

Program	Physical Medicine
Service Area	Hawai'i
Lines Of Business (LOB)	Hawai'i Medical Service Association (HMSA) members under the following lines of business: <ul style="list-style-type: none"> • Effective Jan. 1, 2025: Exchange • Effective Jan. 1, 2023: Medicare (Akamai Advantage), Medicaid (QUEST) and Commercial
Evolut Physical Medicine Scope	Services: <ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Chiropractic Services (select Commercial plans only) Places of Service: <p>11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 62 – Outpatient Rehab Center</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 inquiries: 1 (866) 306-9729 <p style="text-align: center;">Hours of Operation Monday - Friday, 6 a.m. – 6 p.m. Hawai'i Time</p> <p style="text-align: center;">RadMD Support RadMDSupport@Evolut.com 1 (800) 327-0641</p>
Evolut Turnaround Times (TAT)	Commercial/Exchange: Standard Requests: 15 calendar days Expedited Requests: 72 calendar hours Medicaid and Medicare: Standard Requests: seven calendar days Expedited Requests: 72 calendar hours

<p>Backdate Grace Period</p>	<p>Providers must request prior authorization for physical medicine procedures within 10 business days from the requested authorization start date through RadMD.com or Evolent’s call center. If requests are received in a timely manner, Evolent can backdate the start of the authorization to cover the requested dates of service and include any services rendered at that time.</p> <ul style="list-style-type: none"> • Beyond the 10-business day grace period, the treating provider must complete the HMSA Phys Med Retro Request Form and submit the completed form via secure email to: HMSAProviderConcerns@evolent.com • The retro request form is available via RADMD HMSA (Provider Resources link for HMSA)
<p>Secondary Insurance</p>	<p>Evolent authorization is required if HMSA is secondary to another non-HMSA insurance plan (including Medicare Advantage).</p> <p>Exceptions:</p> <ul style="list-style-type: none"> • If Medicare Part B is the primary insurer, then NO authorization is needed. • If the member has more than one insurance plan with HMSA, then only ONE authorization is needed (under the member's primary HMSA plan).
<p>Post Adverse Determination</p>	<p>A peer-to-peer discussion can be initiated once the adverse determination has been recommended. In some cases, a peer-to-peer discussion will be for consultation purposes only. A reconsideration/re-review is available with new or additional information.</p> <ul style="list-style-type: none"> • Timeframe for reconsideration/re-review is 60 calendar days from the date of denial for Commercial/Exchange (including FED87) and Medicaid (QUEST). • Medicare (Akamai Advantage) re-opens are only allowed if they meet CMS’s guidelines for a re-open.
<p>Claims and Appeals</p>	<ul style="list-style-type: none"> • Providers should continue to submit their claims to HMSA, including Evolent’s authorization number. • Evolent is not delegated appeals. Appeals should be initiated through HMSA.
<p>Evolent Resources</p>	<p>Resources available within Provider Resources in the Independent Health section in Evolent’s RadMD portal:</p> <ul style="list-style-type: none"> • Evolent Scope of Service: Resource document that outlines Evolent’s review scope • Clinical guidelines, checklists and tip sheets
<p>Exclusions</p>	<ul style="list-style-type: none"> • All places of service not specifically listed in defined scope • Appeals and grievances • Claims management/provider contracting • Lines of business outside defined scope

- Emergent/non-elective services
- Speech therapy