

SERVICING PROVIDER

Diagnostic Imaging Management Quick Reference

The servicing provider should verify that prior plan approval has been obtained for applicable BCBSNC members before performing procedures subject to the diagnostic imaging management program. Follow the steps below to verify that the ordering provider has obtained prior plan approval from AIM.

- 1 **Login to *Blue e* and access the *Blue e* Diagnostic Imaging Prior Plan Approval page** shown below. From this page, you can:
 - a Perform a query to determine if your patient's group is participating in the program (see details on the next page), and then continue to **b** or **c**; or
 - b Update your contact information, then click the **Continue** button to go to the AIM Provider Portal; or
 - c Just click the **Continue** button to go straight to the AIM Provider Portal.

Note: A valid email address is required.

The screenshot shows the BlueCross BlueShield of North Carolina website. The header includes the logo and the tagline "Your plan for better health." with links for "Help | Manage Your Profile | Logout". The user is logged in as "Blue e" and the date/time is 7/7/2010 10:34:19 AM. The navigation menu includes Home, Eligibility, Billing, Health Management, Administration, and Resources. The current page is "Diagnostic Imaging Management" under the "Health Management" section. The page content explains the Diagnostic Imaging Prior Plan Approval application and includes a search form for group numbers. A "Request Prior Plan Approval" section is highlighted in black, containing contact information fields (Phone, Fax, Email) and a "Continue" button. A note at the bottom suggests contacting AIM for offline approval.

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

Blue e | Welcome [Member Name] | 7/7/2010 10:34:19 AM

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

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The Diagnostic Imaging Prior Plan Approval application allows providers to obtain authorization to order a high-tech diagnostic imaging procedure on the prior plan approval list.

Does my patient need prior approval?

To check if your patient requires authorization, please enter the patient's group number and click search.

Group Number: a

This group number query is not required. It is an optional tool for you to use in determining program participation. Only group numbers covered or administered by Blue Cross and Blue Shield of North Carolina (BCBSNC) appear in this query. Most BCBSNC members are participating in the program. If you are unsure about a member's participation, proceed with requesting an authorization. If you do not have the member's group number, you can use the Health Eligibility link in **Blue e** to obtain it.

Note: This group query is not valid for group numbers that are associated with BCBSNC's Blue Medicare HMO or PPO products. However, as of September 1, 2010, all Blue Medicare HMO and Blue Medicare PPO members are participating in the program and will require prior approval for these services.

Request Prior Plan Approval

Please confirm your contact information below. An email address is required to access this system. Please provide a valid email address, as this email will be used to communicate the authorization status to you.

Phone: (919) 765 - Ext. b

Fax: () -

*Email:

Update my profile with this information

* Required Field

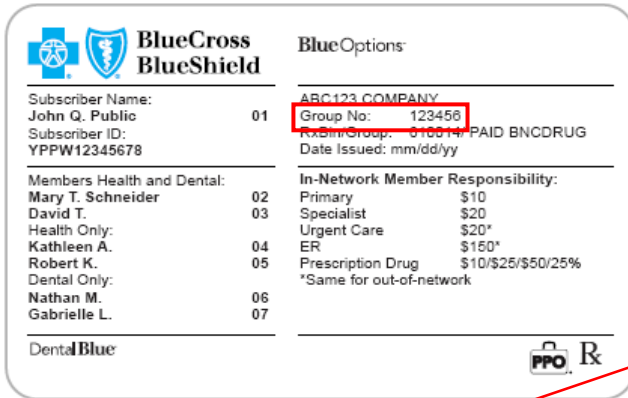
c

If you would like to perform an offline approval please contact AIM at 1-866-455-8414

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a Determining if the patient's group is participating in the program.



This program is only applicable to BCBSNC members (although other Blues may have similar programs) and not all groups are participating in the program.

Using the patient's ID card as in the sample at left, enter the patient's group number in the **Group Number** field of the screen above and click the **Search** button.

All Medicare Advantage members are participating in the program. Therefore, the Group Search is not required for members whose ID cards display this logo.

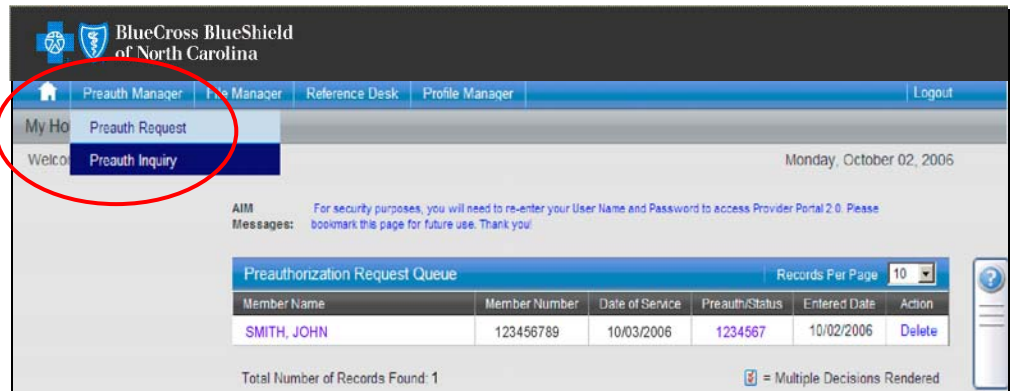
A message will display stating that prior plan approval is or is not required.



