

Radiology, Spine, and Joint Surgery Site of Care

Effective January 1, 2025, for select groups, Moda's existing prior authorization process, via EviCore, for high-tech radiology, spine, and joint surgeries will also include a medical necessity review for the service location. This process will apply to Oregon Individual members and Public Employees Benefit Board (PEBB) members' authorizations submitted as of December 26, 2024.

The Site of Care (SOC) program supports Moda Health's efforts to provide participating members with coverage for the right care at the right time.

What is the Radiology, Spine, and Joint Surgery Site of Care Program?

As a part of the program, prior authorization for radiology, spine, and joint surgeries will include a medical necessity review for both the services requested and the service location.

How will requesting providers know if a member is included in the site-of-care program?

Providers do not need to initiate requests any differently. If a member is included in the site-of-care program, the precertification pathway will seamlessly recognize the member without any effort from the provider.

How does this program impact ordering providers?

There is no change to the process for initiating precertification requests for members whose benefit plans include a site-of-care medical necessity review.

There is no change when ordering providers refer patients to a freestanding radiology center or ambulatory surgical center.

If a provider requests approval for an outpatient hospital setting and does not provide clinical rationale consistent with coverage policy criteria, we will deny authorization for the site of service. Medical records may also be required to support the clinical rationale.

The process for requesting authorization remains unchanged.

+ Log onto www.evicore.com/pages/ProviderLogin.aspx (*preferred method*)

+ Call: 844-303-8451

+ Fax: 866-699-8160

What happens if the requested procedure is approved but the site is denied or the site is approved but the procedure is denied?

In either of these cases, services rendered in the requested place of service will not be covered. Providers can follow the directions in the denial letter for post-decision options. If the site is denied and the procedure is approved, providers may contact EviCore to request precertification at a freestanding facility location.

What is a reconsideration?

Providers and/or staff may be able to request a reconsideration of a denied or partially approved service by submitting additional clinical information without the need for a provider to participate. Reconsideration must be requested on or before the anticipated date the services will be performed.

What is a clinical consultation or “peer to peer”?

We welcome requests for a clinical consultation with an EviCore medical director. A clinical consultation is a discussion between a provider and an EviCore medical director. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval. A clinical consultation can only be performed by a requesting provider, nurse practitioner, or physician assistant.

How should providers submit an appeal for the site-of-care?

Appeal options, including a reconsideration or clinical consultation (if applicable), will be explained in the denial letter.