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| **Program** | **Interventional Cardiovascular Program** |
| **Service Area** | **Louisiana** |
| **Health Plan Line of Business (LOB) Scope** | **Louisiana Healthcare Connections**<br>**Medicaid**<br>**Members 21 years of age and older** |
| **Effective Date** | **August 1, 2026** |
| **Evolent Interventional Cardiovascular Prior Authorization Scope** | **Services:**<br>• Cardiac catheterization and intervention<br>• Electrophysiology<br>• Vascular radiology and intervention<br>• Cardiac surgery<br>• Vascular surgery<br><br>**Places of Service:**<br>11 - Provider office<br>19 - Outpatient off-campus<br>21 - Inpatient hospital (Evolent approves only the physician's professional component of elective inpatient services)<br>22 - Outpatient on-campus<br>24 - Ambulatory surgical center<br><br>***Evolent is delegated approvals and adverse determinations (denials).*** |
| **Authorization Process and Provider Support** | **Ordering provider's office must submit prior authorization requests to Evolent.**<br><br>• Via the Evolent RadMD provider portal at **evolent.com/provider-portal**<br>• Telephonic intake, physician discussions and authorization status inquiries:<br>  ○ 1.866.326.6301<br>• Contact information for the Evolent Provider Engagement Manager can be located within RADMD on the Health Plan section within Provider Resources.<br><br>**Hours of Operation**<br>Monday – Friday, 7:00 a.m. – 7:00 p.m. CST<br><br>**RadMD Support**<br>**RadMDSupport@Evolent.com \| 1.800.327.0641** |
| **Turnaround Time (TAT)** | Standard: 2 business days<br>Expedite: 72 calendar hours |

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| **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 out-of-scope for Evolent. Please follow the health plan policies and procedures. |
| **Post Adverse Determinations** | Re-reviews are within Evolent's review scope within 10 calendar days from the initial denial date. |
| **Authorization Validity Period** | Authorizations are valid for 30 calendar days from the request date. |
| **Claims and Appeals** | • Providers should continue to submit their claims to the Health Plan, including Evolent's authorization number.<br>• Providers may submit verbal or written first-level medical necessity appeals (pre- or post-service) to Evolent within 60 calendar days of the denial notification, provided a claim has not been submitted to the health plan. If a claim has already been submitted, providers must follow the health plan's established claims appeal process. *Note: An Authorized Representative Designation (ARD) must be submitted with a pre-service appeal when submitted on behalf of a member.* |
| **Evolent Resources** | Resources available under the Ambetter from Louisiana Healthcare Connections' health plan page, RADMD \| Louisiana Healthcare Connections, within Evolent's RadMD portal:<br><br>• Evolent Clinical Guidelines<br>• Evolent Scope of Service<br>• Tip Sheets and Checklists<br>• Utilization Review Matrix |
| **Exclusions** | • Claims management/provider contracting<br>• CPT codes, places of treatment, and lines of business outside defined scope<br>• Emergent/non-elective services<br>• Pediatric members aged 20 yrs and under<br>• Transplants |