AIM Prior Authorization
Frequently Asked Questions

Blue Cross of Idaho will transition the administration of its outpatient advanced diagnostic imaging program from National Imaging Associates (NIA) to American Imaging Management (AIM).

Q  What procedures require prior authorization?
A  The advanced diagnostic imaging studies requiring prior authorization under the program are: CT scans, MRIs, PET scans, MRAs and Nuclear Cardiology. The program also covers imaging services received in outpatient settings (emergency room and observation settings are excluded).

Q  Is prior authorization required for emergency situations?
A  No. Patients seen in the emergency department are exempt from prior authorization. Patients do not need to get retrospective authorization form AIM for imaging procedures performed during an emergency room visit.

Q  How is observation handled?
A  Imaging services that occur in observation settings do not require prior authorization, nor do these services require the physician to contact AIM within the next business day of rendering the service. These services are easily identifiable in the Blue Cross claims systems and paid without authorization from AIM.

Q  What kind of response time can ordering physicians expect for prior authorization requests?
A  The best way to increase the possibility of having a request approved at the time of the first Web entry or call is to have knowledge of the case including:

- The patient's history and diagnosis
- Reason for study
- Results of previous imaging studies, and
- History of medical or surgical treatment

In many cases the request is authorized during first contact, especially when the caller requesting the review has sufficient clinical documentation in general approximately 60-65 percent of the requests are approved during the initial contact. Those not resolved during the initial contact are generally resolved within two business days of the request. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

Q  Do physicians have to obtain authorization before an appointment is scheduled?
A  Physicians should obtain authorization before scheduling the patient. If the patient is responsible for scheduling his or her appointment, please provide them with the authorization number. A specific date of service is not required.
Q  What if my office staff forgets to call AIM and schedules an imaging procedure requiring prior authorization?
A  It is important to notify office staff and educate them about this new policy. Claims that are not preauthorized may not be paid. Call AIM within 48 hours of the date of service for retrospective authorizations. Do not use Provider Web Portal for retro authorizations.

Q  Is an AIM prior authorization number needed for a CT-guided biopsy?
A  No.

Q  Which PET scans require prior authorization?
A  All PET scans.

Q  If a patient needs a CT in preparation for radiation therapy, is prior authorization necessary?
A  Yes, if the charge for the CT scan is billed separately as an outpatient service, an authorization is required.

Q  Is there a way to bypass the AIM recorded announcement?
A  When dialing into the toll-free number, 866-714-1105, you will hear a seven-second system greeting that identifies the AIM imaging authorization service. The announcement will instruct you to press option 1 to initiate a new request for authorization on an imaging exam or option 2 for the status of a case previously called in for authorization. The announcement will also remind callers that emergency procedures do not require prior authorization. You can bypass the entire greeting by immediately pressing the desired option whenever the announcement starts to play.

Q  If a Blue Cross of Idaho member is seen for a worker’s compensation or third party liability visit and an MRI/MRA, CT or PET scan is needed, is prior authorization necessary?
A  Yes, since Blue Cross may become the primary payer in the event worker’s compensation or the third party denies payment.

Q  Is it necessary for each scheduler or staff person in the office to enroll online with AIM for user names and passwords?
A  No. However, each staff person needs to register as a user on the Blue Cross of Idaho Web site, www.bcidaho.com, since they will access the AIM Web site through a secure portal on the Blue Cross of Idaho Web site.

Q  If the ordering and the rendering provider are both located out-of-state is prior authorization required?
A  Yes and No.
- If the rendering/billing provider is contracting with Blue Cross of Idaho, prior authorization is required. For mobile providers contracting with Blue Cross of Idaho who render services in a contiguous county, prior authorization is required.
- If the ordering provider is non-contracting with Blue Cross of Idaho and the rendering provider is contracting, prior authorization is required.
- If the ordering and the rendering providers are not contracting with Blue Cross of Idaho, prior authorization is not required, but services may be subject to medical necessity review.
All PET scans require prior authorization. Submit requests or employer groups and members not participating in the AIM program to the Blue Cross of Idaho Prior Authorization Unit.

