

# Radiology Site of Care

Provider Forum for Aetna



Empowering  
the Improvement  
of Care

# Agenda

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- Understanding the Aetna Radiology Site of Care Program
- Program Specifics
- Provider Resources
- Questions and Answers

# How will Site of Care work?



Aetna's Radiology Site of Care program will be effective **December 1, 2021** for **fully insured commercial members**. This Site of Care medical necessity review will be in addition to the medical necessity review of the procedure itself.

eviCore healthcare (eviCore) will review outpatient requests to ensure customers are directed to an appropriate site of service, such as a freestanding imaging center, rather than an outpatient hospital setting when available, except in situations where the use of an outpatient hospital setting is required due to the patient's clinical condition.

There will be no change when ordering providers refer customers to a freestanding imaging center. If a provider directs a customer to an outpatient hospital setting for a procedure and there is an alternative free-standing site available, he or she will need to identify the clinical condition that warrants the need for the service to be performed there. If there is no clinical rationale, eviCore may deny coverage.

# Site of Care: Medical Necessity Criteria

eviCore will continue to review Radiology procedures in accordance with existing coverage guidelines. Affected customers will be automatically identified during the review process. For these customers, this additional medical necessity review will apply.

More information can be found by visiting the Aetna for Health Care Professionals website:

[https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-september-2021/90-day-notices-september-2021/evicore-healthcare-site-of-care-medical-necessity-requirement.html?cid=eml\\_prov\\_790035&sub=prov\\_190308379](https://www.aetna.com/health-care-professionals/newsletters-news/office-link-updates-september-2021/90-day-notices-september-2021/evicore-healthcare-site-of-care-medical-necessity-requirement.html?cid=eml_prov_790035&sub=prov_190308379)

## eviCore health care Site of Care medical necessity requirement

Effective December 1, 2021, Aetna® will add a Site of Care medical necessity requirement to the Enhanced Clinical Review program for fully insured commercial members. As part of this change, advanced radiology imaging procedures (MR and CT scans) will be reviewed by eviCore healthcare for applicable medical necessity criteria prior to authorization of services in the hospital outpatient setting.

An advanced imaging procedure at a hospital outpatient site is considered medically necessary when cases involve certain factors. Examples are those where:

- the individual is under 18 years of age
- obstetrical observation is required
- perinatology services are required
- there are imaging needs related to transplant services at an approved transplant facility
- there is a known contrast allergy, and use of that contrast agent is planned
- there is a known chronic disease for which prior high-tech imaging procedures have been used for the diagnosis, management or ongoing surveillance of the disease at the hospital-affiliated imaging department
- there is a COVID-19 diagnosis after positive test for SARS-CoV-2
- there are no other appropriate alternative sites for the individual to undergo the imaging procedure for any of the following reasons:
  1. the surgery or procedure is being performed at the hospital, and preoperative/procedural or postoperative/procedural imaging is an integral component of the care
  2. moderate or deep sedation or general anesthesia is required for the imaging procedure, and a freestanding facility capable of providing such sedation is not available
  3. equipment needed to accommodate the size of the individual is available only at a hospital-affiliated imaging facility
  4. the individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging, which is not available in a freestanding facility
  5. imaging outside the hospital-affiliated imaging department or facility is expected to adversely impact or delay care

All requested advanced radiology procedures that don't meet the required criteria will be considered non-medically necessary unless performed at a freestanding or office location.

This policy will apply to all existing Enhanced Clinical Review program markets.

# Web portal submission experience: What's new?

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- As of **November 24, 2021**, Aetna Radiology cases must be built via the **CareCore National** online portal at [www.eviCore.com](http://www.eviCore.com). For more information on this platform migration, see the **Platform Migration Quick User Guide** at [www.evicore.com/resources/healthplan/aetna](http://www.evicore.com/resources/healthplan/aetna).
- The case submission process on the CareCore platform will NOT be changing on December 1, 2021, unless a nonpreferred facility is requested.
- **Member lookup, CPT code/ICD-10 selection, and ordering provider** information will still be collected as standard.
- Changes **may** be seen during the site selection process, as outlined in the next slides. Cases built for members eligible for Site of Care will automatically go through this process.

