



Dear Provider,

WellCare of North Carolina (WellCare) is pleased to announce its collaboration with Evolent (formerly New Century Health), an oncology quality management company, to implement a new radiation oncology prior authorization program. The program will simplify the administrative process for providers to support the effective delivery of quality patient care.

Effective May 1, 2024, radiation oncology services will require a prior authorization from Evolent before being administered in either the provider office, outpatient hospital, or ambulatory setting. Treatment plans will be reviewed using nationally recognized evidence-based guidelines.

Prior authorization requirements will apply to your **WellCare Medicaid** members, of all ages, and to the provider specialty of Radiation Oncology.

A list of codes that will require an authorization on May 1, 2023 can be found below.

Evolent offers providers:

- Real-time authorizations for approvable treatment plans submitted via the Evolent on-line portal <https://my.newcenturyhealth.com>.
- A telephonic option for requests at 1-888-999-7713, (Radiation Oncology – Option 3) Staff is available Monday-Friday, from 8:00 a.m. to 8:00 p.m. EST.
- Real-time member eligibility verification through the Evolent portal prior to entering a treatment plan
- Radiation oncologists on staff for clinical discussions with physicians.
- A dedicated Evolent Provider Solution Manager to use as a direct point-of-contact for any issues or questions.

WellCare approvals issued before May 1, 2024, are effective until the authorization end date. Upon expiration, authorization requests must be submitted to Evolent. If authorization is not obtained from Evolent, claims may be denied. For services/treatment that did not require an authorization prior to May 1, 2024, an authorization will be required from Evolent for service/treatment dates on and after May 1, 2024.

A Provider Solutions Manager will contact you soon to schedule an introductory meeting and training. Should you have any questions prior to the introductory meeting, please contact Evolent at 1-888-999-7713, (Option 6) or via email providertraining@newcenturyhealth.com. For any other questions, reach out to your WellCare provider rep or email ncproviderrelations@wellcare.com.

We look forward to offering you this program and hope it will enhance your experience with radiation oncology service authorizations.

Sincerely,

WellCare of North Carolina

Code	Classification
77014	Computed Tomography Guidance
77261	Clinical Treatment Planning
77262	Clinical Treatment Planning
77263	Clinical Treatment Planning
77280	Clinical Treatment Planning
77285	Clinical Treatment Planning
77290	Clinical Treatment Planning
77295	Clinical Treatment Planning
77300	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77301	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77306	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77307	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77316	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77317	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77318	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77321	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77331	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77332	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77333	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77334	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77336	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77338	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77370	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services
77371	Stereotactic Radiation Treatment Delivery
77372	Stereotactic Radiation Treatment Delivery
77373	Stereotactic Radiation Treatment Delivery
77385	Radiation Treatment Delivery
77386	Radiation Treatment Delivery
77387	Radiation Treatment Delivery
77401	Radiation Treatment Delivery
77402	Radiation Treatment Delivery
77407	Radiation Treatment Delivery
77412	Radiation Treatment Delivery
77417	Radiation Treatment Delivery
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	Radiation Treatment Management
77431	Radiation Treatment Management
77432	Radiation Treatment Management
77435	Radiation Treatment Management
77470	Radiation Treatment Management
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate

77525	Proton treatment delivery; complex
77750	Clinical Brachytherapy
77761	Clinical Brachytherapy
77762	Clinical Brachytherapy
77763	Clinical Brachytherapy
77767	Clinical Brachytherapy
77768	Clinical Brachytherapy
77770	Clinical Brachytherapy
77771	Clinical Brachytherapy
77772	Clinical Brachytherapy
77778	Clinical Brachytherapy
77789	Clinical Brachytherapy
77790	Clinical Brachytherapy



