



HMSA

Advanced Imaging and Cardiac Services Program

April 2026

How We Will Spend Our Time Together

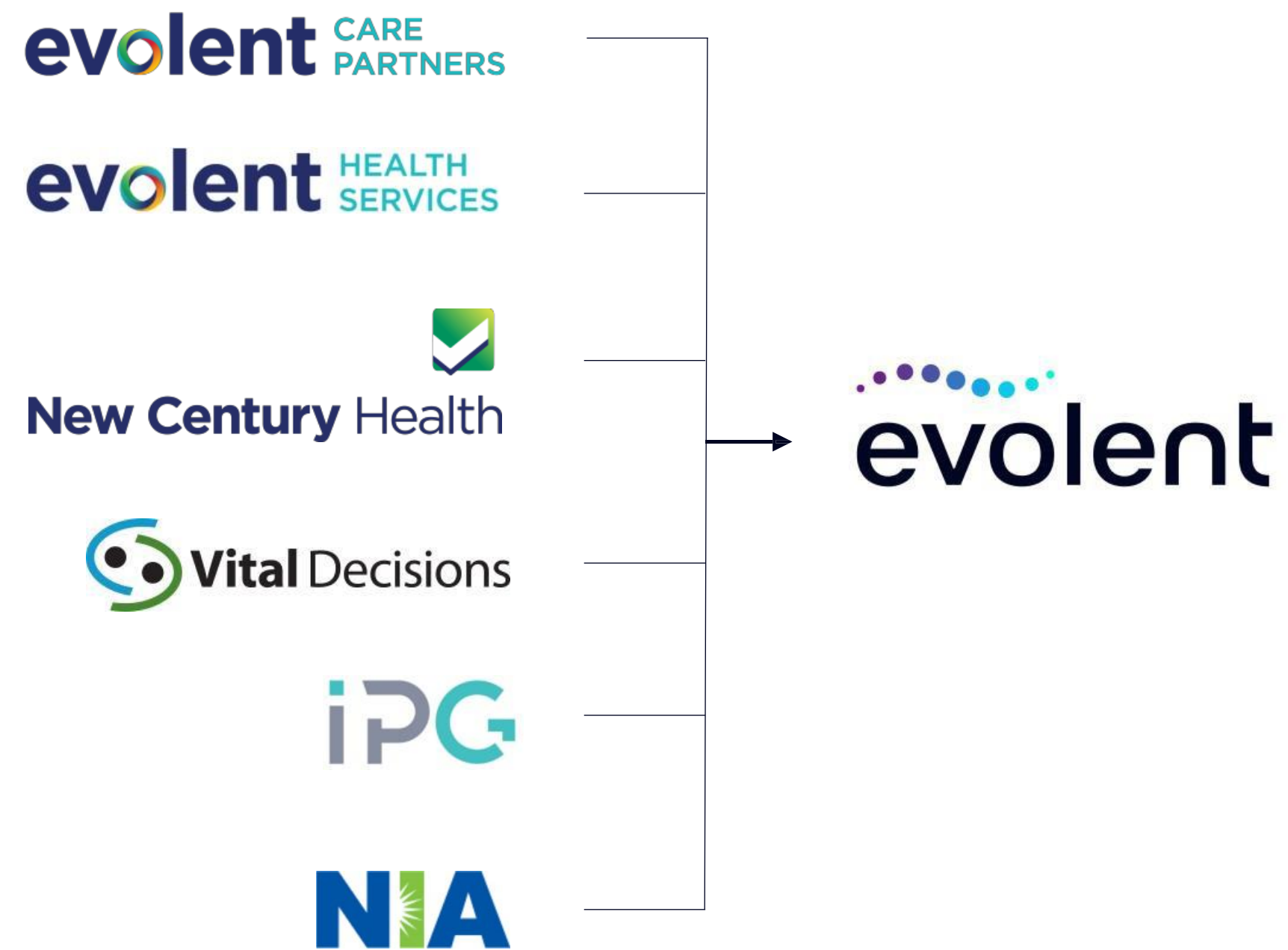
01 | Scope

02 | Process and Program Changes

03 | Demonstration of RadMD

NIA and New Century Health Are Now Evolent

Connecting Our Brands is About Connecting Care



Evolent | Scope and Process

High Level Partnership Responsibilities Across Entities

Evolent:

