



# Trillium Health Resources Tailored Plan Interventional Pain Management (IPM) Program

Provider Training

# How We Will Spend Our Time Together

---

01 | Program Scope

---

02 | Authorization Process

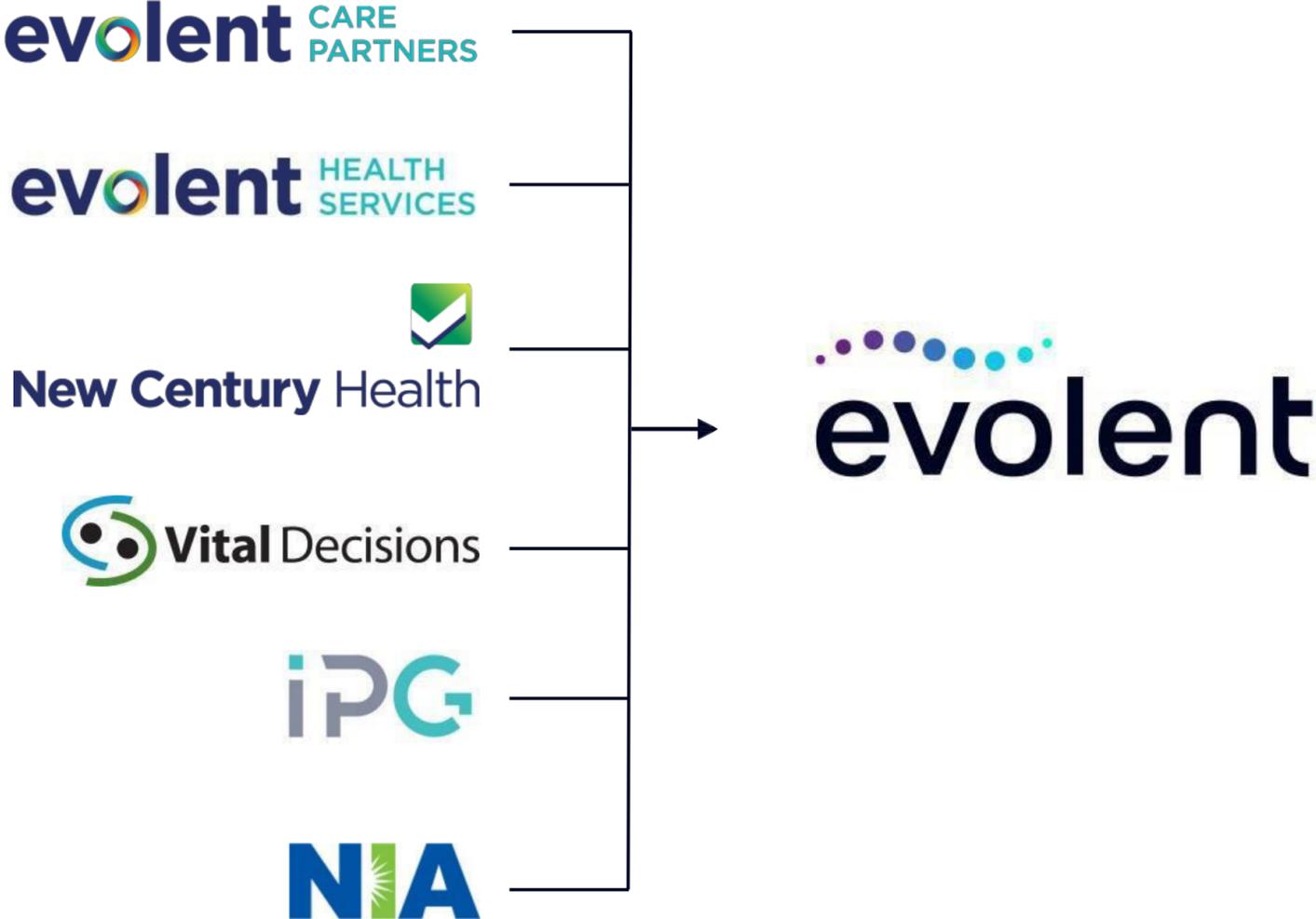
---

03 | Provider Tools and Contact Information

---

# Evolent

Connecting Our Brands is About Connecting Care



# IPM Prior Authorization Program



Trillium Health Resources Tailored Plan implemented a prior authorization program through Evolent for the management of medical specialty services including Interventional Pain Management (IPM)



## **Program start date**

April 1, 2026



11 - Provider office  
19 – Outpatient off-campus  
22 – Outpatient on-campus  
24 – Ambulatory surgery center