**Frequently Asked Questions:
Radiation Oncology Quality Management Program**

**WellCare of North Carolina (WellCare) Medicaid
Effective May 1, 2024**

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive oncology and radiation oncology quality management company whose goal is to apply evidence-based treatment to the delivery of oncology care.
- **What is the Oncology Quality Management Program?**
 - The Oncology Quality Management Program provides prior authorization management for your radiation oncology treatments. The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.
- **What members are included in this program?**
 - WellCare Medicaid members of all ages.
- **When will the program begin?**
 - The program will begin **May 1, 2024**.
- **How can a physician's office request training for this program?**
 - A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at **1-888-999-7713, Option 6** or email providertraining@newcenturyhealth.com. You can also self-register for an introductory meeting online at my.newcenturyhealth.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Eligibility verification
 - Physician discussions with oncologists and radiation oncologists
 - Support staff with dedicated provider solutions representatives available to assist
- **How do I contact Evolent authorization support?**
 - Call **1-888-999-7713 (Radiation Oncology - Option 3)**. Staff is available Monday-Friday 8:00 a.m. to 8:00 p.m. EST.
- **What is the transition of care process?**
 - WellCare approvals issued before **May 1, 2024**, are effective until the authorization end date. Starting **May 1, 2024**, please submit prior authorization requests to Evolent.

- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering radiation oncology services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Online my.newcenturyhealth.com.
 - Via telephone at 1-888-999-7713 (Radiation Oncology – Option 3)
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.
- **What drugs require prior authorization?**
 - The Oncology Quality Management Program, administered by Evolent, requires prior authorization management for all radiation oncology services for your Medicaid members with a diagnosis code included in the following range:

Cancer = C00 – D09, D37-D44, E34.0

Hematology Diagnosis = 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

- **Which specialties are included in the Oncology Quality Management Program?**
 - Radiation oncology will submit their prior authorizations through Evolent.
- **Who reviews radiation oncology requests?**
 - Evolent medical reviewers are licensed radiation oncologists using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at my.newcenturyhealth.com or by contacting Evolent at 1-888-999-7713, Option 3 for radiation oncology.
- **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.
- **What will the Evolent authorization number look like, and how long is it valid?**
 - The Evolent authorization will start with “AR” followed by at least four digits (e.g., AR1000). It is valid for the duration indicated on the Medication Request Authorization or Service Request Authorization (SRA).
- **Which place(s) of service are included in this program?**
 - Radiation oncology services rendered in a physician’s office, in an outpatient hospital or ambulatory setting,

- **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 your Provider Manual.

- **Who is responsible for responding to grievances and appeals?**
 - WellCare 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, WellCare 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.



Dear [Provider],

WellCare of North Carolina (WellCare) has partnered with Evolent (formerly New Century Health) to implement a new outpatient Cardiology Management Programs. This program is intended to help providers easily and effectively deliver quality patient care.

Effective May 1, 2024, cardiology invasive procedures services will require prior authorization through Evolent rendered in a physician's office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only) will require prio36221r authorization through Evolent.

WellCare authorizations issued before May 1, 2024, will be effective until the authorization end date. This management programs will apply to your **WellCare Medicaid** members 18 years of age and older. For members under age 18, authorizations must be obtained from WellCare of North Carolina.

Below is a list of codes that will require an authorization on 04.1.2024 – As this list may change, the most updated list can be found at <https://provider.wellcare.com/>.

Prior authorization requests for invasive cardiology services can be submitted to Evolent:

- Online my.newcenturyhealth.com.
- Via telephone at 1-888-999-7713, (Option 1) Staff is available Monday-Saturday from 8:00 a.m. to 8:00 p.m. EST.

Evolent uses clinical criteria based on nationally recognized guidelines to promote evidence-based practices. When using Evolent's web portal, you will be able to:

- Obtain real-time approvals when selecting evidence-based treatment care pathways
- Determine the clinical documentation required for medical necessity review
- View all submitted requests
- Request to speak with clinicians to discuss treatment options

WellCare is proud to be your healthcare partner. If you frequently request cardiology services and are new to this process, Evolent representatives will contact you soon to schedule an introductory meeting and training.

If you have questions about the Evolent invasive cardiology services program, please email providertraining@newcenturyhealth.com or call 1-888-999-7713, (Option 6). For any other questions, reach out to your WellCare provider rep or email ncproviderrelations@wellcare.com.

We look forward to working with you.

