Transition of the High-Tech Radiology Imaging Services Program
Frequently Asked Questions

Effective January 1, 2011, Empire BlueCross BlueShield (Empire) will transition the administration of its diagnostic imaging utilization management program from National Imaging Associates (NIA) to American Imaging Management+ (AIM+), a separate company that provides these services on behalf of Empire. This document provides information for provider offices regarding the transition and how to work with AIM most effectively.

1) **Q: What is the high-tech radiology imaging management services program?**
   
   **A:** Empire implemented the high-tech radiology imaging management services program to enhance the appropriate and safe use of advanced diagnostic imaging procedures delivered in an outpatient, non-emergent setting. Currently, National Imaging Associates administers the programs on Empire’s behalf, and AIM will assume this role on January 1, 2011.

2) **Q: Why is Empire switching from NIA to AIM?**
   
   **A:** AIM is a separate company that provides these services on behalf of Empire. This close integration combines the clinical and service expertise of AIM with the strong local market presence of Empire, benefiting providers and members by enhancing service levels and offering technology tools that will improve the provider experience with our diagnostic imaging management programs.

   AIM is a leader in outpatient services management with a strong reputation for promoting clinical excellence, innovation, and provider service. AIM’s programs are driven by a strong clinical foundation and deliver excellent service to providers through industry leading technology tools that enhance the effectiveness and efficiency of the clinical review process. Benefits of this transition include:

   - 24-hour access for providers to initiate imaging management requests on the web through AIM’s **ProviderPortal™**
   - The introduction of AIM’s patient safety initiatives for Empire members (see [www.americanimaging.net/safety](http://www.americanimaging.net/safety) for more information)
   - Enhanced imaging facility information to assist providers in selecting the most appropriate imaging centers for their patients

3) **Q: Will there be any changes to either the diagnostic imaging procedures or settings encompassed by these programs?**
   
   **A:** Yes. In addition to the outpatient, non-emergent high-tech radiology imaging services currently requiring precertification (CT/CTA scans, MRI/MRA, PET scans and nuclear cardiology), Empire will expand the program to include the following services using a voluntary “pre-notification” model: Stress Echocardiography (SE), Resting Transthoracic Echocardiography (TTE), and Transesophageal Echocardiography (TEE). These changes only apply for members with benefit plans that currently require precertification for certain high-tech radiology imaging services.

   Other imaging services and imaging services provided in conjunction with emergency room visits, inpatient hospitalization, or 23-hour observation are excluded from the program and do not require an authorization.

4) **Q: Why is Empire expanding its outpatient high-tech radiology imaging services program to include additional cardiac imaging services?**
   
   **A:** Empire is committed to the goals of improving patient care and managing costs. In reviewing the echocardiography services that have been added to the program, Empire found significant utilization growth and broad variation in provider ordering patterns for these services.
Empire is expanding the existing radiology management program in order to enhance ordering of these services by introducing clinical review based on widely accepted clinical guidelines. Initially, the ultimate decision as to whether or not to order these services will remain with the Ordering Provider. However, it is Empire’s expectation that clinical review will reduce variability as practice standards coalesce around the program’s clinical guidelines.

5) **Q:** When will the expanded program begin?  
**A:** Beginning January 1, 2011, Empire will implement the additional echocardiography imaging services (SE, TTE, TEE) in a voluntary “pre-notification” model.

Notification and requested clinical information for echocardiography is voluntary. We are requesting physicians contact AIM to ensure the appropriateness of the services before these services are rendered. Clinical review will be performed to ensure appropriateness and to ensure the ordering physician is aware of alternative treatments where applicable. Once clinical review is completed an order number will be issued. Servicing physicians’ claims will not be denied as a result of the pre-notification process.

6) **Q:** Will there be any changes to the Current Procedural Terminology (CPT®) Code List encompassed by these programs?  
**A:** Yes. A full list of the CPT codes included under these programs is included with the transition announcement letter. The list may be updated from time to time to reflect changes published by the American Medical Association in the CPT Manual.

The codes included in these programs remain the same as previously, with the following changes:

- Voluntary pre-notification (echocardiography services only)
  - SE: 93350, 93351, 93320, 93321, 93325, 93352
  - TTE: 93303, 93304, 93306, 93307, 93308, 93320, 93321, 93325
  - TEE: 93312, 93313, 93314, 93315, 93316, 93317, 93320, 93321, 93325
- Precertification
  - CT bone mineral density study, axial skeleton: 77078
  - CT bone mineral density study, appendicular skeleton: 77079
  - CT colonography screening, including image post-processing: 74263

7) **Q:** Will there be any changes for the Empire members who are subject to precertification requirements for imaging services?  
**A:** No. There will not be any changes for members whose benefit plans currently require precertification for certain high-tech radiology imaging services.