Medicaid

# Program Scope Overview: Scope of Service (SOS)



<b>Program</b>	Interventional Pain Management (IPM)
<b>Service Area</b>	North Carolina
<b>Lines of Business (LOB)</b>	Trillium Health Resources Tailored Plan Medicaid
<b>Effective Date</b>	Effective April 1, 2026
<b>Evolut Interventional Pain Management (IPM) Scope</b>	<p><b>Places of Service:</b>                      11 - Provider office                      19 - Outpatient hospital off-campus                      22 - Outpatient on-campus                      24 - Ambulatory surgical center</p> <p><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>• Spinal Epidural Injections</li> <li>• Paravertebral Facet Joint Injections of Blocks</li> <li>• Paravertebral Facet Joint Denervation (Radiofrequency (RF) Neurolysis)</li> <li>• Sacroiliac Joint Injections</li> <li>• Sympathetic Nerve Blocks</li> </ul> <p><b>Authorization Required for:</b>                      All planned/elective procedures listed, ordered by all provider specialties performed in the covered places of service.</p> <p><i>Evolut is delegated approvals and adverse determinations (denials).</i></p>
<b>Authorization Process and Provider Support</b>	<p>Ordering provider's office must submit prior authorization requests to Evolut.</p> <ul style="list-style-type: none"> <li>• Via the Evolut <a href="#">RadMD</a> provider portal at <a href="http://evolent.com/provider-portal">evolent.com/provider-portal</a></li> <li>• Telephonic intake, physician discussions and authorization status inquiries:                             <ul style="list-style-type: none"> <li>◦ 1.800.327.0635</li> </ul> </li> <li>• Contact information for the Evolut Provider Engagement Manager can be located on <a href="#">RADMD</a> on the "Trillium Health Resources" page within the Provider Resources section.</li> </ul> <p style="text-align: center;"><b>Hours of Operation</b>                      Monday – Friday, 8:00 AM – 8:00 PM EST</p> <p style="text-align: center;"><b>RadMD Support</b>  <a href="mailto:RadMDSupport@Evolent.com">RadMDSupport@Evolent.com</a>   1.800.327.0641</p>

April 2026

<b>Turnaround Time (TAT)</b>	Standard: 7 calendar days Expedited: 72 calendar hours
<b>Expedited Requests</b>	The Evolut 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 Evolut call center.
<b>Retrospective Authorizations</b>	Retrospective requests are in scope <u>for</u> Evolut within 3 business days from the date of service.
<b>Post Adverse Determination</b>	<ul style="list-style-type: none"> <li>• Re-reviews are available, prior to submitting an appeal to the health plan, within 5 business days from the initial denial date.</li> <li>• Peer-to-Peer discussions are available for consultation purposes or to clarify existing documentation by calling Evolut's call center at 1.800.327.0635.</li> </ul>
<b>Authorization Validity Period</b>	Authorizations are valid for 60 calendar days from the date of service.
<b>Claims and Appeals</b>	<ul style="list-style-type: none"> <li>• Providers should continue to submit their claims to the Health Plan, including Evolut's authorization number.</li> <li>• Evolut is not delegated appeals. Directions to submit an appeal to the health plan are included in the denial notification.</li> </ul>
<b>Evolut Resources</b>	<p>Resources available under "Trillium Health Resources" section of the Provider Resources page in Evolut's <a href="#">RadMD</a> portal:</p> <ul style="list-style-type: none"> <li>• Evolut Scope of Service, CPT Utilization Matrix, Evolut Clinical Guidelines, Tip Sheets and Checklists</li> </ul>
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• All places of service not specifically listed in defined scope</li> <li>• Claims management/provider contracting</li> <li>• CPT codes, places of treatment, and lines of business outside defined scope</li> <li>• Emergent/non-elective services</li> </ul>

April 2026

# List of Procedure Codes Requiring Prior Authorization

Evolut manages all codes listed on the Utilization Review Matrix

- Copies are available on RadMD.com
- Includes CPT codes and their allowable billable groups
- For codes not managed by Evolut refer to the health plan's policies for procedures

Authorizations will be approved with an "Authorized CPT Code"

- Select codes from the "Allowable Billed Groupings" and "Ancillary Procedure/Codes" that best matches the procedure performed when submitting claims



Utilization Review Matrix 2026  
 Centene NC – Carolina Complete Health  
 Exchange (Ambetter) and Medicaid Members  
 Interventional Pain Management (IPM)

