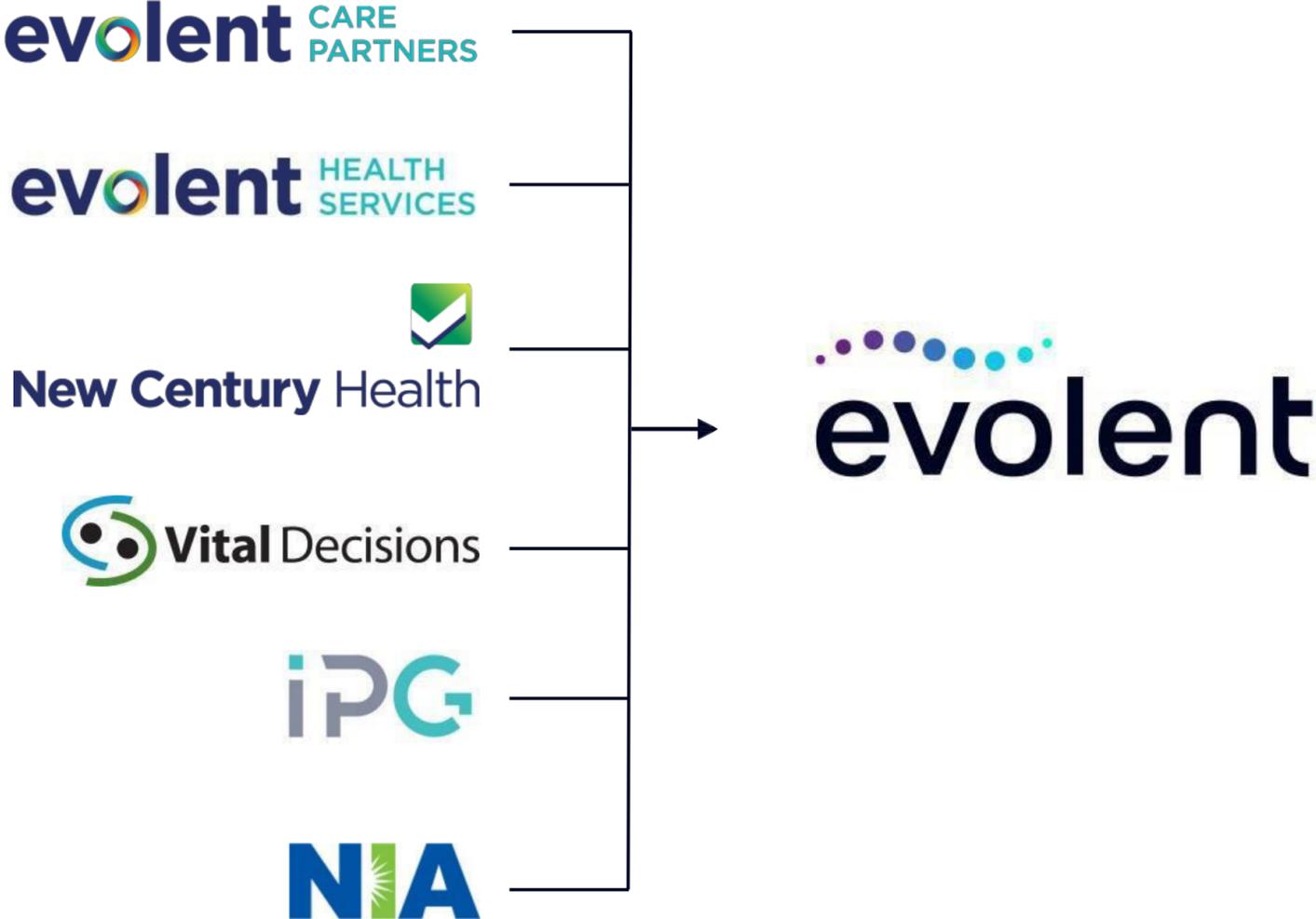
01 | Evolent Program Scope

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03 | Provider Tools and Contact Information

Evolut

Connecting Our Brands is About Connecting Care



IPM Prior Authorization Program



Partners Health Management Tailored Plan implemented a prior authorization program through Evolent for the management of medical specialty services including Interventional Pain Management (IPM).



