

Update: Delegation of Services to Evolent Health Delayed to June

March 18, 2024

Neighborhood Health Plan of Rhode Island (Neighborhood) is informing providers of a delay in the delegation of advanced imaging and physical medicine services to Evolent Health (Evolent). The implementation has been rescheduled to **June 1, 2024**. As a result, eviCore Healthcare (eviCore) will continue to provide utilization management of radiology services for Medicaid, Commercial, and INTEGRITY (MMP) members through **May 31, 2024**.

Please note that Neighborhood will end its partnership with eviCore effective **June 1, 2024**. Authorizations for radiology services granted by eviCore **will remain active until the approved authorization end date**.

This update follows Neighborhood's [February 1 notification](#) regarding its partnership with Evolent, parent company of National Imaging Associates, Inc., (NIA). Once implemented, **all services under Evolent's solutions will require prior authorization** including non-emergent, advanced, and outpatient imaging; and outpatient rehabilitative and habilitative physical medicine services. Neighborhood will continue to oversee claims adjudication.

Impacted Lines of Business

Evolent's solutions will impact the following Neighborhood lines of business:

- Advanced imaging (All lines of business)
- Physical medicine (Medicaid and Commercial)

Impacted Services

Beginning **June 1, 2024**, the following advanced imaging services will **continue to require prior authorization**:

- Radiology
 - MRI (Magnetic Resonance Imaging)
 - MRA (Magnetic Resonance Angiography)
 - CT/CTA (Computed Tomography)
 - PET (Positron Emission Tomography)
- Radiology – Cardiology Focus
 - CCTA (Coronary Computed Tomography Angiography)
 - Nuclear Stress (Myocardial Perfusion Imaging (MPI))
 - MUGA Scan

Beginning **June 15, 2024**, the following advanced imaging and physical medicine services will also **require prior authorization**. Neighborhood recommends providers initiate these requests beginning **June 1, 2024**.

- Radiology – Cardiology Focus
 - Stress Echocardiography
 - Echocardiography
- Physical Medicine
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

In addition, as of **June 15, 2024**, the following CPT codes will be considered non-covered services:

| Category | New Code | Description |
|----------|----------|--|
| CCTA | 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation, and report. |
| CCTA | 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission. |
| CCTA | 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography. |
| CCTA | 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation, and report. |
| CCTA | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation, and report |
| CCTA | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission |
| CCTA | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability |
| CCTA | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation, and report |
| CT | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material |
| CT | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) |
| CT | 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) |
| CT | 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) |
| CT | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) |
| CT | 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) |

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| MR | 0609T | Magnetic resonance spectroscopy, determination, and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least three discs |
| MR | 0610T | Magnetic resonance spectroscopy, determination, and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis |
| MR | 0611T | Magnetic resonance spectroscopy, determination, and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs |
| MR | 0612T | Magnetic resonance spectroscopy, determination, and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report |
| MRI | 76391 | Magnetic resonance (e.g., vibration) elastography |
| MRI | 0648T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation, and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session. |
| MRI | 0649T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation, and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). |
| MRI | 0697T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation, and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; multiple organs |
| MRI | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging |
| MRI | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging |
| Nuclear Cardiac Imaging | 75580 | Noninvasive estimate of coronary fractional flow reserve (FFS) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional. |

Note: Effective June 1, 2024, Neighborhood's payment policies will be updated to align with the changes noted above. New clinical medical policies will also be available on our website.

Evolut Online Portal

Providers can request access to Evolut's online portal for advanced imaging and physical medicine services by visiting Evolut's website and [completing the registration process](#). Although access can be requested, providers will not be able to submit prior authorization requests until **June 1, 2024**. Neighborhood encourages all providers to become familiar with the website.

Before rendering any services, providers should note:

- Ordering or rendering providers are responsible for obtaining authorization prior to rendering advanced imaging and cardiac services or physical medicine treatment.

- Providers rendering any of the services listed above should verify that the necessary authorization has been obtained by [signing in on Evolent's website](#) or calling Evolent at 1-877-469-7949. Failure to do so may result in non-payment of claims.
- Emergency room, observation, and inpatient imaging procedures do not require authorization through Evolent.

Provider Support

Please [click here](#) for additional information on advanced imaging and physical medicine services including:

- Frequently asked questions
- Quick reference guide
- Utilization review matrix
- Provider education presentation
- Provider education webinars:
 - Radiology: **May 21, May 22, and May 30, 2024**
 - Physical Medicine: **May 22, May 24, and May 30, 2024**

Neighborhood appreciates your continued commitment to providing quality care to its members. If you have any questions regarding this notification, please contact Provider Services at 1-800-963-1001.