- Online portal for authorization requests
- Clinical guidelines and policies
- Review requests for medical necessity
 - Auto-approval of requests that meet criteria.
 - Medical necessity reviews
- Ordering, rendering provider and member notifications

HMSA:

- Provider contracts and credentialing
- Case management
- Claims management
- Appeals

Program Scope Overview

| | |
|---|---|
| Service Area | Hawai'i |
| Lines of Business (LOB) | <p>Hawai'i Medical Service Association (HMSA) members under the following lines of business:</p> <ul style="list-style-type: none"> Effective Jan. 1, 2025: Exchange Effective Oct. 16, 2006: Medicare (Akamai Advantage), Commercial and Medicaid (QUEST) |
| Evolut Advanced and Cardiac Imaging Scope | <p>Services:</p> <ul style="list-style-type: none"> CT/CTA CCTA MRI/MRA/MRS PET Scan Myocardial Perfusion Imaging (MPI) Stress Echocardiography Left Heart Catheterization Cardiac Implantable Devices (defibrillator, pacemaker) <p>Places of Service:</p> <ul style="list-style-type: none"> 11 - Provider office 19 - Outpatient off-campus 22 - Outpatient on-campus 24 - Ambulatory surgical center (<i>cardiac services only</i>) |
| 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 evolut.com/provider-portal Telephonic intake, physician discussions and authorization status inquiries: <ul style="list-style-type: none"> 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> |
| Authorization Validity Period | <p>Authorizations are valid for 90 days from the date of service. If there is no date of service provided, authorization will be valid for 90 days from the request date. Clinically urgent authorizations are valid for three days from the date of the request. No extensions are allowed for clinically urgent requests.</p> |

| | |
|--------------------------------------|---|
| Evolut Turnaround Times (TAT) | <p>Commercial/Exchange: Standard Requests: 15 calendar days Expedited Requests: 72 calendar hours</p> <p>Medicaid and Medicare: Standard Requests: seven calendar days Expedited Requests: 72 calendar hours</p> |
| Expedited Requests | <p>During business hours, please call the Evolut call center at 1 (866) 306-9729 to submit your urgent request. <i>Monday – Friday 6 a.m. to 6 p.m. Hawai'i time</i></p> <p>RadMD may be used for requests meeting clinically urgent criteria. Evolut and HMSA will monitor the urgent case review process to make sure that the requests meet the definition of clinically urgent.</p> <p>Providers who demonstrate repeat misuse of the HP's clinically urgent program may lose the ability to submit urgent cases through RadMD.</p> |
| Secondary Insurance | <p>Evolut 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). |
| Retrospective Authorizations | <p>Retrospective requests are in scope and accepted within 365 calendar days from the date of service for all lines of business.</p> |
| Post Adverse Determination | <p>A peer-to-peer discussion can be initiated once the adverse determination has been made. A reconsideration/re-review may be available with new or additional information.</p> <ul style="list-style-type: none"> Timeframe for reconsideration/re-review is 60 calendar days. (commercial plan and QUEST) Medicare (Akamai Advantage) re-opens are only allowed if they meet CMS's guidelines for a re-open. |
| Claims and Appeals | <ul style="list-style-type: none"> Providers should continue to submit their claims to HMSA, including Evolut's authorization number. Evolut is not delegated appeals. Appeals should be initiated through HMSA. |
| 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 |

Summary of Changes Effective April 1, 2026

Fast Pass Program

- Discontinuation of our current imaging fast passes
- All providers will need to submit authorization requests for all advanced imaging studies.
- Details on a performance-based Fast Pass program will be distributed at a later time.

Cardiac Studies

- **Non-cardiology providers:** Diagnostic cardiology service requests submitted by non-cardiology provider specialties will follow the standard clinical review process and documentation requirements
- **Cardiologists:** requests submitted by cardiologists will continue to be self-registered and issued real-time approval.

Code Descoping

- Prior authorization requirements will be removed for several advanced imaging procedures.
- Reference the Utilization Review Matrix for a list of code managed by Evolent and requiring an authorization.

Descoped Services Effective April 1, 2026

Evolut will not review retrospective or prospective authorization requests for the listed primary CPT codes and associated allowed billable group codes effective April 1, 2026.

