



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.



**HMO
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,
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**RE: Important Information Regarding Prior Authorization for High Tech
Imaging Services**

Dear Provider:

Blue Cross and Blue Shield of Louisiana and HMO of Louisiana, Inc., (HMOLA), our wholly owned subsidiary, have contracted with American Imaging Management, Inc. (AIM), an independent company that provides review and prior authorization program services. AIM will administer—for Blue Cross' Imaging Authorizations Program—a review program for elective outpatient high tech imaging studies. AIM is a recognized leader in clinical appropriateness decision support, education and review in the field of advanced diagnostic imaging.

Ordering physicians for Blue Cross members of our Preferred Care PPO, *Advantage* Blue Point of Service (POS) and HMOLA networks are required to contact AIM, to complete a review and obtain a notification number for these outpatient, non-emergent imaging services:

- Computerized Tomography (CT) Scans
- Computerized Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear Cardiology Procedures
- Positron-Emission Tomography (PET) Scans

Reviews and notification numbers may be requested electronically through iLinkBLUE *Provider Suite*, our free online provider service with a link to AIM's web-based application, *ProviderPortal*SM. You may also call the Blue Cross Authorization Line at (800) 523-6435 (these calls will be routed directly to AIM) or call AIM directly at (866) 455-8416.

Please note that imaging studies performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and freestanding surgery centers) or 23-hour observations will not require a review in 2007 or be part of the Full Utilization Review program in 2008, and therefore are not included in this radiology program.

The *ordering physician*, whether a primary care physician (PCP) or a specialist, is required to provide AIM with basic clinical information and patient demographics and obtain a notification number from AIM. The PCP will not be expected to obtain the notification number if a specialist orders the test. Hospitals and freestanding facilities that perform the technical component of the imaging services cannot obtain a notification number. Hospitals and freestanding facilities can check the status of a notification request, however.

~Over~

18NW1274 R03/09



AIM will either immediately issue a notification number or forward the case to a registered nurse or physician for review. Typically 70 to 80 percent of all requests are approved at intake and require no additional clinical review. AIM's physician reviewer may contact the ordering physician to discuss the case in greater detail within two business days of receipt of the request. Please allow ample time in scheduling these diagnostic services to insure the process is completed before the testing date.

As always, Blue Cross medical policies will be the determining factor for experimental/investigational coverage exclusions. There will continue to be denials for services that are experimental/investigational and those that are out-of-network. The review process is established using evidence-based guidelines from major medical organizations and medical literature.

You may search and view all Blue Cross medical policy coverage guidelines on iLinkBLUE or you may link to AIM's web-based application, *ProviderPortal*_{SM}, to view AIM's clinical guidelines under the forms section of their website. Scroll down for a guide for accessing *ProviderPortal*_{SM}. Ordering physicians and performing providers can view status and confirm that a notification number was issued by accessing iLinkBLUE, or by calling the Blue Cross call center at (800) 523-6435 (these calls will be routed directly to AIM).

The "Physician's Guide to the Diagnostic Imaging Quality Initiative" and "Frequently Asked Questions" documents give detailed information on the radiology program including step-by-step instructions on how to obtain a notification number and the clinical review for requesting services. Also attached is the CPT[®] code listing of the imaging modalities that require notification numbers.

If you have any questions about this letter or the attached documents, please contact Network Operations at (800) 716-2299, option 1.

Thank you for working with us to provide our 1,000,000+ members with access to the best possible service and benefits. We value your participation in our networks and appreciate your cooperation with this initiative.

Sincerely,



Dawn E. Cantrell
Vice President
Provider Network Administration
DEC/mdm

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Imaging Authorizations Frequently Asked Questions (FAQ)

Program Overview

Q. Who is American Imaging Management (AIM)?

A. American Imaging Management, Inc. (AIM) is an independent radiology management company working with Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. (HMOLA), our wholly owned subsidiary, to promote clinically-appropriate, cost-effective use of high tech diagnostic imaging services.