**Note:** Provider contracting status is available on the Blue Cross of Idaho Web site [www.bcidaho.com](http://www.bcidaho.com) under the Provider Informational Directory.

Q **What type of reports will Blue Cross of Idaho share with providers?**
A Blue Cross of Idaho will review the report data and communicate general program effectiveness in future One to One news articles. Blue Cross of Idaho is also planning to provide utilization information and provider feedback in a format and timeframe currently being developed.

Q **What if a diagnostic test does not meet medical necessity? Can the member be billed for the tests?**
A Blue Cross of Idaho considers services that are determined to be not medically necessary a contractual adjustment/write off for rendering providers that are contracting with Blue Cross of Idaho. The claim is processed and the amount will appear in contractual adjustment on the Detail of Remittance. If a member signs a notification stating they understand this specific procedure has not been authorized in advance of a service, they are responsible for the cost of the service, and the rendering physician may bill the member. When billing for services, the GA modifier may be used. However, if the provider is contracting, the amount will still appear in the contractual adjustment column on the Detail of Remittance Advice. Blue Cross of Idaho will consider both the waiver and the subsequent bill to be between the member and the provider.

Q **Does the rendering facility need to be contracting with Blue Cross of Idaho?**
A For Traditional and PPO membership, when a member uses a non-contracting or out-of-network provider they may incur a higher out-of-pocket expense. For our Medicare Advantage HMO membership (True Blue), it may be denied as member liability without an out-of-network referral.

Q **Will the member’s identification card indicate that prior authorization is required for an MRI/MRA, CT, PET scan or Nuclear Cardiology?**
A Not all member cards will indicate prior authorization is required. Please refer to Provider Administration Policy 219. This policy indicates the lines of business that require prior authorization. In addition, you can obtain a list of employer groups that are not participating with imaging program under the prior authorization section of the Web site under opt out groups.

Q **Where does the authorization number go on the CMS 1500 and UB 04?**
A Put the authorization number in field 23 of the CMS 1500 and in field 63 of the UB 04 claim form.

Q **If a radiologist is performing the professional portion how can they confirm that the service is approved?**
A They may contact AIM via phone at 866-714-1105, check for the authorization on the Web site through the secure portal at [www.bcidaho.com](http://www.bcidaho.com) or contact the servicing facility to obtain the authorization number.
Q Are CPT codes necessary when obtaining prior authorization?
A No, you will need to know what exam is ordered (CT, MRI, MRA, PET scan or nuclear cardiology), body part (such as cervical, lumbar extremity), patient diagnosis and clinical symptoms.

Q What if the location where the services will be performed changes after authorization is completed?
A It is very helpful if either the ordering or rendering facility notifies AIM. A change in location doesn’t require a new authorization. The notification allows AIM to load the name of the facility on the web site, allowing the rendering facility to review the authorization online. In addition, the ordering provider may log into the Web site and update the location of service.

Q How will the ordering physician’s offices know the status of an authorization not approved at the first review level?
A If the call center receives an inquiry, AIM will inform the caller of the status at the time the call ends. If it’s an online request, the Web site displays the status of the request. The ordering physician always has access to the Web site to check the status of an authorization. AIM’s tracking number search tool provides broader information on case outcomes. A physician reviewer can only deny cases and may need to speak with the ordering physician directly. Members and ordering physician receive letters if their case is denied.

Q If there are two or more services with multiple authorization numbers, how should the multiple authorization numbers appear on the claim?
A Only one authorization number is required on the claim. Blue Cross of Idaho will match the numbers internally based on the reports received from AIM.

Q If multiple services occur on the same day, are multiple authorization numbers issued?
A Yes, a separate authorization number is required for each procedure ordered.

Q How does a radiology office obtain a patient’s written notification so they can charge for the services?
A Offices will need to set up an internal office procedure and work with the facilities with which they do business.

