Program	**Interventional Cardiovascular**
Effective Date	**December 1, 2026**
Health Plan State	**South Carolina**
Health Plan	**BlueCross BlueShield of South Carolina**
Membership	• Commercial • Exchange Members 20 years of age and older
Evolent Interventional Cardiovascular Prior Authorization Scope	**Services:** • Interventional cardiology • Electrophysiology • Vascular and endovascular interventions • Cardiac surgery • Vascular surgery **Places of Service:** 11 - Provider Office 19 - Outpatient off-campus 21 - Inpatient hospital (Elective professional services only) 22 - Outpatient on-campus 24 - Ambulatory surgical center **Authorization Required for:** All planned/elective services listed, ordered by all provider specialties performed in the covered places of service. ***Evolent is delegated approvals and adverse determinations (denials).***
Exclusions	• Claims management and provider contracting • CPT codes, places of service, and members outside of the defined scope • Emergent/non-elective services

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:
	  • Commercial and Exchange: 1.866.500.7664
	  • Commercial Publix members: 1.888.642.4810
	
	Contact information for the Evolent Provider Engagement Team can be located within RADMD in the BCBS of South Carolina health plan page within Provider Resources.
	
	RadMD Support
	RadMDSupport@Evolent.com | 1.800.327.0641

Evolent Turnaround Time (TAT)	Exchange and Commercial: • Standard Request: 2 business days • Expedited Request: 2 business days
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 in scope for Evolent within 3 business days from the date of service.
Post Adverse Determination	Once a denial determination has been made, if the office has new or additional information to provide, a reconsideration can be initiated by uploading via RadMD or faxing (using the case specific fax cover sheet) additional clinical information to support the request. A reconsideration must be initiated within 180 calendar days from the date of denial and prior to submitting a formal appeal through the health plan.
Authorization Validity Period	Authorizations are valid for 30 calendar days from the date of request.
Claims and Appeals	• Providers should continue to submit their claims to BCBS of South Carolina including Evolent's authorization number. • Evolent is not delegated appeals. Appeals should be initiated through BCBS of South Carolina.

Evolent Resources	Resources available under the BCBS of South Carolina health plan page in Evolent's RadMD portal: • Clinical Guidelines • Scope of Service • Tip Sheets and Checklists • Utilization Review Matrix