The listed primary CPT codes and associated allowed billable codes no longer require prior authorization as of April 1, 2026.

| Primary CPT Code | Allowable Billed Groups | Study |
|------------------|--|-------------------------------------|
| 70480 | 70480, 70481, 70482, +0722T | Orbits CT |
| 70480 | 70480, 70481, 70482, +0722T | Temporal Bone CT |
| 70480 | 70480, 70481, 70482, +0722T | Internal Auditory Canal CT |
| 70480 | 70480, 70481, 70482, +0722T | Sella CT |
| 70480 | 70480, 70481, 70482, +0722T | Mastoid CT |
| 73200 | 73200, 73201, 73202, +0722T | Upper Extremity CT |
| 73200 | 73200, 73201, 73202, +0722T | Hand CT |
| 73200 | 73200, 73201, 73202, +0722T | Arm CT |
| 73200 | 73200, 73201, 73202, +0722T | Carpal Joint CT |
| 73200 | 73200, 73201, 73202, +0722T | Shoulder CT |
| 73200 | 73200, 73201, 73202, +0722T | Wrist CT |
| 73200 | 73200, 73201, 73202, +0722T | Scapula CT |
| 73220 | 73218, 73219, 73220, +0698T | Upper Extremity Non-Joint MRI |
| 73220 | 73218, 73219, 73220, +0698T | Humerus MRI |
| 73220 | 73218, 73219, 73220, +0698T | Arm MRI |
| 73220 | 73218, 73219, 73220, +0698T | Hand MRI |
| 73700 | 73700, 73701, 73702, +0722T | Hip CT |
| 73700 | 73700, 73701, 73702, +0722T | Knee CT |
| 73700 | 73700, 73701, 73702, +0722T | Foot CT |
| 73700 | 73700, 73701, 73702, +0722T | Ankle CT |
| 73700 | 73700, 73701, 73702, +0722T | Lower Extremity CT |
| 73700 | 73700, 73701, 73702, +0722T | Leg CT |
| 75557 | 75557, 75559, 75561, 75563, +75565, +0698T | Heart MRI |
| 75572 | 75572, +0722T | Heart CT |
| 75573 | 75573, +0722T | Heart CT Congenital Studies |
| 76380 | 76380, 70486, 70487, 70488 | Follow-up, Limited, or Localized CT |
| 76391 | 76391 | Magnetic Resonance Elastography |
| 77046 | 77046, 77047, 77048, 77049, +0698T | Breast MRI |
| 77078 | 77078 | CT Bone Density Study |
| 77084 | 77084 | MRI Bone Marrow |
| 78472 | 78472, 78473, 78494, +78496 | MUGA |


List of Procedure Codes Requiring Prior Authorization

Evolut manages all codes listed on the Utilization Review Matrix

- Copies are available on RadMD.com
- For codes not managed by Evolut refer to HMSA’s policies for procedures


Authorizations will be approved with an “Authorized CPT Code.”

- Select the code from the “Allowable Billed Groupings” that best matches the procedure performed when submitting claims.