Sincerely,

WellCare of North Carolina

Cardio Codes	Classification
33202	Insertion of epicardial electrode(s); open incision (e.g., thoracotomy, median sternotomy, subxiphoid approach)
33203	Insertion of epicardial electrode(s); endoscopic approach (e.g., thoracoscopy, pericardioscopy)
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	Insertion of Pacemaker Pulse Generator Only; with Existing single Lead
33213	Insertion of Pacemaker Pulse Generator Only; with Existing Dual Leads
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
33221	Insertion of Pacemaker Pulse Generator Only; with Existing Multiple Leads
33222	Relocation of Skin Pocket for Pacemaker
33223	Relocation of skin pocket for implantable defibrillator
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
33227	Removal of Permanent Pacemaker Pulse Generator with Replacement of Pacemaker Pulse Generator; single Lead System
33228	Removal of Permanent Pacemaker Pulse Generator with Replacement of Pacemaker Pulse Generator; Dual Lead System
33229	Removal of Permanent Pacemaker Pulse Generator with Replacement of Pacemaker Pulse Generator; Multiple Lead System
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads

33233	Removal of permanent pacemaker pulse generator only
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
33235	Removal of transvenous pacemaker electrode(s); dual lead system
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
33241	Removal of implantable defibrillator pulse generator only
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33271	Insertion of subcutaneous implantable defibrillator electrode
33272	Removal of subcutaneous implantable defibrillator electrode
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g., left thoracotomy)

33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (List separately in addition to code for primary procedure)
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	Replacement, Mitral Valve, with Cardiopulmonary Bypass
33465	Replacement, Tricuspid Valve, with Cardiopulmonary Bypass
33475	Replacement, Pulmonary Valve
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
33510	Coronary artery bypass, vein only; single coronary venous graft
33511	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)

33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	Coronary Artery Bypass, Using Arterial Graft(S); single Arterial Graft
33534	Coronary Artery Bypass, Using Arterial Graft(S); 2 Coronary Arterial Grafts
33535	Coronary Artery Bypass, Using Arterial Graft(S); 3 Coronary Arterial Grafts
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33641	Repair atrial Septal Defect, Secundum, with Cardiopulmonary Bypass, with or without Patch
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33820	Repair of patent ductus arteriosus; by ligation
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery

35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35351	Thromboendarterectomy, including Patch Graft, If Performed; Iliac
35355	Thromboendarterectomy, including Patch Graft, If Performed; Iliofemoral
35371	Thromboendarterectomy, including Patch Graft, If Performed; Common Femoral
35372	Thromboendarterectomy, including Patch Graft, If Performed; Deep (Profunda) Femoral
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35556	Bypass Graft, with Vein; Femoral-Popliteal
35558	Bypass Graft, with Vein; Femoral-Femoral
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (e.g., aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)
35583	In-situ vein bypass; femoral-popliteal
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	In-situ vein bypass; popliteal-tibial, peroneal
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open
35621	Bypass Graft, with Other than Vein; Axillary-Femoral
35646	Bypass Graft, with Other than Vein; Aortobifemoral
35654	Bypass Graft, with Other than Vein; Axillary-Femoral-Femoral
35656	Bypass Graft, with Other than Vein; Femoral-Popliteal
35661	Bypass graft, with other than vein; femoral-femoral
35665	Bypass Graft, with Other than Vein; Iliofemoral
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (e.g., Dacron, ePTFE, bovine pericardium)
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)
36140	Introduction of needle or intracatheter, upper or lower extremity artery

36200	Introduction of Catheter, Aorta
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family
36217	Selective Catheter Placement, Arterial System; initial Third order or More Selective Thoracic or Brachiocephalic Branch, within A Vascular Family
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (e.g., great saphenous vein, accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (e.g., great saphenous vein, accessory saphenous vein), same leg

36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, Endovascular, Open or Percutaneous, Tibial, Peroneal Artery, Unilateral, initial Vessel; with atherectomy, Includes Angioplasty within the Same Vessel, when Performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
37238	Transcatheter Placement of An Intravascular Stent(S), Open or Percutaneous, including Radiological Supervision and Interpretation and including Angioplasty within the Same Vessel, when Performed; initial Vein
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation

75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
92920	Percutaneous Transluminal Coronary Angioplasty; single Major Coronary Artery or Branch
92924	Percutaneous Transluminal Coronary atherectomy, with Coronary Angioplasty when Performed; single Major Coronary Artery or Branch
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92933	Percutaneous Transluminal Coronary atherectomy, with Intracoronary Stent, with Coronary Angioplasty when Performed; single Major Coronary Artery or Branch
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
92960	Cardioversion, elective, electrical conversion of arrhythmia; external
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure)
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure)
92986	Percutaneous balloon valvuloplasty; aortic valve
92987	Percutaneous balloon valvuloplasty; mitral valve
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)