Q. Why is Blue Cross interested in reducing unnecessary variation in the use of high tech imaging services?

A: Use of high tech imaging studies (CT; MRI; PET; Nuclear Cardiology) grew at a rate of 37 percent in 2005 nationally. Based on national data nearly 30 percent of these tests may be unnecessary, inappropriate, or redundant. Focusing on the right test at the right time for the patient could reduce unnecessary radiation exposure, increase productivity, reduce unwarranted disparities in health care, and save time. Any direct and indirect reductions in cost associated with this program will help keep insurance affordable for Louisianians.

Q. How is Blue Cross implementing the Imaging Authorizations Program?

A. Prior authorization of some elective, outpatient high tech imaging has always been required for members in our Preferred Care PPO, *Advantage* Blue Point of Service (POS) and HMOLA networks. What is changing is who will be reviewing these services and the scope of services requiring review. Instead of Blue Cross, AIM will administer the program. The scope of services will be CT scans, MRI, PET scans and Nuclear Cardiology studies.

Services identified as experimental, investigational or do not meet medically necessity requirements are not eligible for authorization.

Q. Why does this program only focus on outpatient diagnostic imaging and not either the inpatient or emergency room settings, where utilization is also high?

A. While utilization in the inpatient and emergency room settings is high, elective outpatient imaging accounts for the largest percentage of total imaging costs. The average commercial plan spends 10 percent of its medical cost dollars on discretionary outpatient imaging alone.

Q. What are the goals of the radiology program?

A. Blue Cross' radiology program is built on clinical guidelines and medical policies designed to evaluate and direct the appropriate utilization of high tech imaging services. Through this process, quality, safety, and cost improvements are realized by:

- Promoting and guiding selection of the most efficient and effective diagnostic imaging services that meet the clinical needs of patients and providers
- Reducing unnecessary variation in clinical evaluation
- Promoting the performance of imaging studies in the proper sequence
- Advocating bio-safety issues, including reduction of unnecessary radiation exposure (for CT and plain film radiography)
- Enhancing quality of health care for diagnostic imaging studies using evidence-based medicine and outcomes research from numerous resources





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Imaging Authorizations Frequently Asked Questions (FAQ)

Program Design and Requirements

Q. What are the requirements for this program?

- A. Ordering/referring physicians must contact AIM by calling Blue Cross at (800) 523-6435 and selecting the prompt for prior authorization then radiology services (these calls will be routed directly to AIM), or call AIM directly at (866) 455-8416 to obtain a review and notification number before referring a patient for, or performing elective, outpatient diagnostic imaging services. In addition, radiology providers/free standing imaging centers should confirm that a notification number was obtained prior to service delivery.

Q. What types of diagnostic imaging exams are covered under this program? What types are excluded?

- A. The program focus is outpatient elective CT, CTA, MRI, MRA, nuclear cardiology and PET scans for Preferred Care PPO, *Advantage* Blue POS and HMOLA members. Imaging services provided in conjunction with emergency room visits, inpatient hospitalization, outpatient surgeries (hospital or freestanding surgery centers), or 23-hour observation are excluded from the program.

Q. How does a physician office staff member obtain a notification number from AIM?

- A. By calling the Blue Cross prior authorization number at (800) 523-6435 (these calls will be routed directly to AIM) or call AIM directly at (866) 455-8416. Reviews and notification numbers may also be requested electronically through iLinkBLUE *Provider Suite*, our free online provider service with a link to AIM's web-based application, *ProviderPortal_{SM}*. iLinkBLUE also provides access for patient eligibility, benefits, claim status, payment remittances, allowable charges and more.

Please note: *ProviderPortal_{SM}* is not currently available for Rural Health Clinic, Urgent Care Center and Outpatient Cardiac Catheterization Facility providers, who will still have to call or fax requests.

Q. Are AIM's clinical guidelines used to determine appropriate use of these imaging services?

- A. Yes, when they are consistent with Blue Cross' medical policies. Although AIM's medical guidelines are available for you to view online through AIM's website under the forms section through iLinkBLUE, Blue Cross' medical policies supersede AIM's medical guidelines when they are inconsistent. *Please note: this information is also available in a disclaimer that providers must review before viewing AIM's medical guidelines.*



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Imaging Authorizations Frequently Asked Questions (FAQ)

Q. How does the radiology program work?

A. Ordering physicians' offices submit requests through:

- the *ProviderPortal*SM, via iLinkBLUE, or
- the AIM Call Center which can be reached by calling (800) 523-6435 and selecting the radiology prompt (these calls will be routed directly to AIM) or
- calling AIM directly at (866) 455-8416, or
- faxing a request to AIM at (800) 610-0050.

