

# Radiology Program Frequently Asked Questions

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*The Radiology Program supports providers in helping ensure patients receive advanced imaging services that are appropriate, safe, and affordable. The Radiology Program leverages clinical appropriateness review (prior authorization) through AIM Specialty Health® (AIM) for certain advanced imaging procedures to promote a high standard of care through the consistent use of evidence-based criteria.*

## Who is AIM?

AIM works with leading insurers to improve health care quality and manage costs for today's most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe, and affordable.

## How does the Radiology Program work?

Physicians' offices submit order requests online through AIM **ProviderPortal**<sup>SM</sup>, or by phone through the AIM contact center. They will be guided through a series of questions where member and ordering physician information, diagnosis, symptoms, exam type, and treatment/clinical history will be requested. The request will then be reviewed for alignment with the health plan's medical policy and AIM clinical criteria (AIM Clinical Appropriateness Guidelines).

If the information provided meets AIM clinical criteria and is consistent with the health plan's medical policy the provider will then be guided to select an imaging facility where the 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 the health plan's medical policy and AIM clinical criteria.

If an order number still cannot be issued by the nurse reviewer, they contact the ordering physician to schedule a peer-to-peer discussion with an AIM physician reviewer (MD). 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.

## What procedures require clinical appropriateness review under the Radiology Program?

*Included procedures:*

- Computed tomography (CT)
- Computed tomography angiography (CTA)
- Magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)
- Positron emission tomography (PET and PET-CT)
- Nuclear cardiology
  - Myocardial perfusion imaging (MPI)
  - Blood pool imaging
  - MUGA
  - First pass ventriculography
  - Infarct imaging

*Excluded:*

- Advanced imaging used during interventional procedures or surgery
- Emergency room services
- Inpatient hospitalization

## Who should contact AIM to request clinical appropriateness review?

- Ordering providers (referring the member for imaging)
- Servicing providers (free-standing or hospitals that perform imaging)

### When should providers contact AIM to request clinical appropriateness review?

- Providers should contact AIM to request clinical appropriateness review and obtain an order number before scheduling or performing any elective outpatient imaging service.

### How do providers contact AIM to request clinical appropriateness review?

There are two ways providers can contact AIM to request review and obtain an order number:

#### *Online*

- Get fast, convenient online service via the AIM **ProviderPortal**<sup>SM</sup> (registration required). **ProviderPortal** is available twenty-four hours a day, seven days a week. Go to [www.providerportal.com](http://www.providerportal.com) to begin.

#### *By phone*

- Call AIM Specialty Health toll-free at: (877) 291-0509
- Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m. (PDT) / 10:00 a.m. – 7:00 p.m. (CDT)

### What does the AIM order number look like?

The AIM order numbers are nine (9) numeric digits.

### How long is an order number valid?

An order number issued by AIM is valid for sixty (60) days.

### Can AIM handle multiple requests per call?

Yes, imaging requests for multiple members can be made on the same call.

### Does AIM need to know when the procedure is scheduled?

No, although the order number should be issued prior to scheduling the study and the procedure. Both should occur within the timeframe that the order will remain valid.

### Will members be able to contact AIM?

Members should contact the health plan directly if they have any questions.

### What information will AIM require in order to evaluate an imaging request?

The following information is needed to submit 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 complex cases, more information may be necessary, including:

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

### How can providers determine whether an order number has been obtained for a member?

Providers can contact AIM to determine whether an order number has been obtained for a member covered under the programs.

### What happens if a member is approved 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?

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 an order number 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.

### **If a procedure is not approved by AIM, is there an option to appeal the decision?**

Yes, providers 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 the conversation, the ordering physician should appeal directly to the health plan. (The health plan retains the responsibility for grievances and appeals.)

### **If a service is already authorized by AIM and needs to be rescheduled beyond the original 60-day authorization period, is a new order number required?**

If the date of the service is extended beyond the original 60 days, a new authorization must be requested through AIM.

### **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?**

Yes, approval or denial letters will be sent to ordering providers requesting review.

### **What methods and resources are used to develop the guidelines?**

Development of AIM Clinical Appropriateness Guidelines involves integration of medical information from multiple sources to support the use of high quality and state-of-the-art diagnostic imaging services. The process for criteria development is based on technology assessment, peer-reviewed medical literature, including clinical outcomes research, and consensus opinion in medical practice.

### **Who develops the clinical criteria for the program?**

AIM Clinical Appropriateness Guidelines are updated at least once a year and are reviewed by:

- An independent physician review board, including cardiologists, orthopedic surgeons, radiologists, neurologists, and neurosurgeons
- Clinical subject matter experts including subspecialists and leading academic experts
- Local imaging advisory council (representing local physician communities)
- Physician review panels

In addition, AIM guidelines are submitted as part of the AIM accreditation process to the National Committee for Quality Assurance (NCQA) and the American Accreditation HealthCare Commission (URAC).

AIM adheres to the Institute of Medicine's (IOM) best practice standards for the development of trustworthy guidelines including a rigorous primary evidence review and a comprehensive evaluation of existing national and specialty society guidelines including:

- American College of Cardiology (ACC) Appropriateness Criteria
- American Heart Association (AHA)
- American Institute of Ultrasound in Medicine (AIUM)
- American College of Radiology (ACR) Appropriateness Criteria
- Provider Led Entities (PLE's)
- American Cancer Society
- American Academy of Neurology (AAN)
- American Academy of Pediatrics (AAP)
- Society of Interventional Radiology (SIR)
- Society of Nuclear Medicine (SNM)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare and Medicaid Services (CMS)
- National Guideline Clearinghouse

### **How can I receive a copy of the clinical criteria used by AIM?**

- AIM Clinical Appropriateness Guidelines are available on the homepage of their website at [www.aimspecialtyhealth.com](http://www.aimspecialtyhealth.com).