Utilization Review Matrix 2026
HMSA – Commercial and Medicaid members

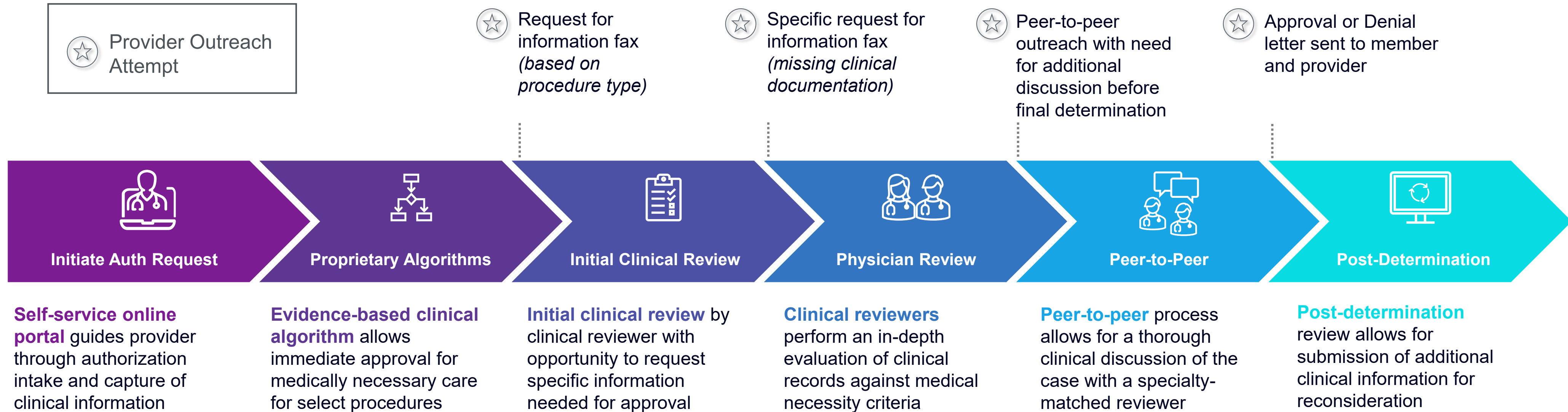
| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|--|-------------------------------------|
| 33225 | Cardiac Resynchronization Therapy (CRT) | 33221, 33224, 33225, 33231 |
| 33249 | Implantable Cardioverter Defibrillator (ICD) | 33230, 33240, 33249 |
| 33208 | Pacemaker Insertion | 33206, 33207, 33208, 33212, 33213 |
| 70336 | MRI Temporomandibular Joint | 70336 |
| 70450 | CT Head/Brain | 70450, 70460, 70470, +0722T, +70472 |
| 70471 | CT Angiography, Head and Neck | 70471, +70472 |



Utilization Review Matrix 2026
HMSA - Medicare members

| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|--|-------------------------------------|
| 33225 | Cardiac Resynchronization Therapy (CRT) | 33221, 33224, 33225, 33231 |
| 33249 | Implantable Cardioverter Defibrillator (ICD) | 33230, 33240, 33249 |
| 33208 | Pacemaker Insertion | 33206, 33207, 33208, 33212, 33213 |
| 70336 | MRI Temporomandibular Joint | 70336 |
| 70450 | CT Head/Brain | 70450, 70460, 70470, +0722T, +70472 |
| 70471 | CT Angiography, Head and Neck | 70471, +70472 |

Prior Authorization Process



Clinical Guidelines

- Evolent Clinical Guidelines and Medicare LCD/NCD
- 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](#)

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 studies:
 - Rationale for the follow-up study and results of the prior studies
 - 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 (Advanced Imaging)

Conservative treatment provides significant clinical value to patients who may truly benefit from advanced imaging. As such, proper documentation of recent efforts at conservative care is crucial to establishing the need for further testing and/or treatment.

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: | |
| Has the patient had these symptoms for six months or more? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no to the above, how long has the patient had these symptoms? | |
| Conservative treatments tried for the problem: | |
| Any recent activity modification, rest or bracing? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any recent trial of medications and/or injections? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Any recent physical therapy? | <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: _____ | |
| Type(s) of exercises/modalities: _____ | |
| Number of sessions completed: _____ | |
| How did the patient feel after/during the therapy intervention? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE | |
| Any recent physician-directed home exercise program (HEP)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes to <i>physician-directed home exercise program</i> , please complete this section. | |
| Name of supervising Physician ordering the exercise program: _____ | |
| Type of exercises: _____ | |
| Date when the exercise plan and instructions were given to the patient: _____ | |
| 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) _____ | |
| Date of in-office physician reassessment completed after the prescribed home exercise program: _____ | |
| How did the patient feel after/during the home exercises? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE | |
| PLEASE SUBMIT A COPY OF THE HOME EXERCISE PROGRAM WITH THIS DOCUMENT | |

Options Following a Denial



- **Peer-to-Peer Discussion:**

- Consultation purposes only
- Scheduled by calling Evolent's call center
- *QUEST and Commercial plans:* can be initiated once an adverse determination is recommended
- *Akamai Advantage:* must be performed before a final determination has been made on the request

- **Reconsideration, Re-reviews, and Re-opens**

- *QUEST and Commercial plans:* A reconsideration/re-review is available with new or additional information. Timeframe to submit is 60 calendar days from the date of the denial.
- *Akamai Advantage* re-opens must meet CMS's guidelines for a re-open.