Q How long is a prior authorization number valid?
A A prior authorization number issued by AIM is valid for 60 days from authorization approval date.

Q Can AIM handle multiple prior authorization requests per call?
A Yes, callers can make prior authorization requests for multiple members on the same call. In addition, callers may request up to three procedures per member on the same call.

Q How do providers proceed with an authorization when the AIM call center is closed?
A Providers may request the authorization via the Web site 24/7. If the test is not urgent the ordering physician may call AIM the next business day or within 48 hours to obtain an authorization.
Q: Do emergency tests need prior authorization if the patient is in the physician’s office?
A: Complete all emergency tests. The ordering provider should contact AIM the next business
day or within 48 hours and ask for an urgent/emergent review. Please note prior authorization
is not required if the service is performed in the emergency department.

Q: If an emergency room physician refers a patient for a diagnostic imaging test at a later
date, or to the patient's personal physician to request a diagnostic imaging test, is a prior
authorization required?
A: Yes, if the patient is no longer receiving treatment in the emergency department, it's
considered an outpatient service and requires an authorization. Services performed in the
emergency department do not require a prior authorization.

Q: Can a patient receive the same diagnostic imaging test if they had the test previously?
A: Yes, if it meets the criteria for medical necessity.

Q: What are opt-out groups?
A: Some of our self-funded employer groups are not participating in the advanced diagnostic
imaging prior authorization program at this time. As groups renew their contract with Blue
Cross of Idaho, they have the opportunity to participate in the program. Opt-out groups are
currently not participating. A list of groups that are currently not participating in the prior

Q: In a rural area what happens when a patient visits the ER and needs an MRI, but the mobile
unit doesn't come until another day, do they still need a prior authorization?
A: Yes, Blue Cross realizes that in some areas, the MRI mobile unit may not be available until a
later date. The authorization is good for 60 days from the date of approval.

Q: Should a provider send members to the emergency department if they are unable to get
authorization?
A: No, unless the member requires emergency care.

Q: As a rendering facility what is required if the radiologist indicates that additional studies
are needed?
A: The rendering facility should perform the test then contact the ordering physician and AIM
within two working days to provide any new clinical information obtained during the test. If
AIM needs additional information, they will follow up with the original ordering physician for
the additional clinical information. With few exceptions, the ordering physician is the only
party who can order radiological services. Because of this requirement, AIM will provide the
ordering physician with the authorization number.

Q: When accessing the AIM Web site, will the password need to be changed and if so, how
often?
A: No, your password is your Blue Cross of Idaho Web site log in and does not require
password changes.

Q: Are there any HIPAA required agreements between the provider and AIM that need
signatures?
A: No, Blue Cross of Idaho has an agreement signed with AIM.
Q Are enrollees covered under the Federal Employee Program (FEP) participating?
A Yes.

Q If AIM can’t locate the provider name can I give AIM the Blue Cross of Idaho provider number to be used to identify the ordering physician when I call them?
A Yes, AIM has access to Blue Cross of Idaho provider numbers and can locate the provider based on the number provided.

Call Center Hours: Mon – Fri Telephone #: 866-714-1105
8:00 AM to 6:00 PM Mountain Time

Q How do I request prior authorization form AIM?
A Providers request prior authorizations through the following processes:

✓ Internet Access
Providers can request prior authorizations via AIM’s online application, ProviderPortalSM. ProviderPortalSM is accessible through the Blue Cross of Idaho Web site at www.bcidaaho.com, 24 hours a day, seven days a week.

✓ Telephone (if the Web site is unavailable)
Providers can request prior authorizations or retrospective authorizations within 48 hours of the date of service by contacting AIM’s call center toll free at 866-714-1105 Monday through Friday, 8 a.m. to 6 p.m. MST. Please note that this is a new telephone number and new hours for call-center access.

