

Medical Policy Updates

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

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

To help prevent overexposure to radiation and inappropriate services, beginning Oct. 27, 2014, a pre-service quality review from AIM Specialty Health for these non-urgent advanced imaging procedures is recommended, for these CPT codes:

- 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 conducts pre-service quality reviews for advanced imaging services for Premera Blue Cross Blue Shield of Alaska, 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.

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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