- **Appeals:**

- Directions to submit an appeal are included in the denial notification

RadMD Access Types

Ordering Access

Application Type: Physician's office that orders procedures

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

Functionality:

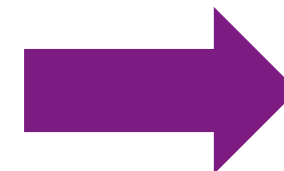
- Need to setup shared access or use alternative method to view requests submitted by other users
- Most options to submit and manage authorizations



RadMD Sign In

For URGENT/EXPEDITED authorization requests, please contact the Evolent call center.

Sign In **New User**



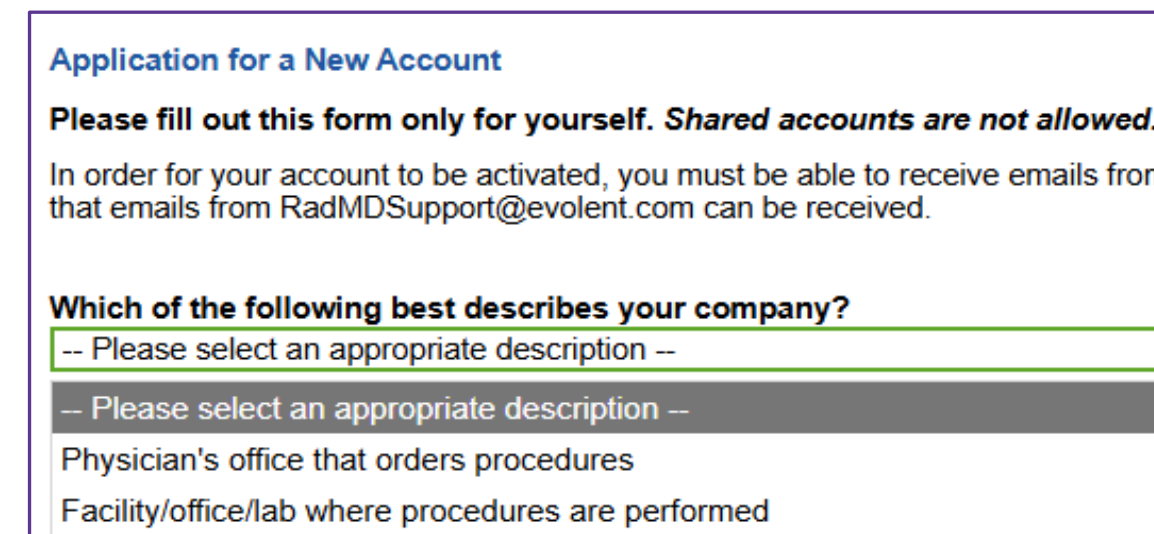
Rendering Access

Application Type: Facility/office/lab where procedures are performed

Ideal User: Imaging 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



Application for a New Account

Please fill out this form only for yourself. Shared accounts are not allowed.

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.

Which of the following best describes your company?

-- Please select an appropriate description --

-- Please select an appropriate description --

Physician's office that orders procedures

Facility/office/lab where procedures are performed

Shared Access

Evolut 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):

The screenshot shows the Evolut website interface for the Shared Access feature. At the top is the Evolut logo. Below it, the heading "Shared Access" is displayed. A link "How does this work? [Show]" is present. A blue button labeled "Share Requests" is visible. Below this, there are two input fields: "RadMD Username:" and "End Date:". The "End Date:" field includes a calendar icon and three radio button options: "[7d]", "[30d]", and "[90d max]". At the bottom of the form is a dark blue button labeled "Send Share Offer". A red arrow in the original image points to the "Shared Access" link in the "Resources and Tools" section of the page above.

When to Contact Evolent

Initiating or checking the status of an authorization request

- RadMD.com
- 1 (866) 306-9729

Initiating a peer-to-peer consultation

- 1 (866) 306-9729

Provider service line (General questions and technical RadMD issues)

- RadMDSupport@evolent.com
- 1 (800) 327-0641

Provider education requests or questions specific to Evolent

HMSAProviderConcerns@evolent.com

Confidentiality Statement

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