Program start date

April 1, 2026



11 - Provider office
19 – Outpatient off-campus
22 – Outpatient on-campus
24 – Ambulatory surgery center



Medicaid

Program Scope Overview: Scope of Service (SOS)



Program	Interventional Pain Management (IPM)
Service Area	North Carolina
Lines of Business (LOB)	Partners Health Management Tailored Plan Medicaid
Effective Date	Effective April 1, 2026
Evolut Interventional Pain Management (IPM) Scope	Places of Service: 11 - Provider office 19 - Outpatient hospital off-campus 22 - Outpatient on-campus 24 - Ambulatory surgical center Procedures: <ul style="list-style-type: none"> Spinal Epidural Injections Paravertebral Facet Joint Injections of Blocks Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis) Sacroiliac Joint Injections Sympathetic Nerve Blocks
	Authorization Required for: All planned/elective procedures listed, ordered by all provider specialties performed in the covered places of service. <i>Evolut is delegated approvals and adverse determinations (denials).</i>
Authorization Process and Provider Support	Ordering provider's office must submit prior authorization requests to Evolut. <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"> 1.800.327.0639 Contact information for the Evolut Provider Engagement Manager can be located on RADMD on the "Partners Health Management" page within the Provider Resources section. <p style="text-align: center;">Hours of Operation Monday – Friday, 8:00 AM – 8:00 PM EST</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 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.
Retrospective Authorizations	Retrospective requests are in scope for Evolut within 3 business days from the date of service.
Post Adverse Determination	<ul style="list-style-type: none"> Re-reviews are available, prior to submitting an appeal to the health plan, within 5 business days from the initial denial date. Peer-to-Peer discussions are available for consultation purposes or to clarify existing documentation by calling Evolut's call center at 1.800.327.0639.
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 Evolut's authorization number. Evolut is not delegated appeals. Directions to submit an appeal to the health plan are included in the denial notification.
Evolut Resources	Resources available within RADMD and located on the "Partners Health Management" page within the Provider Resources section: <ul style="list-style-type: none"> Evolut Scope of Service, CPT Utilization Matrix, Evolut 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 Emergency/non-elective services

List of Procedure Codes Requiring Prior Authorization

Evolut manages all codes listed on the Utilization Review Matrix

- Copies are available on RadMD.com
- Includes CPT codes and their allowable billable groups
- For codes not managed by Evolut refer to the health plan’s policies for procedures

Authorizations will be approved with an "Authorized CPT Code"

- Select codes from the "Allowable Billed Groupings" and "Ancillary Procedure/Codes" that best matches the procedure performed when submitting claims



Utilization Review Matrix 2026
Centene NC – Carolina Complete Health
Exchange (Ambetter) and Medicaid Members
Interventional Pain Management (IPM)

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
<p><i>Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.</i></p>			<p><i>These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.</i></p> <p><i>*Please note: This is not an all-inclusive list of every possible ancillary code</i></p>
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484	
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T	
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T	

IPM Points



Injections in all regions of the spine are managed



Every IPM procedure performed requires a prior authorization



Evolent will not authorize a series of epidural injections



Bi-lateral or multiple level IPM injections performed on the same date of service do not require a separate authorization. (Please refer to clinical guidelines for potential restrictions)



Add on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered



Date of service is required for all requests

Clinical Guidelines

- Evolent Clinical Guidelines and Medicare
- Evolent's guidelines are developed by practicing clinicians through literature reviews using evidence-based research
- All guidelines have been reviewed and approved by the Health Plan and Evolent's medical leadership
- Guidelines are available on RadMD.com

Resources and Tools

Shared Access

Clinical Guidelines

Request access to Tax ID

Prior Authorization Process



Documentation Requirements

- Clinical documentation is required when the request pends for review
- Documents can be submitted via upload on RadMD (faster) or fax using an Evolent Coversheet

Clinical Documentation to Include:

- Clinical notes including symptoms and their duration
- Physical exam findings applicable to the requested services
- Conservative treatment completed for six weeks within the most recent six months on the targeted body part (e.g., physical therapy, chiropractic or physician directed home exercise program)
 - Can be included in physician's notes, official therapy notes, or the conservative treatment history form which can be found in the **Resources** page on RadMD
 - If contraindicated, please document
- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures)
- Clinical rationale/reason for the requested study
- For patients with previously approved procedures:
 - Rationale for the follow-up procedure and results of the prior injection
 - If not performed, please withdraw the prior request or document the reason it was not performed
- Reports of previous procedures
- Specialist reports/evaluation



Conservative Treatment History Form (Pain Management)

Conservative treatment provides significant clinical value to patients who are experiencing issues with their spine. As such, proper documentation of recent efforts at conservative care is crucial to establishing the need for further treatment or procedures.

