

Medical Policy Updates

A link to AIM Specialty Health's clinical guidelines is available on the Premera provider website at premera.com/wa/provider/utilization-review/advanced-imaging.

AIM to Review Additional CT, MRI, and MR Spectroscopy Services

Effective for dates of service Oct. 27, 2014 and later, AIM Specialty Health will conduct medical necessity reviews for the following CPT codes for these non-urgent advanced imaging procedures:

- CT Colonography: 74261, 74262, 74263
- CT Heart and CT Angiography: 75571, 75572, 75573, 75574
- Functional MRI: 70554, 70555
- MRI Breast: 77058, 77059
- MR Spectroscopy: 76390

AIM currently manages other advanced imaging reviews for Premera and the process for the additional codes is identical. To initiate an order, you can contact AIM Specialty Health online or via telephone:

- Online: www.aimspecialtyhealth.com
- Phone: 866-666-0776

Full clinical guidelines are at www.aimspecialtyhealth.com under Clinical Guidelines Radiology.

Prior authorization is based upon member benefits and eligibility at the time of service and prospectively determines medical necessity and appropriateness of treatment and setting by utilizing nationally recognized guidelines. Pre-service review is strongly recommended.

Medical

updates continued

Premera medical policies are guidelines used to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published, peer-reviewed scientific literature, national guidelines, and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy regarding a specific service or treatment does not guarantee that the member's contract covers that service.

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