Program	**Advanced Imaging**
Health Plan	**Molina Healthcare** (Including Passport by Molina Healthcare)
Effective Date Service Area	**September 1, 2026** Illinois, Kentucky, Michigan, Wisconsin **August 1, 2026** Iowa, Nevada and Utah
Line of Business (LOB)	**Medicaid**
Evolent Advanced Imaging Scope	**Ordering and rendering providers:** • All specialties (PCP and specialty care providers) **Authorization Required for** all planned/elective services listed performed in the covered places of service: • CT (computed tomography) • CTA (computed tomography angiography) • MRI (magnetic resonance Imaging) • MRA (magnetic Resonance Angiography) • PET Scan (positron emission tomography) **Places of Service:** • 11 - Provider office • 19 - Outpatient off-campus • 22 - Outpatient on-campus • 24 - Ambulatory surgical center ***Evolent is delegated approvals and adverse determinations (denials). Grievances and appeals remain a function of the health plan.***
Authorization Process and Provider Support	**Ordering provider's office must submit prior authorization requests to Evolent.** • Via the Evolent RadMD provider portal at **evolent.com/provider-portal** • Telephonic intake, physician discussions and authorization status inquiries: ○ 1.800.424.4169 Medicaid **Hours of Operation** Monday – Friday, 7:00 am – 7:00 pm CST **RadMD Support: RadMDSupport@Evolent.com | 1.800.327.0641**

	For questions regarding Evolent's program scope or CarePro portal training needs, please contact Evolent Provider Experience at practicesuccess@evolent.com.
Turnaround Time (TAT)	**IA, MI, UT, WI** Standard: 7 calendar days Expedited: 72 calendar hours **IL** Standard: 5 calendar days Expedited: 48 calendar hours **KY** Standard: 5 calendar days Expedited: 24 hours / 1 calendar day **NV** Standard: 2 business days Expedited: 72 calendar hours / 2 business days * The Evolent website RadMD 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. Urgent case review must meet the definition of clinically urgent.
Retrospective Authorizations	Retrospective requests are not in Evolent's review scope. Providers may submit same day authorization requests.
Post Adverse Determinations	Re-reviews are allowed, verbally or in writing, within five business days from denial date prior to submitting an appeal.
Authorization Validity Period	Authorizations are valid for 90 calendar days from the date of service or request date.
Evolent Resources	Resources available under the Molina Healthcare's health plan page in Evolent's RadMD portal: Evolent Scope of Service, Evolent Clinical Guidelines, Evolent Utilization Review Matrix, Tip Sheets and Checklists
Exclusions	• Appeals and grievances • Claims management/provider contracting • CPT codes, places of treatment, and lines of business outside defined scope • Emergent/non-elective services • Retrospective requests