MOLINA HEALTHCARE

PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Idaho provider networks

ANNOUNCEMENT

Molina Healthcare of Idaho cares about our members' health and is continually enhancing programs to improve the quality of care. We are pleased to announce that we are expanding our collaboration with Evolent as the administrator of the Molina Healthcare Advanced Imaging Program.

Beginning October 1, 2026, Molina Healthcare of Idaho Medicare, Medicaid and Marketplace members will require prior authorization through Evolent for select advanced imaging services being rendered in a provider office, freestanding diagnostic facility or outpatient hospital:

- CT/CTA
- MRI/MRA
- PET scan

Treatment plans will be reviewed using nationally recognized evidence-based guidelines. We hope you will find value in the following enhancements coming with the Evolent partnership:

- Real-time authorizations for evidence-based treatment plans submitted through the Evolent online portal, RadMD at evolent.com/provider-portal
- Eligibility verification is available directly in the portal prior to submitting a treatment plan.
- Telephonic intake option, available for submitting treatment plans when needed.
- Evolent physicians on staff to conduct physician discussions.
- A dedicated Evolent practice engagement team to ensure a smooth transition and provide ongoing support.

Authorizations issued by Molina Healthcare of Idaho before October 1, 2026, are effective until the authorization expiration date. There will be different CPT codes that will be required. Please see FAQs below. Beginning October 1, 2026, providers should submit all new prior authorization requests to Evolent for services scheduled on or after that date using one of the following methods:

- Log in to the Evolent provider portal, RadMD at evolent.com/provider-portal
- Telephone submission, available Monday–Friday, 8:00 a.m. – 6:00 p.m. MT
    - 1.800.424.6112 Medicare
    - 1.866.642.9702 Duals
    - 1.800.442.4169 Medicaid
    - 1.800.642.1716 Marketplace

Additional program information and Evolent training session dates can be located at Program Changes Effective August 2026. Please register in advance to ensure you are prepared for the program go live. If you have any questions before the training sessions, please contact Evolent at practicesuccess@evolent.com.

Frequently Asked Questions (FAQ)
Molina Healthcare of Idaho
Advanced Imaging Program

Q: Who is Evolent?
A: Evolent, formerly known as New Century Health (NCH) is a comprehensive advanced imaging quality management company. Its platform optimizes the application of evidence-based medicine to the delivery of advanced imaging services.

Q: What is the Molina Healthcare Advanced Imaging program?
A: Molina Healthcare's Advanced Imaging program provides prior authorization management for imaging services. The program emphasizes and supports the selection of evidence-based treatment for patient care and authorizations are administered by Evolent**.** Precertification, preauthorization, and notification requirements all refer to the same process of prior authorization.

Q: What members are included in this program?
A: The program expansion to include Medicare, Medicaid and Marketplace members is effective August 1, 2026.

Q: Which services require prior authorization through Evolent?
A: Evolent will review prior authorizations requested by all specialties for the following non-emergent services:

- CT/CTA
- MRI/MRA
- PET scan

Q: How can a physician's office request training for this program?
A: Providers can access additional program details and register for training sessions via Evolent's resource hub web page: go.evolent.com/molina-rbmprogram-changes-august-1-2026. If you have questions before the training sessions, you can contact Evolent Provider Solutions at practicesuccess@evolent.com.

Prior authorization:

Q: Who should obtain prior authorization?
A: The physician organization ordering advanced imaging services must request prior authorization through Evolent.