93463	Pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
93464	Physiologic exercise study (e.g., bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
93505	Endomyocardial Biopsy
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (e.g., internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)
93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant
93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93582	Percutaneous transcatheter closure of patent ductus arteriosus
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve

93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)



Frequently Asked Questions: Cardiology Management Program

WellCare of North Carolina (WellCare) Medicaid Effective May 1, 2024

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive cardiology quality management company whose goal is to apply evidence-based treatment to the delivery of cardiology care.
- **What is the Cardiology Quality Management Program?**
 - The Cardiology Quality Management Program provides prior authorization management for invasive cardiology services rendered in a physician's office, outpatient hospital, and ambulatory or inpatient setting (planned professional services only). The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.
- **What members are included in this program?**
 - WellCare Medicaid members of all ages.
- **When will the program begin?**
 - The program will begin **May 1, 2024**.
- **How can a physician's office request training for this program?**
 - A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at **1-888-999-7713, Option 6** or email providertraining@newcenturyhealth.com. You can also self-register for an introductory meeting online at my.newcenturyhealth.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Eligibility verification
 - Physician discussions with cardiologists
 - Support staff with dedicated provider solutions representatives available to assist
- **How do I contact Evolent authorization support?**
 - Call **1-888-999-7713 (Option 1)**. Staff is available Monday-Friday 8:00 a.m. to 8:00 p.m. EST.

- **What is the transition of care process?**
 - WellCare approvals issued before **May 1, 2024**, are effective until the authorization end date. Starting **May 1, 2024**, please submit prior authorization requests to Evolent.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering cardiology services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Online my.newcenturyhealth.com.
 - Via telephone at 1-888-999-7713 (Option 1)
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.

- **What services / specialists are included in the program?**

The program will apply to all specialties for the following invasive cardiovascular services only:

Aneurysm Surgery
Aortic Valve Surgery
Atrial Septal Defect (ASD) Repair
Bypass Surgery
Coarctation of Aorta Repair
Coronary Artery Bypass Surgery
Coronary Intervascular Ultrasound (IVUS)
Coronary Intervention
Device Implantation (Defibrillator, Pacemaker)/Electrical Cardioversion
Device Monitoring*
Diagnostic Cardiac Catheterization
Electrophysiology (EP) Ablation
Electrophysiology Studies (EPS)
Fractional Flow Reserve (FFR)
Left Heart Catheterization
Mitra Clip
Mitral Valve Surgery
Myocardial Procedure
Patent Ductus Arteriosus (PDA) Repair
Peripheral Angiography
Pulmonary Artery (PA) Pressure Sensor Procedure
Pulmonary Artery (PA) Repair
Pulmonary Valve Surgery
Shunt Surgery
Transcatheter Aortic Valve Replacement (TAVR)

Pulmonary Valve Surgery
Shunt Surgery
Transcatheter Aortic Valve Replacement (TAVR)
Tricuspid Valve Surgery
Vascular Access Device
Venous Intervention
Ventricular Septal Defect (VSD) Repair

*93745 and 93292 are in-scope for Evolent to review in relation to Life Vest Programming

- **Who reviews cardiology requests?**
 - Evolent medical reviewers are licensed cardiologists using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at my.newcenturyhealth.com or by contacting Evolent at 1-888-999-7713, Option 1.
- **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.
- **What will the Evolent authorization number look like, and how long is it valid?**
 - The Evolent authorization will start with “AR” followed by at least four digits (e.g., AR1000) and be valid for the 60-day duration indicated on the Service Request Authorization (SRA).
- **Which place(s) of service are included in this program?**
 - Cardiology services rendered in a physician’s office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only),
- **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 your Provider Manual.
- **Who is responsible for responding to grievances and appeals?**
 - WellCare 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, WellCare 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.