IPM PROCEDURES			
Procedure Name	Primary CPT Code	Allowable Billed Groupings	Ancillary Procedures/Codes
Authorization is provided at the <u>procedure</u> level. There are multiple CPT codes that can be associated with each procedure. These are assumed to be part of the primary request and, when completed in combination, do not require a separate authorization.			These codes do not require prior authorization. If the main procedure is approved, these codes are understood to be included and do not require precertification from the health plan.  *Please note: This is not an all-inclusive list of every possible ancillary code
Cervical/Thoracic Interlaminar Epidural	62321	62320, 62321	
Cervical/Thoracic Transforaminal Epidural	64479	64479, +64480	
Lumbar/Sacral Interlaminar Epidural	62323	62322, 62323	
Lumbar/Sacral Transforaminal Epidural	64483	64483, +64484	
Cervical/Thoracic Facet Joint Block	64490	64490, + 64491, +64492, 0213T, +0214T, +0215T	
Lumbar/Sacral Facet Joint Block	64493	64493, +64494, +64495, 0216T, +0217T, +0218T	

# IPM Points



Injections in all regions of the spine are managed



Every IPM procedure performed requires a prior authorization



Evolent will not authorize a series of epidural injections



Bi-lateral or multiple level IPM injections performed on the same date of service do not require a separate authorization. (Please refer to clinical guidelines for potential restrictions)



Add on codes do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered



Date of service is required for all requests

# Clinical Guidelines

- Evolent Clinical Guidelines
- Evolent's guidelines are developed by practicing clinicians through literature reviews using evidence-based research
- All guidelines have been reviewed and approved by the Health Plan and Evolent's medical leadership
- Guidelines are available on RadMD.com

## **Resources and Tools**

**Shared Access**

**Clinical Guidelines**

**Request access to Tax ID**

# Prior Authorization Process



# Documentation Requirements

- Clinical documentation is required when the request pends for review
- Documents can be submitted via upload on RadMD (faster) or fax using an Evolent Coversheet

## Clinical Documentation to Include:

- Clinical notes including symptoms and their duration
- Physical exam findings applicable to the requested services
- Conservative treatment completed for six weeks within the most recent six months on the targeted body part (e.g., physical therapy, chiropractic or physician directed home exercise program)
  - Can be included in physician's notes, official therapy notes, or the conservative treatment history form which can be found in the **Resources** page on RadMD
  - If contraindicated, please document
- Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures)
- Clinical rationale/reason for the requested study
- For patients with previously approved procedures:
  - Rationale for the follow-up procedure and results of the prior injection
  - If not performed, please withdraw the prior request or document the reason it was not performed
- Reports of previous procedures
- Specialist reports/evaluation



**Conservative Treatment History Form (Pain Management)**

Conservative treatment provides significant clinical value to patients who are experiencing issues with their spine. As such, proper documentation of recent efforts at conservative care is crucial to establishing the need for further treatment or procedures.

**IMPORTANT: Please type or print CLEARLY. Once completed and attested, upload this document via RadMD. Processing may be delayed if information submitted is illegible or incomplete.**

Today's Date:	Patient Name:
Tracking Number:	Date of Birth:
<b>Clinical Questions:</b>	
How long has the patient had these symptoms? _____	
<b>Conservative treatments tried for the problem:</b>	
Has the patient had physical therapy in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>physical therapy</i> , please complete this section.	
Physical therapy start date: _____	Date of last session: _____
Number of sessions completed: _____	Body region treated: _____
How did the patient feel after/during the therapy intervention? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue therapy? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient performed a physician-directed home exercise program (HEP) in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>physician-directed home exercise program</i> , please complete this section.	
Type of exercises: _____	Body region treated: _____
Date when patient started home exercise program: _____	Date of last session: _____
Frequency and duration of the exercises performed (how many times per week and for how long): _____	
How did the patient feel after/during the home exercises? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue their HEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient had chiropractic care in the last 6 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>chiropractic care</i> , please complete this section.	
Chiropractic treatment start date: _____	Date of last session: _____
Number of sessions completed: _____	Body region treated: _____
How did the patient feel after/during the treatment? <input type="checkbox"/> BETTER <input type="checkbox"/> SAME <input type="checkbox"/> WORSE	
Is there a medical reason the patient was unable to continue chiropractic care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient had a previous injection in this spinal region?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to <i>previous injection</i> , please complete this section.	
Is the patient actively engaged in ongoing conservative treatment since the last injection? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of active conservative treatment: <input type="checkbox"/> PHYSICAL THERAPY <input type="checkbox"/> HEP <input type="checkbox"/> CHIRO	

