



SERVICE AREA		IOWA	
LINE OF BUSINESS	Effective January 1, 2025 Iowa Total Care (Medicaid) Line of Business: HMO		
	Members 18 years of age and older		
	SERVICES The program will apply to all specialties for the following invasive cardiovascular services only: • Cardiac catheterization and intervention • Electrophysiology • Vascular radiology and intervention • Cardiac surgery • Vascular surgery	COVERAGE Place of Treatment: 11 - Doctor's office 19 - Outpatient off-campus 21 - Inpatient*** 22 - Outpatient on-campus 24 – Ambulatory ***(Professional planned services only)	AUTHORIZATION Authorization is required for: Planned and elective services listed under "Services" and performed in covered "Places of Treatment".





AUTHORIZATION PROCESS	Ordering physician's office must submit treatment request to Evolent for prior authorization.		
	 Log on to the Evolent/NCH provider web portal: <u>https://my.newcenturyhealth.com/</u>. Telephonic intake: 1-888-999-7713 Cardiology - Option 1. Physician discussion: 1-888-999-7713 Option 1, followed by sub-prompt 9, sub-prompt 2. 		
	Monday – Friday, 7 a.m. – 7 p.m. CT (Fully Staffed) Saturday, 7 a.m. – 8 p.m. CT (Limited Staff) * Sunday, 8 a.m. – 5 p.m. CT (Limited Staff) * *After hours call coverage available from Monday – Friday, 8 p.m. – 7 a.m. CT*		
	For questions regarding the Evolent authorization process or to request an Evolent in-service, please contact Evolent Provider Solutions: 1-888-999-7713, option 6 or send an email: providertraining@evolent.com.		
	EVOLENT will be managing approvals and denials. Grievance and appeals will remain a function of the health plan.		
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EVOI ENT	Request Types	Medicaid	
EVOLENT TURNAROUND TIMES	Medical Services	Medicaid Standard: Within 7 business days. Expedited: Within 72 hours from request.	
	Medical Services Health plan approvals i authorization end date. submitted to Evolent. F authorization prior to Ja	Standard: Within 7 business days.	
TURNAROUND TIMES	Medical Services Health plan approvals i authorization end date. submitted to Evolent. F authorization prior to Ja from Evolent for service	Standard: Within 7 business days. Expedited: Within 72 hours from request. ssued before January 1, 2025, are effective until the Upon expiration, authorization requests must be for services/treatment that did not require an anuary 1, 2025, an authorization may be required	
TURNAROUND TIMES	Medical Services Health plan approvals i authorization end date. submitted to Evolent. F authorization prior to Ja from Evolent for service Retrospective authoriza treatment start date. Available res	Standard: Within 7 business days. Expedited: Within 72 hours from request. ssued before January 1, 2025, are effective until the Upon expiration, authorization requests must be or services/treatment that did not require an anuary 1, 2025, an authorization may be required e/treatment dates on and after January 1, 2025. ations are in-scope up to 5 business days after the ources within the Evolent/CarePro Portal: my.newcenturyhealth.com rdiology Crosswalk	



PROVIDER SOLUTION MANAGER	Please contact your dedicated Provider Network Manager for questions regarding the Evolent authorization process or to request training by reaching out to: • Evolent Network Operations: • 1-888-999-7713, option 6 or • Send an email: • providertraining@evolent.com. Betsy Roberts betsy.roberts@evolent.com Phone: 1-571-261-8621		
EVOLENT CLINICAL LEADERSHIP	Andrew Hertler, MD, FACP Chief Medical Officer Antony Kim, MD, Vice President, Cardiovascular Disease		
NATIONAL IMAGING ASSOCIATES, INC. (NIA)	The following services will continue to require prior authorization through RadMD: MRI CT/CTA CCTA PET scan Myocardial perfusion imaging (MPI) MUGA scan Stress echocardiography Transthoracic echo Transesophageal echo Interventional pain management (IPM) Physical medicine (physical, occupational, and speech therapy) *Please see specific educational documents on RadMD for each Medical Specialty Solution Program Services.		
EXCLUSIONS	 DME/Equipment requests Emergency services Heart transplants Laboratory services Left Ventricular Assist Device (LVAD) Non-elective inpatient services Pharmacy services Places of treatment and services not specifically listed as in-scope Services outside of included CPT scope 		