

Diagnostic Imaging Management ORDERING PROVIDER Quick Reference

Before ordering certain diagnostic services, providers should complete the steps below to determine if prior review is required. Generally, the tests covered under the Diagnostic Imaging Management Program include **MRI, MRA, MRS, CT, CTA, PET, and Nuclear Cardiology studies**. Begin by accessing the Diagnostic imaging procedures page at <https://providers.bcbsnc.com/providers/imaging.faces>, then complete the steps below.

1 Is the patient's *group* participating in the program? Enter the group number from the member's ID card as shown on the following page.

2 Does the *test* require prior review? Click this link to view the Diagnostic Imaging Prior Review Code list as shown on the following page.

3 If the answer to both questions above is yes, obtain authorization for the test. Continue to page 3 for more information.

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Sample Prior Review Code List

Diagnostic Imaging Prior Review Code List – 2nd Quarter 2010

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Services for Blue Medicare HMO and Blue Medicare PPO members require prior review as of 9/1/2010.)

With Groupings

Computerized Tomography (CT)	CPT	Service Description	Effective Date	Date Ineffective
Abdomen 6	74150	CT abdomen; w/o contrast	2/1/2007	
	74160	CT abdomen; with contrast	2/1/2007	
	74170	CT abdomen; w/o contrast followed by contrast	2/1/2007	
Chest 5	71250	CT thorax; w/o contrast	2/1/2007	
	71260	CT thorax; with contrast	2/1/2007	
	71270	CT thorax; w/o contrast followed by contrast	2/1/2007	
Upper Extremity 11	73200	CT upper extremity; w/o contrast	2/1/2007	
	73201	CT upper extremity; with contrast	2/1/2007	
	73202	CT upper extremity; w/o contrast followed by contrast	2/1/2007	
Lower Extremity 12	73700	CT lower extremity; w/o contrast	2/1/2007	

If the test is not listed, prior plan approval is not required.

Sample ID Cards

		BlueOptions	
Subscriber Name: John Q. Public		ABC123_COMPANY	
01	Subscriber ID: YPPW12345678	Group No: 123458	RxBinGroup: 8100 MF PAID BNCNDRUG
Members Health and Dental:		In-Network Member Responsibility:	
02	Mary T. Schneider	Primary	\$10
03	David T.	Specialist	\$20
04	Kathleen A.	Urgent Care	\$20*
05	Robert K.	ER	\$150*
06	Nathan M.	Prescription Drug	\$10/\$25/\$50/25%
07	Gabrielle L.	*Same for out-of-network	
DentalBlue			

All Medicare Advantage members are participating in the program. The group inquiry is not required for Medicare Advantage members.

		Blue Medicare HMO [™] Enhanced	
Member Name [JOHN DOE]		Member ID# [ABCD123456789]	
Group No:	[011100]	Office Visit:	[\$15/30]
Effective Date:	[01-01-2006]	ER/Urgent Care:	[\$50/30]
Rx BIN:	610014	Inpat Hospital:	[\$350]
Rx PCN:	MEDDPRIME	MHCD Outpat:	[\$30]
Rx Group:	NCPARTD	Supplies/DME:	[20%]
Issuer:	80840	Contract # [H3449 005]	
MedicareRx <small>Prescription Drug Coverage</small>			

* The screens and ID card samples in this document are subject to change.

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If authorization is required, complete the steps below to obtain the authorization.

Health management program

Drug information

Request prior plan approval for diagnostic imaging procedures

- **Online** – Through the **ProviderPortalSM** system in **Blue eSM**.
- **By fax:** [Prior plan approval fax request form](#)
- **By phone:** American Imaging Management – 1-866-455-8414 Monday – Friday, 8 a.m. – 5 p.m., Eastern Time

Please note: Only ordering physicians can obtain a preauthorization number. Hospitals that perform the services listed cannot obtain a preauthorization number but should confirm the

Diagnostic imaging resources:

Click this link to log into *Blue e*. After you log in, you will see your Blue e home page as shown below.

BlueCross BlueShield of North Carolina | Your plan for better health™ | Help | Manage Your Profile | Logout

Blue e | Welcome Brandon Hunter | 5/25/2010 10:15:10 AM

Home | Eligibility | Billing | Health Management | Administration | Resources

What's New

- ▶ AIM System outage Saturday May 29, 2010 **New!**
- ▶ 2010 Provider Conferences Registration **New!**
- ▶ Claim Payments / EOP Delay

View All Articles >

Eligibility	Billing	Health Management
FEP Member Name Search	837 Claim Error Listing	Diagnostic Imaging Management
Health Eligibility	CMS 1500	
Medicaid Eligibility	Claim Status	
	Clear Claim Connection (C3)	

Administration

- [BCBSNC Disclosures](#)
- [Manage Account](#)
- [Fee Schedules](#)

Related Links

- [BlueBook for healthcare providers](#)
- [Prior Plan Approval \(PPA\) List](#)
- [ePrescribe for online prescriptions](#)
- [Medicare Advantage Private Fee for Service Plans](#)
- [Electronic Funds Transfer \(EFT\) Registration Form](#)
- [Dental Blue Select](#)
- [BCBSNC eSolutions Website](#)
- [BCBSNC.com Specifically for Healthcare Providers](#)
- [Diagnostic Imaging Program Training](#)
- [Coordination of Benefits Questionnaire](#)

How to Use...
837 Claim Error List

The Blue BookSM Provider Manual

Click this link to access the *Blue e* Diagnostic Imaging Management page as shown on the next page.