# RadMD Access Types

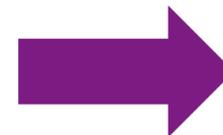
## Ordering Access

**Application Type:** Physician's office that orders procedures

**Ideal User:** Physician's team submitting and managing authorization requests

### Functionality:

- Need to setup shared access or use alternative method to view requests submitted by other users
- Most options to submit and manage authorizations



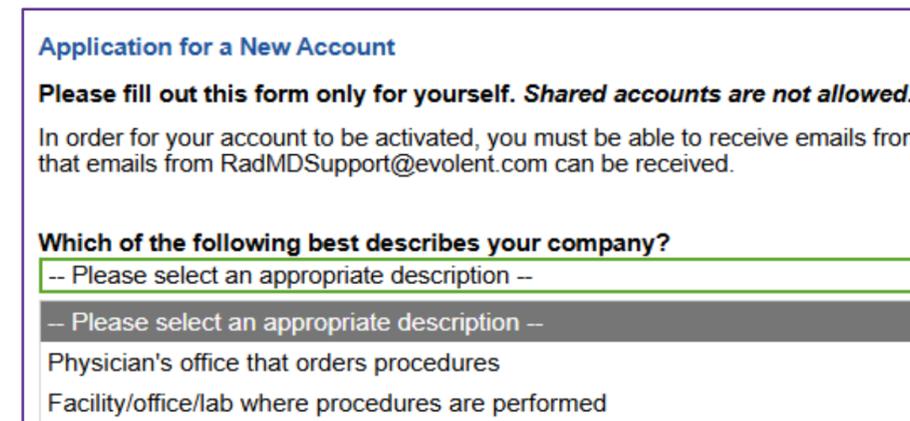
## Rendering Access

**Application Type:** Facility/office where procedures are performed

**Ideal User:** Facility staff or administrators wanting to ensure the member has an approved authorization for associated facility

### Functionality:

- Allows users to see authorizations for pre-approved tax IDs
- Limited ability to manage the authorization

A screenshot of the "Application for a New Account" form. The form has a blue header with the text "Application for a New Account". Below the header, it says "Please fill out this form only for yourself. Shared accounts are not allowed." and "In order for your account to be activated, you must be able to receive emails from that emails from RadMDSupport@evolent.com can be received." Below this, there is a question: "Which of the following best describes your company?". There are two dropdown menus, both showing "-- Please select an appropriate description --". The first dropdown is highlighted with a green border, and the second is highlighted with a grey border. Below the dropdowns, there are two radio button options: "Physician's office that orders procedures" and "Facility/office/lab where procedures are performed".

# Shared Access

Evolent offers a **Shared Access** feature on our [RadMD.com](https://www.radmd.com) website. Shared Access allows ordering provider users to view authorization requests initiated by other RadMD users within their practice.

Shared Access can be enabled for any period of time **up until a maximum of 90 days**. Shared Access must be refreshed every 90 days.

**Tip:** If a practice staff member will be unavailable or out of office, access can be shared with other users in the practice. Doing so will allow them to view and manage the authorization requests initiated online via [RadMD.com](https://www.radmd.com) by the user that will be out of office.

**Request**  
Exam or Specialty Procedure  
(Non-Cardiac Advanced Imaging, Sleep Assessment)  
Cardiovascular Services  
Physical Medicine  
Initiate a Subsequent Request  
Radiation Treatment Plan  
Pain Management  
or Minimally Invasive Procedure  
Spine Surgery or Orthopedic Surgery  
Genetic Testing

**Resources and Tools**  
Shared Access  
Clinical Guidelines  
Request access to Tax ID

**News and Updates**  
Hot Topic(s):

**Shared Access**  
How does this work? [Show]

**Share Requests**

RadMD Username:

End Date:  [7d] [30d] [90d max]

**Send Share Offer**

# When to Contact Evolent

Initiating or checking the status of an authorization request

- RadMD.com
- 1.800.327.0635

Initiating a peer-to-peer consultation

- 1.800.327.0635

Provider service line (General questions and technical RadMD issues)

- [RadMDSupport@evolent.com](mailto:RadMDSupport@evolent.com)
- 1.800.327.0641

Provider education requests or questions specific to Evolent

PracticeSuccess@evolent.com



# THANK YOU!

EVOLENT DOES NOT ALLOW ANY THIRD PARTIES TO USE EVOLENT OR EVOLENT CLIENT DATA FOR ANY PURPOSE OTHER THAN PROVIDING SERVICES ON BEHALF OF EVOLENT OR EVOLENT CLIENTS.

Evolent is an independent company providing MSK and IPM solution programs for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.