8) **Q:** How do I initiate an imaging request with AIM?  
**A:** Beginning December 20, 2010, ordering providers should begin contacting AIM to initiate imaging requests for procedures with dates of service on or after January 1, 2011. Providers will be able to make requests through the following processes:

- **Internet Requests**
  Online precertification is available via AIM’s web-based application ProviderPortalSM. AIM’s ProviderPortal is available twenty-four hours a day, seven days a week. It is fully interactive, processing precertification and pre-notification requests in real-time using proprietary clinical criteria. The ProviderPortal may be accessed directly at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb). If you are already registered for ProviderPortal for another health plan, you do not need to re-register.

- **Telephone Requests**
  Requests can also be submitted to AIM via telephone. Providers can call AIM toll-free at 877-430-2288, Monday through Friday 8:00 a.m. – 5:00 p.m. ET to request a precertification or pre-notification or to verify that an order number has been issued.
9) Q: What information will AIM require in order to evaluate an imaging request?

A: Please refer to the checklist below to ensure you have all the necessary information prior to submitting a request to AIM:

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

For most situations, the above will suffice. For complex cases, more information may be necessary, including:

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

10) Q: How will imaging requests be reviewed by AIM?

A: Ordering physicians’ offices submit order requests through ProviderPortal – AIM’s interactive Internet application - or through the AIM Call Center. Web users or callers will be guided through an interview where member and ordering physician information, diagnosis, symptoms, exam type, and treatment/clinical history will be requested.

If the information provided meets AIM’s clinical criteria and is consistent with Empire’s medical policy, the web user/caller will then be guided to select an imaging provider where the imaging study will be performed, and an order number will be issued.

If all criteria are not met or additional information or review is needed, the case is forwarded to a Registered Nurse (RN) who uses additional clinical experience and knowledge to evaluate the request against clinical guidelines. The nurse reviewer has the authority to issue order numbers in the event that he or she is able to ensure that the request is consistent with AIM’s clinical criteria and Empire medical policy.

If an order number still cannot be issued by the nurse reviewer, the case is forwarded to an AIM Physician Reviewer (MD), who contacts the ordering physician directly to discuss the case and diagnostic imaging guidelines prior to issuing the order number. AIM’s Diagnostic Imaging Clinical Guidelines serve as a foundation for this collegial discussion. These Guidelines are available for download on AIM’s website, www.americanimaging.net.

The Physician Reviewer can approve the case based on a review of information collected or through their discussion with the ordering physician. In the event that the AIM Physician Reviewer cannot approve the case based on the information previously collected, is unable to reach the ordering physician to discuss the case, or is unable to approve the case based on the information supplied by the ordering physician during the peer-to-peer discussion, the Physician Reviewer will issue a denial for the request.

11) Q: How can I determine whether an order number has been obtained for a member?

A: Servicing providers will be able to contact AIM to determine whether an order number has been obtained for a member covered under the programs. Servicing providers will be able to obtain information on order numbers through the following processes:

- **Internet Requests**
  
  Online precertification is available via AIM’s web-based application ProviderPortal. AIM’s ProviderPortal is available twenty-four hours a day, seven days a week. It is fully interactive, processing precertification and pre-notification requests in real-time using proprietary clinical criteria. The ProviderPortal may be accessed directly at www.americanimaging.net/goweb. If you are already registered for ProviderPortal for another health plan, you do not need to re-register.
• **Telephone Requests**
  Requests can also be submitted to AIM via telephone. Providers can call AIM toll-free at 877-430-2288, Monday through Friday 8:00 a.m. – 5:00 p.m. ET to request a precertification or to verify that an order number has been issued.

12) Q: Is precertification necessary when Empire is not the member’s primary insurance?  
A: Yes, precertification is still required.

13) Q: What does the AIM order number look like?  
A: AIM’s order numbers are eight (8) numeric digits.

14) Q: How long is an order number valid?  
A: An order number issued by AIM is valid for thirty (30) days.

15) Q: Can AIM handle multiple requests per call?  
A: Yes, imaging requests for multiple members can be made on the same call.

