



Frequently Asked Questions: Interventional Cardiology, Medical Oncology and Radiation Oncology Programs

Absolute Total Care (Medicaid) Ambetter from Absolute Total Care (Marketplace)

Effective September 1, 2025

- **Who is Evolent?**
 - Evolent is a comprehensive interventional cardiology, medical oncology and radiation oncology quality management company whose goal is to apply evidence-based treatment to the delivery of care.
- **What is included in the Quality Management Programs?**
 - These programs provide prior authorization management for services rendered in outpatient and inpatient* (interventional cardiology only) settings. These programs emphasize and support the selection of evidenced-based pathways for patient care and authorizations are administered by Evolent.
- **What membership is included in these programs?**
 - Absolute Total Care (Medicaid) and Ambetter from Absolute Total Care (Marketplace) members.
- **When will these programs begin?**
 - These programs will begin **September 1, 2025**.
- **How can a physician's office request training for this program?**
 - Information and training dates for the programs can be found at go.evolent.com/atc-program-changes-september-1-2025. Please register in advance using the above link for training sessions. If you have questions about Evolent programs, please email providertraining@evolent.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations.
 - Real-time status of authorization requests.
 - Quick turnaround on authorization requests.
 - Specialty matched peer-to-peer reviews.
 - Dedicated provider engagement representatives.
- **What is the transition of care process?**
 - Authorizations issued before September 1, 2025, are effective until the authorization end date. Upon expiration, authorization requests must be submitted

to Evolent. For services/treatment that did not require an authorization prior to September 1, 2025, an authorization may be required from Evolent for service/treatment dates on and after September 1, 2025.

- **When will Evolent begin accepting authorization requests?**
 - Evolent will begin accepting requests on September 1, 2025, for services rendered on or after September 1, 2025.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - Via the Evolent portals (CarePro for medical and radiation oncology services) and (RadMD for interventional cardiology services) at evolent.com/provider-portal, select CarePro or RadMD:
 - Via telephone:
 - **For interventional cardiology services:**
 - Absolute Total Care: 1-866-312-9729
 - Ambetter from Absolute Total Care: 1-800-424-4920
 - **For Oncology services:**
 - Medical oncology: 1-888-999-7713 (option 2)
 - Radiation oncology: 1-888-999-7713 (option 3)
- **What is the turn-around time (TAT) for processing prior authorization requests?**

Medical Services (Radiation and Interventional Cardiology)		
Line of Business	Standard Request	Expedited Request
Medicaid	14 calendar days	72 calendar hours
Marketplace	2 business days	2 business days

Medication Requests				
Line of Business	Medical Benefit (Buy & Bill)		Pharmacy Benefit	
	Standard Request	Expedited Request	Standard Request	Expedited Request
Medicaid	4 calendar days	24 calendar hours	OOS	OOS
Marketplace	2 business days	2 business days	72 calendar hours	24 calendar hours

- **What services or treatments are included in these programs?**

The interventional cardiology program will apply to all specialties for the following services:

- Cardiac catheterization and intervention
- Electrophysiology
- Peripheral vascular radiology and intervention
- Cardiac surgery
- Vascular surgery

The Oncology programs will apply to Gynecologic Oncology, Hematology, Pediatric Oncology, Medical Oncology, Neuro-Oncology, Radiation Oncology, Surgical Oncology, and Urology provider specialties and include infused, injectable, and oral chemotherapy, hormonal therapeutic treatment, supportive agents, and symptom management medications and radiation oncology services with diagnosis codes included in the following range:

- Cancer: C00–D09, D37-D44, E34.0
- Hematology: D45-D49, D59.10-D59.19, D61.81, D61.82, D63.0, D63.8, D64.2-D64.3, D64.81, D64.89, D64.9, D68.59, D69.3, D69.41, D69.59, D69.6, D69.8, D69.9, D70.1-D70.9, D72.8, D72.9, D73.81, D73.9, D75.1, D75.81, D75.82
- N&V = R11

- **Who reviews prior authorization requests?**

- Evolent medical reviewers are licensed practitioners using nationally recognized clinical guidelines when performing reviews. Interventional cardiology, medical oncology and radiation oncology clinical guidelines are available at www.evolent.com/provider-portal within the respective provider portal.

- **What happens if the authorization request does not meet guidelines?**

- If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

- **How long are authorizations valid?**

- Interventional cardiology authorizations are valid for 60 days from request date or entered treatment start date. Radiation Oncology authorizations are valid for 90 days from entered treatment start date. Medical Oncology medication authorization duration is effective as of entered treatment start date, automatically determined based on number of cycles, not to exceed 180 days.

- **What is the difference between RadMD tracking and authorization (Request ID) numbers?**

- RadMD tracking numbers consist of only numeric digits and are available once the authorization has been submitted. It can be used to find an authorization in Evolent's system.
- Authorization number or request ID consist of letters and numbers. The authorization number is available once a determination has been made on a request. This number should be included when submitting claims and can be used to find a request in Evolent's system.

- **What will the CarePro authorization number look like and how long is it valid?**
The CarePro authorization number will start with “AR” followed by at least six digits (e.g., AR100000). It is valid for the duration indicated on the Request Authorization (RA or Medication Request Authorization (MRA)).
- **Does prior authorization guarantee payment?**
 - No. Prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to the health plan provider manual.
- **Can members be balanced billed?**
 - Federal laws prohibit out-of-network providers, facilities, and ambulances from balance billing for certain health care services.
- **Who is responsible for responding to grievances and appeals?**
 - The health plan will maintain the grievance and appeal processes.
- **What will happen if the physician does not request and obtain an authorization?**
 - If authorization is not obtained, the health plan may deny payment for the relevant services. Members may not be held responsible or billed for denied charges/services. Providers may only be able to collect the applicable cost share amount directly from the member.