

High-Tech Radiology Site-of-Care*

Provider Orientation Session
for Horizon Blue Cross Blue Shield New Jersey

June 2026

**Note: Horizon refers to the site review process as
Site of Service which aligns with EviCore's Site of Care
and Site Only Review processes*

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+How will site-of-care work?

- +The High-Tech Radiology Site-of-Care program includes a medical necessity review of the site-of-care for computed tomography (CT) scans and magnetic resonance imaging (MR) for certain Horizon BCBS NJ customers.
- +EviCore reviews requests to ensure customers are directed to an appropriate alternative site of service, such as a freestanding facility, 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.
- +On June 1, 2026, this program will be expanded to include Commercial Fully Insured and Level Funded membership.* With this expansion, all Horizon commercial customers may be subject to the site-of-care medical necessity review.
- +* Site of Care is for New Jersey locations only.

+What this means for providers

Will the precertification/prior authorization submission process change?

- There is no change to the process for initiating precertification requests for customers with benefit plans that include a site-of-care medical necessity review. There is also no change when ordering providers select a freestanding radiology center or another office-based location.
- If a provider directs a patient to an outpatient hospital setting for an MR or CT scan and there is an alternative free-standing site available, they will need to identify the clinical condition that warrants the need for the service to be performed there



Site-of-Care*: High-tech Radiology Coverage Policy

The clinical policy is used to help determine the medical necessity of the requested site-of-care for Horizon BCBS NJ customers.

The full clinical policy, Site-of-Care: High-tech Radiology (0550), is located below:

Horizon BCBSNJ's [Site of Service Policy Exceptions](#)

Horizon BCBSNJ's [Site of Service Policy for Advanced Imaging Services](#) medical policy (new)

Horizon BCBSNJ's [Site of Service for Advanced Imaging Services](#) reimbursement policy (new)

The policy includes:

- Overview of the policy
- Review of what is/isn't covered
- General Background – including site-of-care definitions and Professional Societies/Organizations position
- Coding/Billing Information – including a link to the Cigna Precertification Procedure List

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Site Questions presented and messaging

- + Choose the Setting in which the service will be performed
- + Selecting office will prompt another question related to the billing provider information
- + Selecting Ambulatory Surgery (ASC)/ Freestanding location will guarantee an approval for the Site of Care review
- + Selecting a hospital setting will prompt additional questions and/or re-direction later in the pathway

Attention!

Patient ID: 341568708 Time: 8/1/2024 4:56 PM
Patient Name: [REDACTED] Date of Service: 8/1/2024

In what setting will this procedure be performed?

A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

Office

Inpatient hospital

A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization

Emergency room - hospital

Ambulatory Surgery

SUBMIT

Attention!

Will the procedure be billed under the same TIN as the ordering provider?

Site Selection

- + Search for the **site of service** where the procedure will be performed (for best results, search with NPI (and/or TIN) and zip code)
- + **Select** the specific site where the procedure will be performed

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Tuesday, June 25, 2024 10:10 AM

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

LOOKUP SITE

	Name	Address
SELECT	<input type="text"/>	4 C <input type="text"/>

BACK

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Site of Care (SOC) Selection

- + Select an Ambulatory Surgical Center (ASC) / Freestanding facility to receive an approval for the Site of Care (SOC) portion of the review



Submit Clinical Request

According to the member's benefit plan, performing the service in an ambulatory surgical center may result in the member having less out of pocket expense. The facility you have requested services for is at an outpatient hospital. Procedures performed at an Ambulatory Surgical Center do not require prior authorization. Would you like to utilize an Ambulatory Surgical Center?

To retain your selected site, check "None of the above" below the table.

OAOID	Name	Address	Fax Number	Phone Number	Tier	TAX ID	NPI	Site Spec1
<input type="text" value="SELECT"/>	IGFOYY	NEW CENTER	2 2	2 102	2	(71	1 10	SITE-AMBSU

None of

Submit Clinical Request

The selected facility does not require a site review for the requested procedure(s). This request will be approved. You can save the reference ID as validation of your request.

Please click submit to complete this request submission.

Submit

Reason for Selection

- + If an Ambulatory Surgical Center (ASC) / Freestanding facility is not selected, there may be justification
- + Please select a medical exception where applicable to the patient, or if an ASC / Freestanding facility is not within range

Submit Clinical Request

ⓘ According to the member's benefit plan, performing the service in an ambulatory surgical center may result in the member having less out of pocket expense. The facility you have requested services for is at an outpatient hospital. Would you like to utilize an Ambulatory Surgical Center?

To retain your selected site, check "None of the above" below the table.