16) Q: What happens if a member is precertified for a specific procedure (for example: CT of the abdomen) and during the course of this procedure, the radiologist or rendering provider feels that an additional procedure requiring precertification (for example: CT of the pelvis) is also needed?  
A: The radiologist or rendering provider should proceed with the additional procedure. If this occurs, he/she should inform the member’s ordering provider that an additional test was performed on the same day. AIM must be contacted for authorization for the additional procedure no later than two (2) business days after the services were rendered. The pertinent clinical information supporting the additional procedure must be available at the time AIM is contacted.

17) Q: If AIM denies precertification of an imaging study, is there an option to appeal the decision?  
A: Yes, you may appeal through normal appeal procedures, as directed in the denial letter. If AIM makes the decision to deny the request at the end of your conversation, the ordering physician should appeal directly to Empire. (Empire retains the responsibility for grievances and appeals.)

18) Q: If a service has already been authorized by NIA, but is scheduled to be performed after the effective date of the change, is a new order number required?  
A: Any authorizations/determinations NIA makes prior to the transition date, for services being rendered after the transition date will be honored and claims will process accordingly.

19) Q: If a service is already authorized by AIM and needs to be rescheduled beyond the original 30-day authorization period, how should that be done?  
A: If the date of the service is extended beyond the original 30 days, a new authorization must be requested through AIM.

20) Q: If the authorization is done via the telephone or via the ProviderPortal, is a letter sent to the provider whether the authorization was approved or denied?  
A: Yes, approval or denial letters will be sent to ordering providers requesting precertification of high-tech radiology imaging services.

21) Q: Is the UM program in effect with AIM for the same members currently with NIA?  
A: Yes, this program is in effect with AIM for the same members as currently with NIA.

**Expanded Cardiac Imaging Services Pre-Exam Questions (PEQs)**

22) Q: What PEQs will be asked and why is Empire requesting this information?  
A: Empire requests that the ordering provider complete a set of voluntary PEQs for cardiac exams (including, Cardiac CT/CTA, Cardiac PET, MPI, and SE). For example, the following voluntary questions will be asked for MPI and SE:
1. Differential diagnosis

2. Does the patient have established CAD? If yes, please indicated which exams were performed and when.
   - Myocardial Infarction
   - Angioplasty, stenting, or bypass
   - Catheterization showing >70% stenosis

3. Does the patient have chest pain? If yes, please provide additional information (nature/description/location).

4. Does the patient have any additional symptoms? If yes, please describe the additional symptoms.

5. Patient Risk Assessment
   - Current Weight
   - Current Blood Pressure
   - Current Smoker
   - Current Total Cholesterol
   - Co-existing Conditions (Diabetes, Abdominal Aortic Aneurysm, Symptomatic Peripheral Vascular Disease, History of CVA/TIA/CEA, Renal Insufficiency/Failure)
   - Family History of CAD (Father/Brother/Son <50 years old, Mother/Sister/Daughter <60 years old)

6. When did the patient last receive an EKG? Please provide the results of the most recent EKG test.

7. Is the patient able to walk on a treadmill?

8. Has the patient received any cardiac exam/test in the last two years? If yes, please provide the date and results for the exam(s).
   - Exercise Stress Test
   - MPI
   - SE
   - Coronary CT Angiography
   - Cardiac Catheterization

9. Pre-operative evaluation (if performing surgery please indicate type and date)

10. Does the patient have a history of heart transplant?

PEQs are being included in the review process for cardiac imaging exams to risk-stratify patients by identifying the common risk factors for cardiac disease. The PEQs address blood pressure, lipid status, tobacco use, and diabetes.

23) Q: If I do not complete the pre-exam questions will the results of my order request for cardiac imaging services be impacted?
A: While the completion of the PEQs for Cardiac CT/CTA, Cardiac PET, MPI and SE is currently voluntary, it is important to note that they facilitate the order review process as these exams are used to assess the risk of Coronary Artery Disease (CAD). Completing the PEQs for these exams will reduce the time it takes to receive your order number.

Since there is no correlation between CAD and all other cardiac exams (TTE, TEE, Blood Pool Imaging/MUGA, and Cardiac MRI), PEQs for adult patients are not included. In addition, because the PEQs do not currently take age into consideration they will not be requested for pediatric patients (under the age of 19).