Callers will be guided through information gathering where member and ordering physician information (name, ID number, etc), diagnosis, symptoms, exam type, and treatment/clinical history will be requested.

If the information provided meets clinical criteria, the caller will then be guided to select an imaging provider where the imaging study will be performed, and a notification number will be issued.

If all criteria are not met or additional information or review is needed, the case is forwarded to an AIM Registered Nurse (RN) who uses additional clinical experience and knowledge to evaluate the request against clinical guidelines. If a notification number still cannot be assigned, the case is reviewed by an AIM medical reviewer who may speak with the ordering physician prior to issuing the notification number.

Q. Does AIM need to know when the procedure is scheduled?

A. No, the date of service is not required, but must occur within 30 days from the date the number is issued. The notification number must be issued **prior to performing** the study.

Q. Which members are not included in the Blue Cross radiology program?

The program does not include Benefit Management Services (BMS) members.

Q. Will members be able to contact AIM?

A. Members should contact Blue Cross Customer Service if they have any questions about this radiology quality initiative program or their benefits.

Q. How long is the notification number valid?

A. Notification numbers are valid for **30** days from the date the number is issued.

Q: What is the imaging providers' role in the program?

A: Radiology facilities are strongly encouraged to verify that a notification number has been obtained prior to performing the study. If a number is not obtained, the facility may experience claims denials for investigational or experimental services in 2007 and 2008, and for no prior authorization in 2008.



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Imaging Authorizations Frequently Asked Questions (FAQ)

Q. Can providers obtain retrospective notification numbers?

A. No, notification numbers will only be provided prior to performing elective diagnostic imaging services. In rare situations where an elective urgent procedure is done on a weekend or after hours, providers can obtain a notification number by accessing iLinkBlue or calling AIM within two business days to obtain a notification number.

Q. Are any physicians exempt from participating in this program?

A. All ordering/referring physicians and imaging providers/facilities participate in this program.

Q. I am a hospital-based imaging provider. Does this program apply to me?

A. Inpatient diagnostic imaging is not included in this program. Hospital-based radiologists who only provide professional services are not required to participate in the program for services performed in an inpatient hospital setting.

Q. I have radiology equipment in my office. Will I be able to perform diagnostic exams in the office and will I be required to obtain a notification number to perform MRI, MRA, CT scans, Nuclear Cardiology tests and PETs on Blue Cross members?

A. A notification number is required to perform any elective, outpatient high tech diagnostic service, even for ordering physicians with their own imaging equipment. Contact AIM and request a notification number for imaging studies to be performed at your office or facility.

Q. What online services does Blue Cross offer to contact AIM?

A. **ProviderPortal_{SM}** - AIM's interactive internet application – available 24 hours a day, 7 days a week via an iLinkBlue link.

Q. Is the ordering physician required to obtain a notification number for an urgent case and how does he/she do this in the evening and on weekends?

A. Emergency room services do not require a notification number. Outpatient elective diagnostic imaging services are typically non-urgent in nature. For those rare requests that are medically urgent, providers should call AIM within two business days.

Q. Why are all physicians required to participate in the program?

A. The program needs to be widespread in its application. Capturing the data of specific physicians or groups and understanding the practice patterns of ordering physicians are critical components to the success of the program. Current health plan claim systems clearly identify who performed the imaging but are incomplete and inaccurate at identifying who the actual ordering physician was. We expect that additional interventions can be more focused as the program develops, but at the program's onset, the data to target specific physicians or groups is unavailable or limited.



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Imaging Authorizations Frequently Asked Questions (FAQ)

Process questions

Q. What is the expected administrative burden on the physician's office staff?

A. The administrative burden will be relatively light on the physician's office staff with the average physician ordering one to two of these studies per week and 70 to 80 percent of these approved in a three- to five-minute interaction. In addition, the ordering physician typically only interacts with a physician reviewer in a peer-to-peer review for approximately 10 percent of the cases – 90 percent of the cases are approved without any direct interaction with the ordering physician.