	OAOID	Name	Address	Fax Number	Phone Number	Tier	TAX ID	NPI	Site Spec1
SELECT	JGFOYY	NEW VISION CATARACT CENTER	605 WEST AVENUE NORWALK, CT, 06850	2032991572	2038531110	2	061557487	1386794980	SITE-AMBSU

None of the above

Submit Clinical Request

ⓘ 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?

Ambulatory Surgical Center (ASC) Accessibility*

- Cancer diagnosis
- Equipment needed to accommodate the size of the individual is only available at a hospital-affiliated imaging facility
- Imaging in a physician's office or freestanding imaging center would reasonably be expected to adversely impact health outco...
- Imaging related to transplantation services at an approved transplantation facility
- Moderate or deep sedation or general anesthesia is required for the imaging procedure and a freestanding facility capable of...
- Participating in a clinical trial
- Patient has a known chronic disease undergoing active treatment for which direct comparison to prior studies requires the sa...
- Surgery or procedure is being performed at the hospital and pre-operative/procedural or post-operative/procedural imaging is...
- There are no geographically accessible appropriate alternative sites for the individual to undergo the procedure**
- Known contrast allergy and use of that contrast agent is planned
- Patient has a diagnosis of claustrophobia that is documented and can be submitted
- Requires obstetrical observation
- Requires perinatology services
- None of the above

ADDITIONAL COMMENTS
 QUESTION INCORRECT
 REJECTION.

+Prior Authorization Outcomes

+What is changing?

+For memberships included in the site-of-care program,
+there will be a separate medical necessity review for:

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

+Note: The site must be reviewed *and* the procedure must be approved; otherwise, any claims associated with the request will be denied.

+Denial Letter

- The letter will be faxed to the ordering physician and performing facility.
- The letter 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.

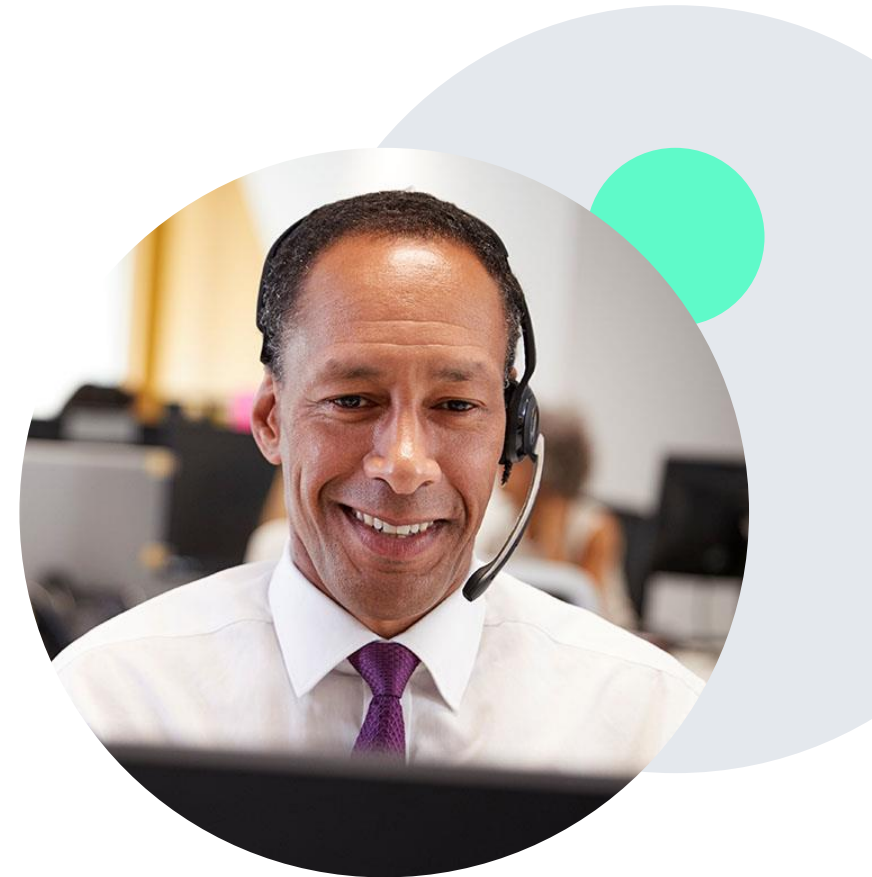
Clinical Consultations

- 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.

Appeals

- The denial letter includes appeal options and instructions.

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



Contact EviCore's Dedicated Teams



Web-Based Services and Portal Support

- Live chat
- [ECRM](#)
- Phone: **800-646-0418** (option 2)

Provider Engagement

Regional team that works directly with the provider community.

- + **Sara Vandiver**
- + Email: sara.vandiver@evicore.com
- + Phone: **804-878-1729**

Call Center/Intake Center

Call 866-496-6200. Representatives are available from 7 a.m. to 7 p.m. local time.