24) Q: How do I complete the PEQs?
A: The PEQs are completed when submitting your request for an order number for cardiac imaging services. There are two ways to complete the PEQs for cardiac imaging services:
• **Internet Requests**
  Online through *ProviderPortal* at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb). If you are already registered for *ProviderPortal* for another health plan, you do not need to re-register.

• **Telephone Requests**
  PEQs can also be submitted to AIM via telephone. Providers can call AIM toll-free at **877-430-2288**, Monday through Friday 8:00 a.m. – 5:00 p.m. ET.

**Post-Exam Results Capture**

25) **Q:** What post-exam questions will be asked and why is Empire requesting this information?
   **A:** Empire requests that either the ordering or servicing provider enter the results of requested cardiac imaging studies online. The following voluntary post-delivery questions and response options will be asked for every exam (including MPI, blood pool imaging/MUGA, echocardiography, as well as cardiac MRI, PET, and CT/CTA):
   1. Categorize the exam results (choose one).
      • Normal
      • Abnormal (related to reason examination ordered)
      • Abnormal (unrelated to reason examination ordered)
      • Inconclusive
   2. Did this study conclude the investigation for the suspected diagnosis that prompted the test or was subsequent imaging required?
      • Concluded investigation
      • Subsequent imaging required

Currently, post-exam results for cardiac imaging are not available through claims data. Empire is requesting this information from providers for several reasons:
   • To generate data reports that will aid in the clinical review of future cases
   • To aid in the development of our quality management initiatives
   • To collect data for future program enhancements
   • To help providers better understand how they are performing compared to their peers
   • To focus more attention on selecting the right test the first time for Empire members

26) **Q:** How do I submit my post-exam results?
   **A:** Post-exam results may be submitted online at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb).

When entering exam results online, a list of requested services will be displayed for ordering providers after the login page. The cardiac imaging services that require post-exam results capture will have a heart icon (♡ = Awaiting results entry; ▼ = Results entry overdue) next to their Order Numbers. Select the Order Number for the exam then scroll to the “Exam Information” section on “Order Request Summary” page. “Add/Edit Results” will be listed in the far right column under “Action”.

Servicing providers will have to complete an order inquiry to locate cardiac imaging services that require post-exam results capture. Once you have logged in to the online application, select “Order Inquiry” from the “Order Manager” tab at the top of the screen. Here you will be able to search using the Member ID number, Member name and date of birth, or the Order Number.

27) **Q:** How much time is required to complete the exam results questions?
   **A:** Minimal administrative burden is associated with the post-exam results questions. On average, the questions can be completed in **two minutes or less** for each cardiac imaging exam.

28) **Q:** My patient schedule will only permit enough time to note the exam results on the medical chart. Can a member of my office staff complete the exam results questions?
A: Yes, a member of your office staff, Physician Assistant, and/or Nurse Practitioner may complete the exam results questions for cardiac imaging services. We realize that ordering and servicing providers’ patient schedules are very busy. We hope that similar to the preparation for submitting or confirming a request for diagnostic imaging services, providers will include a note on the patient’s medical chart (“normal” or “abnormal” and “concluded investigation” or “subsequent imaging required”) when notating interpretation of the exam results.

29) Q: How is post-exam results capture different from a clinical outcomes study?
   A: A clinical outcomes study would include a randomized, double-blinded comparison analysis on the cardiac imaging exams being requested. Empire is collecting post-exam results for the sole purpose of building an electronic, analyzable benchmarking data warehouse to aid in the clinical review of future cases as well as in the development of our quality management initiatives.

30) Q: Often, a cardiac imaging exam is being used to confirm a suspected diagnosis for a patient. For example, a stress echocardiography exam confirms a patient has CAD. When an exam confirms a suspected diagnosis should the results be reported as “abnormal” or “normal”?
   A: In the instance that a cardiac imaging exam confirms a suspected diagnosis for a patient, the exam results should always be reported as “abnormal”.

31) Q: Will I be able to provide additional information when submitting exam results questions to clarify my responses or provide additional context for the exam finding?
   A: Empire recognizes the potential for variation with any diagnostic study and does not request additional information from providers when submitting cardiac imaging exam results. Once the exam results are submitted, the responses will be combined with the demographic information captured during the review process for the exam.

32) Q: Am I permitted to disclose exam results under HIPAA?
   A: Under HIPAA, disclosures for payment purposes (including utilization review activities) and for health care operations (including quality assessment and improvement activities, outcomes evaluation and development of clinical guidelines) are permitted without patient authorization.