Frequently Asked Questions: Cardiology Management Program

WellCare of North Carolina (WellCare) Medicaid Effective May 1, 2024

- **Who is Evolent?**
 - Evolent (formerly New Century Health) is a comprehensive cardiology quality management company whose goal is to apply evidence-based treatment to the delivery of cardiology care.
- **What is the Cardiology Quality Management Program?**
 - The Cardiology Quality Management Program provides prior authorization management for invasive cardiology services rendered in a physician's office, outpatient hospital, and ambulatory or inpatient setting (planned professional services only). The program emphasizes and supports the selection of preferred pathways for patient care and authorizations are administered by Evolent.
- **What members are included in this program?**
 - WellCare Medicaid members of all ages.
- **When will the program begin?**
 - The program will begin **May 1, 2024**.
- **How can a physician's office request training for this program?**
 - A provider solution specialist will contact you to schedule an introductory meeting and training. If you have any questions prior to the introductory meeting, please contact Evolent at **1-888-999-7713, Option 6** or email providertraining@newcenturyhealth.com. You can also self-register for an introductory meeting online at my.newcenturyhealth.com.
- **What are some key features of the program?**
 - Evolent offers providers:
 - Real-time authorizations for treatment care pathways
 - Real-time status of authorization requests
 - Quick turnaround on authorization requests
 - Eligibility verification
 - Physician discussions with cardiologists
 - Support staff with dedicated provider solutions representatives available to assist
- **How do I contact Evolent authorization support?**
 - Call **1-888-999-7713 (Option 1)**. Staff is available Monday-Friday 8:00 a.m. to 8:00 p.m. EST.

- **What is the transition of care process?**
 - WellCare approvals issued before **May 1, 2024**, are effective until the authorization end date. Starting **May 1, 2024**, please submit prior authorization requests to Evolent.
- **Who is responsible for obtaining prior authorization?**
 - The physician organization ordering cardiology services must request prior authorization through Evolent.
- **How do I obtain prior authorization?**
 - By submitting requests to Evolent:
 - Online my.newcenturyhealth.com.
 - Via telephone at 1-888-999-7713 (Option 1)
- **What is the turn-around time (TAT) for processing prior authorization requests?**
 - Standard Medical: 14 calendar days.
 - Expedited Medical: 72 hours.

- **What services / specialists are included in the program?**

The program will apply to all specialties for the following invasive cardiovascular services only:

Aneurysm Surgery
Aortic Valve Surgery
Atrial Septal Defect (ASD) Repair
Bypass Surgery
Coarctation of Aorta Repair
Coronary Artery Bypass Surgery
Coronary Intervascular Ultrasound (IVUS)
Coronary Intervention
Device Implantation (Defibrillator, Pacemaker)/Electrical Cardioversion
Device Monitoring*
Diagnostic Cardiac Catheterization
Electrophysiology (EP) Ablation
Electrophysiology Studies (EPS)
Fractional Flow Reserve (FFR)
Left Heart Catheterization
Mitra Clip
Mitral Valve Surgery
Myocardial Procedure
Patent Ductus Arteriosus (PDA) Repair
Peripheral Angiography
Pulmonary Artery (PA) Pressure Sensor Procedure
Pulmonary Artery (PA) Repair
Pulmonary Valve Surgery
Shunt Surgery
Transcatheter Aortic Valve Replacement (TAVR)

Tricuspid Valve Surgery
Vascular Access Device
Venous Intervention
Ventricular Septal Defect (VSD) Repair

*93745 and 93292 are in-scope for Evolent to review in relation to Life Vest Programming

- **Who reviews cardiology requests?**
 - Evolent medical reviewers are licensed cardiologists using nationally recognized clinical guidelines when performing reviews. Clinical guidelines are available at my.newcenturyhealth.com or by contacting Evolent at 1-888-999-7713, Option 1.
- **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.
- **What will the Evolent authorization number look like, and how long is it valid?**
 - The Evolent authorization will start with “AR” followed by at least four digits (e.g., AR1000) and be valid for the 60-day duration indicated on the Service Request Authorization (SRA).
- **Which place(s) of service are included in this program?**
 - Cardiology services rendered in a physician’s office, outpatient hospital, ambulatory, or inpatient setting (planned professional services only),
- **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 your Provider Manual.
- **Who is responsible for responding to grievances and appeals?**
 - WellCare 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, WellCare 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.