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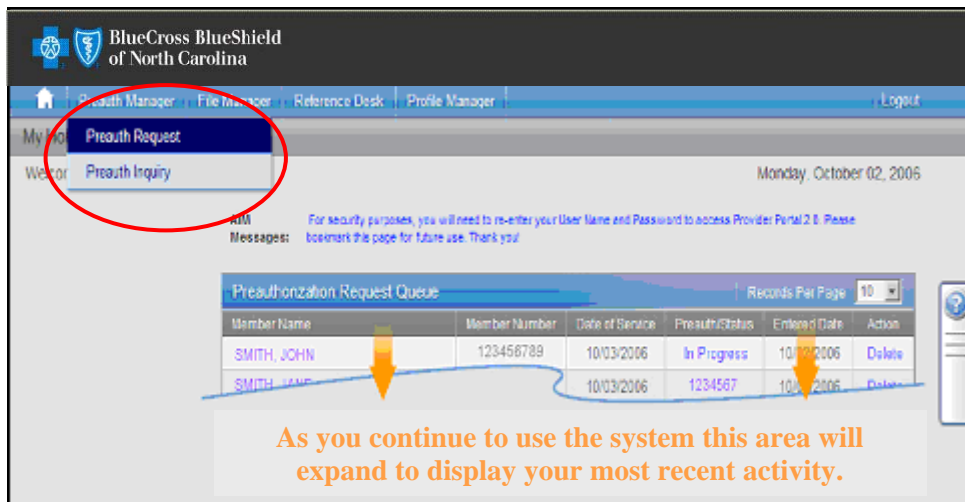
The screenshot shows the Blue e website interface. At the top left is the BlueCross BlueShield of North Carolina logo and tagline "Your plan for better health™". To the right are links for "Help | Manage Your Profile | Logout". Below this is a header bar with "Blue e" on the left, "Welcome" in the middle, and the date/time "7/7/2010 10:34:19 AM" on the right. A navigation menu includes "Home", "Eligibility", "Billing", "Health Management" (highlighted), "Administration", and "Resources". Below the menu is a breadcrumb trail: "Home » Health Management » Diagnostic Imaging Management". A "Diagnostic Imaging Training" icon is also present. The main content area starts with a paragraph about the Diagnostic Imaging Prior Plan Approval application. This is followed by the question "Does my patient need prior approval?" and a sub-instruction: "To check if your patient requires authorization, please enter the patient's group number and click search." Below this is a form with a "Group Number:" label, an input field, and a "Search" button. A red circle with the number "1" is placed over the "Search" button. A detailed paragraph explains that the group number query is optional and only for certain BCBSNC members. A note states that the query is not valid for Blue Medicare HMO or PPO products as of September 1, 2010. Below this is a black header for "Request Prior Plan Approval". The text asks the user to confirm contact information, noting that an email address is required. Below this is another form with fields for "Phone:" (with area code "919" and number "765"), "Ext.", "Fax:", and "*Email:". A checkbox for "Update my profile with this information" is present, with a note "* Required Field". A red circle with the number "2" is placed over the "Phone:" field. At the bottom right of the form is a "Continue" button, with a red circle and the number "3" placed over it. A small note at the very bottom says "If you would like to perform an offline approval please contact AIM at 1-866-455-8414".

From the Blue e Diagnostic Imaging Management page, you can do any or all of these:

- 1 Search for a group to determine if it is participating in the Diagnostic Imaging Management program.
- 2 Update your contact information. *Note:* A valid email address is required.
- 3 Click **Continue** to go to the AIM Provider Portal as shown on the following page.

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Complete the request. Follow the clinical intake process in the Provider Portal.



Member Name	Member Number	Date of Service	Preauth/Status	Entered Date	Action
SMITH, JOHN	123456789	10/03/2006	In Progress	10/03/2006	Delete
SMITH, JOHN	1234567	10/03/2006		10/03/2006	Delete

As you continue to use the system this area will expand to display your most recent activity.

You will be asked to supply the following:

- ✓ Member identification number, name, and date of birth
- ✓ Ordering physician information
- ✓ Imaging exams being requested (including body part, right, left, or bilateral)
- ✓ Patient diagnosis (suspected or confirmed)
- ✓ Clinical symptoms/ indications (including intensity/ duration)
- ✓ Results of past treatment (including tests, duration of previous therapy, relevant medical history)

After completing the intake process, a printable summary, including a pre-authorization number, will display. Or, if the request cannot be authorized at the intake level, it will be referred for further review. If additional information is needed, a registered nurse and/or an AIM physician will contact you to further discuss the case.

Important: If you change the location where the exam is scheduled, you must update the existing preauth in the Provider Portal or call AIM at 1-866-455-8414 to update the request. Failure to do so could result in denial of claims submitted by the servicing provider.