# Site selection – Initial Site Lookup

- During the site selection portion of the prior authorization process, search NPI or TIN for the site where the procedure will be performed. You can search by any fields listed. Searching with **NPI**, **TIN**, and **zip code** is the most efficient, and using 'Starts With' rather than 'Exact Match' can be used if you don't have the full site name.
- Enter the search criteria, and select 'Lookup Site' to search for the specific site where the testing/treatment will be performed.
- Selection of an outpatient facility will move the case forward to the clinical collection portion of the prior authorization process, consistent with the current Aetna site selection process. **Selection of a hospital based setting will prompt the user to select a different facility.**

## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

- Exact match  
 Starts with

select either option for site name lookup

LOOKUP SITE

# Site selection – Nonpreferred site

- If a non preferred facility is searched/selected, you will be alerted that the site may not be considered medically necessary, and presented with a list of preferred sites.
- To select one of the preferred sites from the list, choose 'select' and then 'submit'. If one of these preferred sites is selected, the case will continue to clinical review.
- If '**None of the above**' is selected, indicating that the original site is still requested, a popup will alert you that the nonpreferred site may require additional review, and allow one more opportunity to change the site:

**i** Your site may require additional review. Would you like to search for a different site?

Yes  No

**SUBMIT**

**Alert!**

**i** The site you have selected is an outpatient hospital which may not be considered medically necessary. The following is a randomly generated list of in-network rendering sites close to the member's home address, or you can opt to search for a different rendering site not listed by entering new search criteria after selecting 'none of the above' below.

	Name	Address
<input type="button" value="SELECT"/>		E
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>	SYSTEM	CHICAGO, IL, 60673

1 2

None of the above

**SUBMIT**

# Site selection – Proceed to Clinical Information

- Once site selection is completed, you will proceed to clinical collection. Once 'Submit' is selected, there will be no opportunity to change member, provider, site, or service via the online portal.

**Proceed to Clinical Information**

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.**

**BACK** **CONTINUE**

- Once 'Continue' is selected, standard case questions regarding urgency and additional CPT codes will be asked. Urgent cases do not require a site of care medical necessity review, but will be validated for clinical urgency via clinical upload.

**Proceed to Clinical Information**

Is this case Routine/Standard?

**YES** **NO**

**Proceed to Clinical Information**

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?  
 Yes  No

**SUBMIT**

# Site selection – clinical criteria for nonpreferred site

- Next, you will be prompted to select the appropriate clinical criteria for choosing a non preferred site from a dropdown menu :

**Proceed to Clinical Information**

The site you have selected is an outpatient hospital which may not be considered medically necessary. Do any of the following apply to this request?

- Patient requires obstetrical observation
- Patient requires perinatology services
- Patient has a known chronic disease with prior high-tech imaging procedures for the diagnosis, management or ongoing surveillance of the disease at the hospital-affiliated imaging department
- Surgery or procedure is being performed at the hospital and pre-operative/procedural or post-operative/procedural imaging is an integral component of the care
- Moderate or deep sedation or general anesthesia is required for the imaging procedure and a freestanding facility capable of providing such sedation is not available
- Equipment for the size of the individual is only available at a hospital-affiliated imaging facility
- Individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility
- Imaging outside the hospital-affiliated imaging department or facility is expected to adversely impact or delay care
- Imaging related to transplantation services at an approved transplantation facility
- None of the above ←

- The appropriate clinical criteria must be selected from the drop-down menu. If none apply, then select '**None of the above**'. If 'None of the above' is selected, you will receive a popup letting you know that the procedure(s) requested are not eligible for coverage at the non preferred site. You will still proceed through clinical collection to determine the medical necessity of the procedure itself, separate from Site of Care.

**Proceed to Clinical Information**

This service is not eligible for coverage if rendered at an outpatient hospital.

Please select Submit button to continue to review of requested procedure(s).

**SUBMIT**

# If 'None of the Above' is selected:

- Once the procedure has been reviewed for medical necessity, and if *approved*, if 'None of the Above' was chosen for the clinical criteria you will receive the message that the procedure is approved but the Site of Care denied:

**Proceed to Clinical Information**

The requested procedure is considered medically necessary, however the service is not eligible for coverage if rendered at an outpatient hospital. No additional information for the procedure is needed.

Please click Submit.

**SUBMIT**

- eviCore may reach out to the member to explain the reason for the site of care denial, offering them the opportunity to change to a preferred site in order to have the procedure performed. The case summary screen will inform you that your case has been sent for medical review.
- If ultimately the site is not changed, the resulting case will be **denied** (approved procedure / denied site). The notifications sent will explain any post decision options.
- Claims submitted will not be paid if the study is performed at the non preferred site.

**Summary of Your Request**

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.

Provider Name:		Contact:	test
Provider Address:		Phone Number:	(888) 888-8888
		Fax Number:	(888) 888-8888
Patient Name:		Patient ID:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:		Description:	
Secondary Diagnosis Code:		Description:	
Date of Service:		Description:	MRI TMJ
CPT Code:			
Case Number:			
Review Date:	11/3/2021 10:32:21 AM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review.		

**CANCEL PRINT CONTINUE**

# Prior Authorization Outcomes

## What is changing?

For membership included in site-of-care program there will be a separate medical necessity review for both:

- The requested **procedure**
- **AND**
- The requested **site of care**

If any part of the case is denied (procedure and/or site of care) the overall case status will be **denied**.