2 Access the Preauth Inquiry screen.

After accepting AIM's HIPAA Disclaimer, you will arrive at the **My Homepage** screen as shown at right.

Click **Preauth Manager**, then **Preauth Inquiry** to inquire on a request.

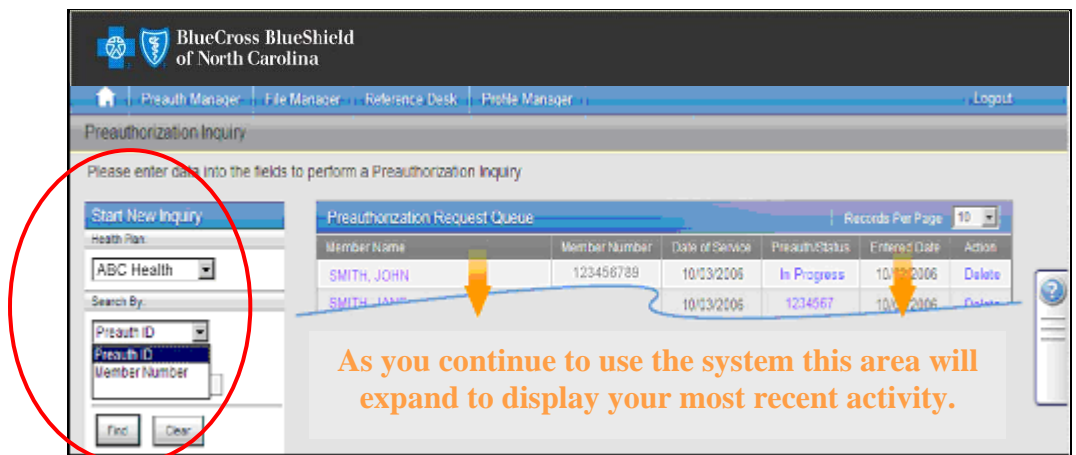


* The screens and ID card samples in this document are subject to change.

3 Find the patient.

If the patient you are inquiring on does not display in the Preauthorization Request Queue, you can:

- Scroll through the pages of the queue to find the patient; or
- Complete the fields of the Start New Inquiry section and click the Find button.



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4 View the Preauthorization Inquiry screen.

Start New Inquiry

Health Plan: BCBS NC

Search By: Preauth ID

PREAUTH ID: 1234567

Find Clear

Preauthorization Information

a Request Status: Authorized

b Preauth ID: 1234567
Valid Dates: 11/29/2006 - 1/27/2007

c Member Information: SMITH, JOHN
Member# 00000001
225 HAWTHORNE LN
CHERAW, SC 295205804
Date of Birth: 01/12/1950

Referring Physician: WILLIAMS, BILL
1903 N HARRISON AVE.
CARY, NC 27513
Phone: (919)677-8101
Fax:

Imaging Facility: SANDHILLS MEDICAL GROUP
125 BILTMORE DR STE 2
SITE 2
ROCKINGHAM, NC 28379-0000
Phone:(910)895-6650
Fax:

d Exam Information:

The information on the patient's diagnosis/symptoms/conditions provided below was obtained from the referring physician and has not been independently verified by AIM. AIM assumes no responsibility for the accuracy of this information or for its consistency with the patient's medical record.

Exam	CPT Group	Exam Type	Exam Outcome	Action
1	CT Abdomen	CT	Authorized	Hide Details

Clinical Information
Diagnosis: ADRENAL MASS - Confirmed
Symptoms/Conditions: POST-OPERATIVE COMPLICATIONS FROM ADRENALECTOMY
CHARACTERIZATION OF ADRENAL MASS DETECTED ON PRIOR IMAGING. CT, MRI, ULTRASOUND, PET IMAGING

Multiple Decisions Rendered

Use this screen to verify the following:

- a Request Status:** If the request has been approved, **Authorized** displays here.
- b Preauth ID and Valid Dates:** The preauthorization number displays here. Authorizations are valid for 30 days from the day they are issued. If the exam date is outside that window, a new authorization must be obtained.
- c Imaging Facility:** Verify that your facility is indicated. If it is not, the claim will not pay.
- d Exam Information:** See which tests are approved. Click on the name of the test to see a list of CPT codes that are covered under that procedure.

If prior plan approval has not been obtained, or if an existing approval is expired, contact the ordering provider to have them obtain the approval. If prior plan approval is not obtained, any claims for the procedure(s) will not pay.

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

Note: Servicing providers can request approval for additional exams on an existing request by calling AIM at 1-800-455-8414.