IMPORTANT: Please type or print CLEARLY. Once completed and attested, upload this document via RadMD. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient Name:
Tracking Number:	Date of Birth:
Clinical Questions:	
How long has the patient had these symptoms? _____	
Conservative treatments tried for the problem:	
Has the patient had physical therapy in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>physical therapy</i> , please complete this section.	
Physical therapy start date: _____	Date of last session: _____
Number of sessions completed: _____	Body region treated: _____
How did the patient feel after/during the therapy intervention? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue therapy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient performed a physician-directed home exercise program (HEP) in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>physician-directed home exercise program</i> , please complete this section.	
Type of exercises: _____	Body region treated: _____
Date when patient started home exercise program: _____	Date of last session: _____
Frequency and duration of the exercises performed (how many times per week and for how long): _____	
How did the patient feel after/during the home exercises? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue their HEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient had chiropractic care in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>chiropractic care</i> , please complete this section.	
Chiropractic treatment start date: _____	Date of last session: _____
Number of sessions completed: _____	Body region treated: _____
How did the patient feel after/during the treatment? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue chiropractic care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient had a previous injection in this spinal region?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>previous injection</i> , please complete this section.	
Is the patient actively engaged in ongoing conservative treatment since the last injection? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of active conservative treatment: <input type="checkbox"/> PHYSICAL THERAPY <input type="checkbox"/> HEP <input type="checkbox"/> CHIRO	

RadMD Access Types

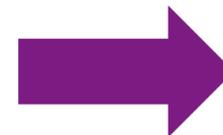
Ordering Access

Application Type: Physician's office that orders procedures

Ideal User: Physician's team submitting and managing authorization requests

Functionality:

- Need to setup shared access or use alternative method to view requests submitted by other users
- Most options to submit and manage authorizations



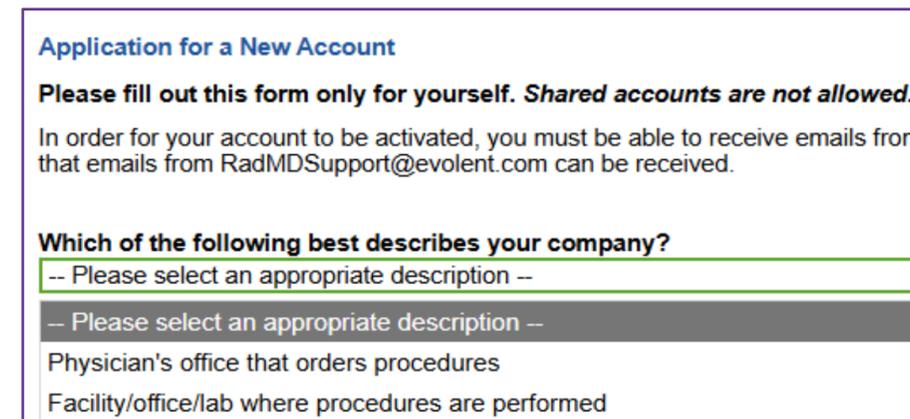
Rendering Access

Application Type: Facility/office where procedures are performed

Ideal User: Facility staff or administrators wanting to ensure the member has an approved authorization for associated facility

Functionality:

- Allows users to see authorizations for pre-approved tax IDs
- Limited ability to manage the authorization

A screenshot of the "Application for a New Account" form. The title is "Application for a New Account" in blue. Below it, text reads: "Please fill out this form only for yourself. Shared accounts are not allowed." and "In order for your account to be activated, you must be able to receive emails from that emails from RadMDSupport@evolent.com can be received." The question "Which of the following best describes your company?" is followed by two dropdown menus, both showing "-- Please select an appropriate description --". The first dropdown is highlighted in green, and the second is highlighted in grey. Below the dropdowns, two options are listed: "Physician's office that orders procedures" and "Facility/office/lab where procedures are performed".

Shared Access

Evolent offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering provider users to view authorization requests initiated by other RadMD users within their practice.

Shared Access can be enabled for any period of time **up until a maximum of 90 days**. Shared Access must be refreshed every 90 days.

Tip: If a practice staff member will be unavailable or out of office, access can be shared with other users in the practice. Doing so will allow them to view and manage the authorization requests initiated online via [RadMD.com](https://www.radmd.com) by the user that will be out of office.

Request
Exam or Specialty Procedure
(Non-Cardiac Advanced Imaging, Sleep Assessment)
Cardiovascular Services
Physical Medicine
Initiate a Subsequent Request
Radiation Treatment Plan
Pain Management
or Minimally Invasive Procedure
Spine Surgery or Orthopedic Surgery
Genetic Testing

Resources and Tools
Shared Access
Clinical Guidelines
Request access to Tax ID

News and Updates
Hot Topic(s):

Shared Access

How does this work? [Show]

Share Requests

RadMD Username:

End Date: [7d] [30d] [90d max]

Send Share Offer

When to Contact Evolent

Initiating or checking the status of an authorization request

- RadMD.com
- 1.800. 327.0639

Initiating a peer-to-peer consultation

- 1.800. 327.0639

Provider service line (General questions and technical RadMD issues)

- RadMDSupport@evolent.com
- 1.800.327.0641

Provider education requests or questions specific to Evolent

PracticeSuccess@evolent.com



THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.

Evolent is an independent company providing MSK and IPM solution programs for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.