**Both** the site-of-care **and** the procedure must be approved or any claims associated with the request will be denied.

## Determination Notifications

- Determination notifications will be faxed to the ordering physician, and mailed to the customer.
- If there is a denial of the site of service eviCore will attempt an outreach to the customer to provide the denial rationale and offer alternative site selection to the member.
- Denial determination letters will contain the denial rationale and appeal options and instructions.



# Post-Decision Options

## Reconsiderations

- Providers and/or staff can request a reconsideration by submitting additional clinical information without the need for a physician to participate.
- Reconsideration must be requested on or before the anticipated date the services will be performed.

## Clinical consultations

- If a request has been denied and requires further clinical review, we welcome requests for a clinical consultation with an eviCore medical director.
- In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Clinical consultations can be scheduled directly through the web portal at [www.eviCore.com](http://www.eviCore.com), under the authorization lookup feature.

## Appeals

- The denial letter includes appeal options and instructions. eviCore is not delegated UM appeals.

**Please Note: Failure to receive precertification for the site-of-care will result in the denial of claims payment.**



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# Provider Resources

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# Contact Information

## Web Portal –

The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7.

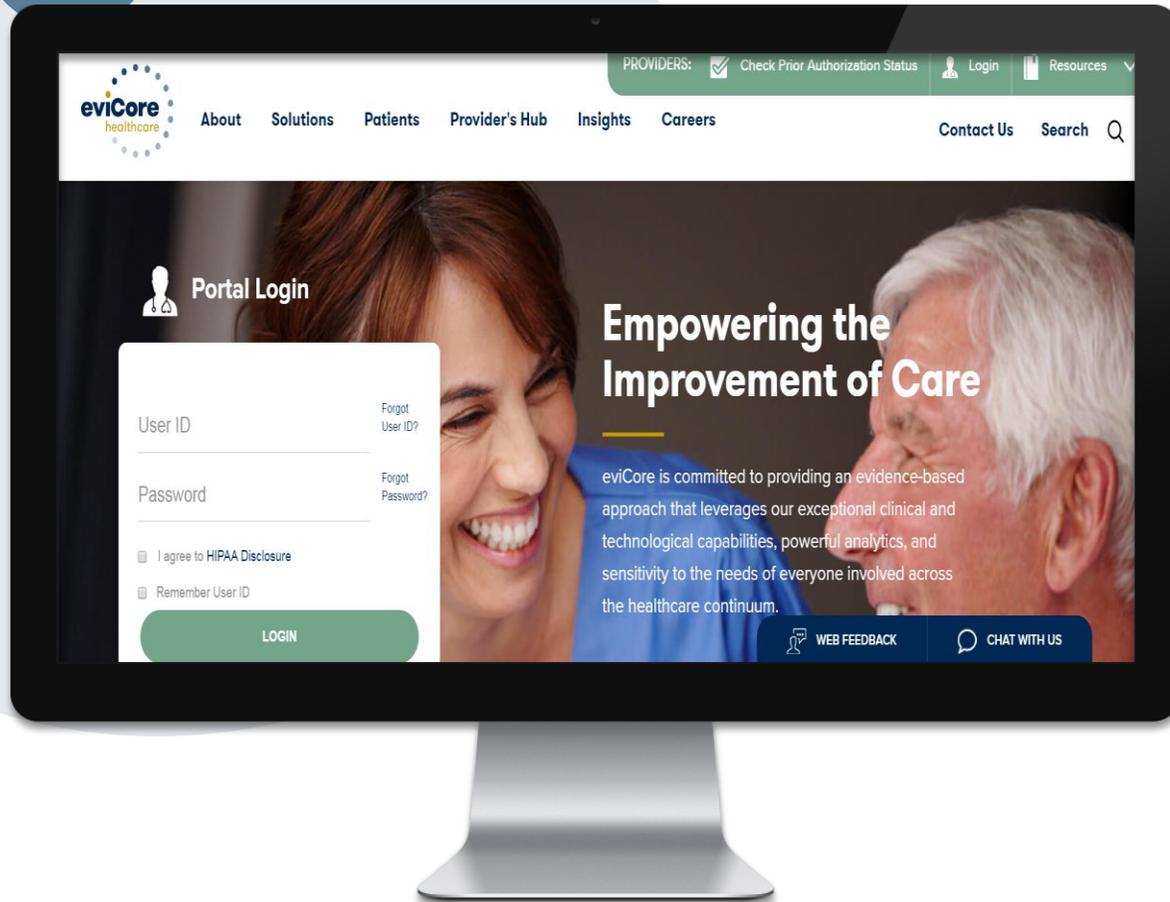
By visiting [www.eviCore.com](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!