Q. What is the average wait time for an authorization?

A. Notification numbers obtained on-line using *ProviderPortal*SM accessed via iLinkBlue take four to five minutes for each exam request. When calling for a notification number, AIM's average speed of answer is less than 30 seconds and the average interaction for most cases is less than four minutes.

Q. Can specialists order directly, or does the service have to be ordered by the member's primary care physician?

A. Primary Care Physicians (PCPs) or specialists may order services.

Q. Can the imaging provider take responsibility for obtaining the authorization?

A. No, the imaging provider cannot obtain the notification number, but should verify through iLinkBlue portal or by calling AIM that the notification number has been obtained before scheduling the service(s).

Q. Can I balance bill the member if I'm a provider of services and the Ordering Physician does not obtain the notification number?

A. No, your contract with Blue Cross will not allow members to be balance billed by a contracting provider (members must be held harmless).

Q. Can Physician Assistants and Nurse Practitioners request authorizations?

A. Yes, if they are from the ordering physician's office and have the clinical information necessary to complete the clinical review.

Q. What happens if the patient does not use his notification number within 30 days? Do I have to call back in and reorder the test? Will a new number be given, or can the old one be extended?

A. Yes, you must contact AIM to request a new notification number.



Imaging Authorizations CPT® Code Listing

The following services require authorization for members of Blue Cross Preferred Care PPO, *Advantage Blue* Point of Service (POS) and HMO of Louisiana, Inc., our wholly owned subsidiary. Providers may obtain authorization by calling (800) 523-6435.

You may also obtain a notification number online using AIM's web-based application, *ProviderPortal*SM. Access to *ProviderPortal*SM is available through Blue Cross' iLinkBLUE *Provider Suite* at www.bcbsla.com/ilinkblue.

Computerized Tomography (CT)

70450	70486	71250	72128	72192	73700
70460	70487	71260	72129	72193	73701
70470	70488	71270	72130	72194	73702
70480	70490	72125	72131	73200	74150
70481	70491	72126	72132	73201	74160
70482	70492	72127	72133	73202	74170

Computerized Tomography Angiography (CTA)

70496	71275	73206	74175
70498	72191	73706	75635

Magnetic Resonance Imaging (MRI)

70336	71551	72156	73220	73722	75555
70540	71552	72157	73221	73723	75556
70542	72141	72158	73222	74181	77058
70543	72142	72195	73223	74182	77059
70551	72146	72196	73718	74183	77084
70552	72147	72197	73719	75552	
70553	72148	73218	73720	75553	
71550	72149	73219	73721	75554	

Magnetic Resonance Angiography (MRA)

70544	70546	70548	71555	72198	73725
70545	70547	70549	72159	73225	74185

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Imaging Authorizations CPT® Code Listing (*continued*)

Nuclear Cardiology

78460	78464	78466	78469	78473	78483
78461	78465	78468	78472	78481	78494

Positron Emission Tomography (PET)

78459	78492	78609	78812	78814	78816
78491	78608	78811	78813	78815	

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**Physician's Guide to Imaging Authorizations
For Blue Cross and Blue Shield of Louisiana
Administered through American Imaging Management, Inc. (AIM)**

Blue Cross and Blue Shield of Louisiana and HMO Louisiana Inc., (HMOLA), our wholly owned subsidiary, recognizes the increasing importance of diagnostic imaging studies for your patients' care. Blue Cross is implementing the review of outpatient, elective high tech imaging studies through American Imaging Management, Inc. (AIM)—for members of Blue Cross' PPO Preferred Care, *Advantage* Blue Point of Service (POS) and HMOLA networks.

Ordering physicians should obtain a notification number through AIM for outpatient, non-emergency MRI, MRA, CT, CTA, Nuclear Cardiology and PET scans by following the steps below.