Several codes will be delegated to Evolent RBM, and most already require prior authorization today. The following codes will require prior authorization effective 10/1/2026:

proc_code	description
0722T	Quantitative CT, concurrent CT exam of any structure
70486	CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
70487	CT FACE, JAW OR MANDIBLE, MAXILLOFACIAL , WITH CONTRAST
70488	CT FACE, JAW OR MANDIBLE, MAXILLOFACIAL,WITHOUT/WITH CONTRAST
70490	CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
70491	CT NECK SOFT TISSUES,LARYNX,THYROID,ETC.WITH CONTRAST
70492	CT NECK SOFT TISSUES, LARYNX,THYROID,ETC.WITHOUT/WITH CONTRAST
71250	CT CHEST, THORAX
71260	CT CHEST, THORAX WITH CONTRAST
71270	CT CHEST, THORAX WITHOUT AND WITH CONTRAST
72125	CT CERVICAL SPINE, NECK SPINE NO CONTRAST
72126	CT CERVICAL SPINE, NECK SPINE WITH CONTRAST
72127	CT CERVICAL SPINE, NECK SPINE WITHOUT AND WITH CONTRAST
73206	Ct angio upr extrm w/o&w dye
73706	Ct angio lwr extr w/o&w dye
76380	CT FOLLOW-UP OR LIMITED STUDY ANY AREA
0698T	Quan mr tiss w/mri mlt orgn
0724T	Quantitative MR, QMECP, same anatomy
70336	MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT
S8037	mrcp
S8042	MRI low field
78434	Aqmbf pet rest & rx stress

A: **For Medicaid only use**:

proc_code	description
G0219	PET Imaging whole body; melanoma for non-covered indications
G0235	PET not otherwise specified
G0252	PET imaging initial dx

A: **For Medicare only use**:

proc_code	description
70551	MRI BRAIN HEAD BRAINSTEM WITHOUT CONTRAST
70552	MRI HEAD, BRAIN, BRAINSTEM WITH CONTRAST
70553	MRI HEAD, BRAIN, BRAINSTEM WITHOUT /WITH CONTRAST
73718	MRI lower extremity w/o dye
73719	MRI lower extremity w/dye
73720	MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
73721	MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
73722	MRI joint of lwr extr w/dye
73723	MRI joint lwr extr w/o&w dye
S8037	MRCP
S8042	MRI low field
78434	Aqmbf pet rest & rx stress

Q: How do I obtain prior authorization?

A: Starting October 1, 2026, submit authorization requests to Evolent via the following methods:

- Log into Evolent's provider web portal, RadMD at evolent.com/provider-portal
- Contact Evolent's Utilization Management Intake Department**,** Monday through Friday (5:00 a.m. - 5:00 p.m. PST)
    - 1.800.424.6112 Medicare
    - 1.866.642.9702 Duals
    - 1.800.442.4169 Medicaid
    - 1.800.642.1716 Marketplace

Q: What are some key features of the program?

A: The online provider portal is always available, offering:

- Real-time authorizations for evidence-based treatment plans
- View of real-time status of authorization requests
- Eligibility verification

- Supportive telephonic authorization staff available
- Physician discussions
- Dedicated Evolent provider engagement team for ongoing support and training

Q: What is the transition of care process?
A: Authorizations issued by Molina before October 1, 2026, for Medicare, Medicaid and Marketplace members, will be effective until the authorization expiration date. Requests for new treatment and/or changes in treatment scheduled on or after October 1, 2026, must be submitted to Evolent for preauthorization.

Q: Who at Evolent will be reviewing advanced imaging service authorization requests?
A: Evolent Medical Reviewers are licensed practitioners who are not incentivized to issue denials, as they use nationally recognized clinical guidelines when performing reviews. These guidelines are available at RadMD.com**.** If the request does not meet evidence-based treatment guidelines, Evolent may request additional information or initiate a physician discussion with the requesting provider.

Q: What will the Evolent authorization look like, and how long is it valid?
A: The Evolent authorization number or request ID consists of letters and numbers and is valid for 60 days from the date of the request.

Q: What place of service does this prior authorization review process include?
A: Outpatient setting, which could include the physician's office, freestanding diagnostic facility and outpatient hospital locations.

Q**: Does prior authorization guarantee payment?**
A: 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 Molina Provider Manual.

Q**: What will happen if the physician does not obtain an authorization?**
A: If the required authorization is not obtained, Molina Healthcare may deny payment.

Q: What is the process for appealing an Evolent authorization denial?
A: Evolent is not delegated appeals management. Providers must contact Molina Healthcare directly to initiate an appeal.