## Prior Authorization Call Center – (888) 622-7329

Our call centers are open from 8:00 a.m. to 7:00 p.m local time.

Providers can contact our call center to do the following:

- Request prior authorization.
- Check the status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change CPT code(s) on an existing case.



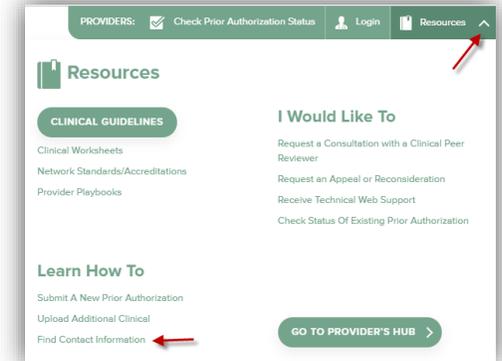
# Additional Resources

## Web-Based Services and Online Resources

You can access important tools, FAQ's, and health plan specific information and resources at:

[www.evicore.com/resources/healthplan/aetna](http://www.evicore.com/resources/healthplan/aetna)

- The “Resources” page includes clinical guidelines, online forms and more.
- If you are unsure of how to contact eviCore, the quick reference tool can help.
  - Click the “Resources” tab.
  - Select “Find Contact Information” under the “Learn How To: section.
  - Type in ‘Aetna’ and the solution to populate the contact phone and fax numbers as well as the appropriate web portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through our provider portal. We have a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

To speak with a Web Specialist, call 800.575.4594 or email [portal.support@evicore.com](mailto:portal.support@evicore.com)

# Client and Provider Services team

## Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider-related requests and concerns regarding eviCore. In most instances, this team can provide a resolution within 24 to 48 hours from the date the request was submitted.

### How to Contact our Client and Provider Services team

**Email:** [ClientServices@evicore.com](mailto:ClientServices@evicore.com) (preferred)

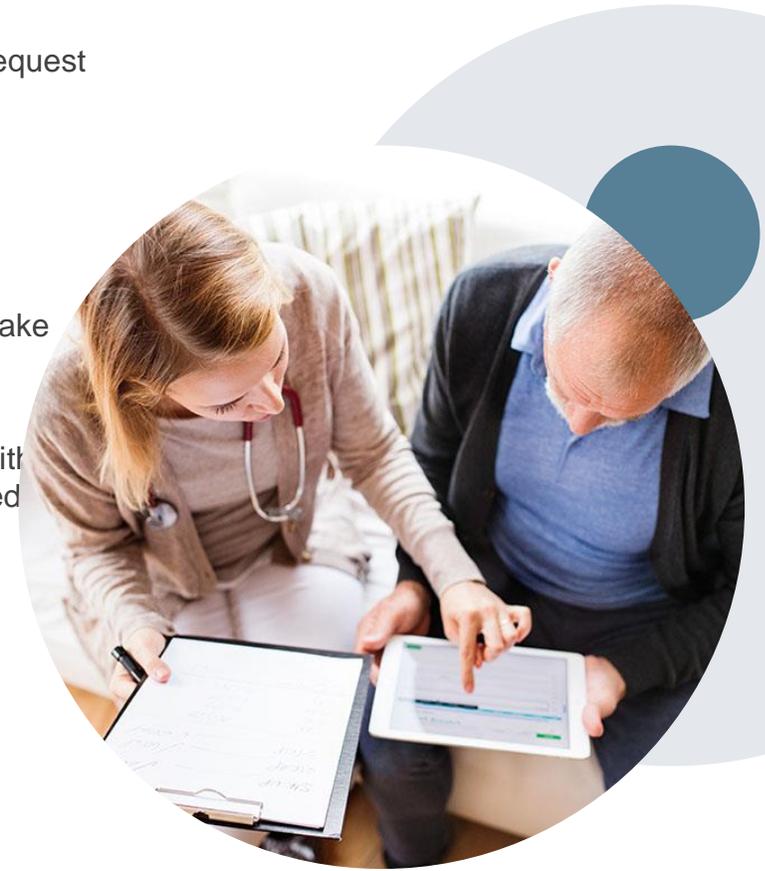
**Phone:** 800.575.4517

For prompt service, please have all pertinent information available when contacting Client Services. If emailing, make sure to include a description of the issue with member/ provider/case details when applicable. Outside of normal business hours, please e-mail Client Services with your inquiry.

eviCore uses the Cherwell Ticketing System for all email inquiries. You will be assigned a ticket number starting with This number will identify a specific issue which you have provided for review. The ticket number should be included the subject line when following up on an existing inquiry.

## Other Key Contacts:

- **Provider Enrollment Questions** – Contact **Aetna** Provider Services



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# Thank You!

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