

Program	Advanced Imaging
Health Plan	Molina Healthcare (Including Passport by Molina Healthcare)
Line of Business (LOB)	Medicaid
Effective Date	October 15, 2026 Washington
Service Area	September 1, 2026 Illinois, Kentucky, Michigan, Wisconsin
	August 1, 2026 Iowa, Nevada and Utah
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 *Effective October 1, 2026, Site of Care (SOC) guidelines are applicable for Molina Healthcare Medicaid. <i>Evolent is delegated approvals and adverse determinations (denials). Grievances and appeals remain a function of the health plan.</i>
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 WA Electronic (portal) standard: 3 calendar days Non-electronic standard: 5 calendar days Electronic (portal) expedited: 1 calendar day Non-electronic expedited: 2 calendar 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, Site of Care Guidelines, 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