Q What information will AIM require to evaluate a prior authorization request?
A Please refer to the checklist below to ensure you have all the necessary information prior to requesting a prior authorization from AIM:

✓ Member’s identification number, name, date of birth, and health plan
✓ Ordering provider name, address, phone number and provider ID
✓ Imaging provider name, address and provider ID (if available)
✓ 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 treatment history (previous tests, duration of previous therapy, relevant clinical medical history).

Q How will AIM review prior authorization requests?
A AIM will review prior authorization requests based on the diagnostic imaging utilization management program guidelines. These guidelines have been developed through a comprehensive review of leading, nationally recognized guidelines and literature regarding the use of diagnostic imaging. A copy of the program guidelines is on AIM’s Web site, www.americanimaging.net. A link to the guidelines will also be available on the provider portal of www.bcidaaho.com.

If AIM approves the request based on the information submitted by the ordering provider’s office, the provider will receive an authorization number. Authorization numbers can be received immediately either via the telephone or the Internet.
If AIM cannot approve the request, AIM forwards the case to a nurse or physician for additional clinical review. Nurse reviewers will request additional information regarding the case and have the authority to approve a case if they receive the information necessary to confirm that the case is consistent with program guidelines.

If the nurse reviewer is still unable to approve the case, AIM forwards the case to a physician reviewer. A physician reviewer may contact the ordering provider within two (2) business days of receipt of the request to discuss the case in greater detail. An ordering provider may also contact AIM’s physician reviewers at any time during the clinical review process. Based on the interaction with the ordering provider, the physician reviewer will either approve the case or issue an adverse determination.

Q **How can I determine a member received a prior authorization?**

A Rendering providers will be able to contact AIM to determine whether a member covered under the program received prior authorization. Rendering providers will be able to obtain information on authorizations through the following processes:

- **Via the Internet**
  Rendering providers can obtain information on prior authorizations obtained for their imaging site via ProviderPortalSM. The ProviderPortalSM is available through the secure provider at [www.bcidaho.com](http://www.bcidaho.com), 24 hours a day, seven days a week.

- **Via Telephone**
  Rendering providers can obtain information on prior authorizations obtained for their imaging site by contacting AIM’s call center. Call toll-free at 866-714-1105, Monday through Friday, 8:00 am – 6:00 pm MT. Please note that this is a new phone number and new hours for call center access.

Q **Is prior authorization necessary when Blue Cross of Idaho is not the member’s primary insurance?**

A No. If denied by the primary insurance, we will review retrospectively.

Q **What does the AIM prior authorization number look like?**

A AIM’s prior authorization numbers are seven (7) numeric characters.

Q **What happens if a member is authorized for a specific procedure (for example: a CT of the abdomen) and during the course of this procedure, the radiologist or rendering provider feels that an additional procedure requiring prior authorization (for example a 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 they performed an additional test on the same day. AIM must be contacted for prior authorization for the additional procedure no later than two business days after the services were rendered. The pertinent clinical information supporting the additional procedure must be available when contacting AIM.
Q  If AIM denies prior authorization of an imaging study, is there an option to appeal the decision?

A  Yes. The ordering provider may contact AIM directly to request an appeal within 180 days of receipt of the denial notice. Another physician of like or similar specialty will do the review. Please refer to Provider Administrative Policy (PAP) 236 for Commercial and MAPAP 2229 for Medicare Advantage at www.bcidaaho.com for additional information on further appeal rights.

Q  How does the physician know if a patient is eligible for services? Do they call Blue Cross of Idaho for eligibility?

A  AIM can verify most eligibility. If they are unable to, providers should use the Direct Online Connection (DOC) located on the Blue Cross of Idaho Web site, www.bcidaaho.com, prior to contacting customer services. If you have not registered for access to the secure Web site you may obtain access by contacting:

Diane Mortensen at (208) 286-3602 ext. 8308 or (866) 283-5723 ext. 8308

Jamie Hunihan at (208) 286-3602 ext. 8309 or (866) 283-5723 ext. 8309

Kathy Brock (208) 286-3602 ext. 8307 or (866) 283-5723 ext.8307