PRIOR NOTIFICATION AND CLINICAL REVIEW PROCESS:

Web Requests

Ordering physicians can expedite the process by obtaining a notification number or verifying that a number has been issued by using AIM's web-based application, *ProviderPortal_{SM}*. Access to *ProviderPortal_{SM}* is available through Blue Cross' iLinkBLUE *Provider Suite*.

Telephone Requests

Ordering physicians may call (800) 523-6435 (these calls will be routed directly to AIM), or call AIM directly at (866) 455-8416, Monday through Friday 8 a.m. to 5 p.m., to complete a review and request a notification number or to verify that a number has been issued.

Required Information:

Please use the checklist below as a guideline to ensure you have all the necessary information prior to requesting a notification number and clinical review by telephone or on-line from AIM:

- ✓ Member identification number, name, date of birth, and health plan
- ✓ Ordering physician information (name, address, phone/fax #)
- ✓ Imaging provider information
- ✓ Imaging exam(s) being requested (imaging modality, body part, right, left or bilateral)
- ✓ Patient diagnosis (suspected or confirmed)
- ✓ Clinical symptoms/indications (intensity/duration)

For most situations the above information is all that is required to issue a number. For complex cases more information may be necessary, including:

- ✓ Results of past treatment history (previous tests, duration of previous therapy, relevant clinical medical history)

Based on clinical criteria, AIM will either issue a notification number or forward the case to a nurse or physician for review. The physician reviewer may contact the ordering physician to discuss the case in greater detail within two (2) business days of receipt of the request. Ordering physicians may also contact AIM's physician reviewer at any time during the notification process. AIM will provide the ordering physician with a notification number, which will be valid for 30 days from the date the number is issued. Issuance of a notification number is not a guarantee of payment. When submitted, the claim will be processed in accordance with the terms of a subscriber's health benefit plan.

Note: *If urgent services are provided on a weekend, a holiday, or after normal business hours and a notification number cannot be obtained using *ProviderPortal_{SM}*, the request will be considered by AIM no later than the second business day. Other retrospective requests for review of elective procedures will be evaluated by Blue Cross and Blue Shield of Louisiana and HMO Louisiana Inc when the claim is submitted.*



Guide for accessing *ProviderPortal*_{SM},

*ProviderPortal*_{SM} is available through Blue Cross' iLinkBLUE *Provider Suite*, our free online provider service that provides access for patient eligibility, benefits, claim status, payment remittances, allowable charges and more.

Ordering physicians and performing providers can view status and confirm that a notification number was issued by accessing iLinkBLUE, or by calling the Blue Cross call center at (800) 523-6435 (these calls will be routed directly to AIM).



*Accessing ProviderPortal*_{SM}

1. Log into the iLinkBLUE *Provider Suite* at www.bcbsla.com/ilinkblue.
2. Under the Authorizations menu selection, click on '**Imaging Authorization (AIM)**'.
3. At this point, you will see the Blue Cross disclaimer page, then the AIM disclaimer page. Once you have viewed both pages, you will be linked directly to the *ProviderPortal*_{SM} home page.

Please note: *If you are not currently using iLinkBLUE, please see the "Electronic Services" section of our Provider Page at www.bcbsla.com for an application or e-mail ilinkblue.providerinfo@bcbsla.com.*



Viewing/Confirming a notification number

Providers will be required to contact AIM, through the Blue Cross call center at (800) 523-6435, or directly at (866) 455-8416, to complete a review and obtain a notification number. Once a notification number has been obtained, providers may use *ProviderPortal*_{SM} to view and confirm the status of their patient's case.

1. Click on **Preauth Manager** on the menu bar, and then select **Preauth Inquiry**. This will display a list (in order of most recent) of the authorizations your provider office has requested from AIM.
2. If the preauthorization has been completed, there will be a notification number listed in the **Preauth Status** column (Pending authorizations will show "In Progress" in the Preauth Status column.)



*ProviderPortal*_{SM} is not currently available for Rural Health Clinic, Urgent Care Center and Outpatient Cardiac Catheterization Facility providers, who will still have to call (800) 523-6435, or (866) 455-8416, to complete a review, obtain or verify a notification number has been issued.

Visit the manuals section of iLinkBLUE for a comprehensive guide on using *ProviderPortal*_{SM}.