


ADMINISTRATIVE GUIDELINE – 10.01.528

Imaging: Services Reviewed by Carelon Medical Benefits Management

Effective Date:	Aug. 1, 2024	RELATED MEDICAL POLICIES:
Last Revised:	July 8, 2024	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

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Introduction

Carelon Medical Benefits Management manages prior authorization for advanced clinical imaging for the Plan. Prior authorization is based on member benefits and eligibility at the time of service. Below is the link to Carelon Medical Benefits Management’s Clinical Appropriateness Guidelines for Radiology. To submit a request for services, providers need to use the Carelon Medical Benefits Management provider portal, for which a link is also provided below.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Administrative Guideline

Service	Link
Imaging services	<p>The following services are subject to review by Carelon Medical Benefits Management Specialty Health:</p> <ul style="list-style-type: none"> Computed tomography (CT) scan

Service	Link
	<ul style="list-style-type: none"> • Magnetic resonance imaging (MRI) • Magnetic resonance imaging (MRA) • Nuclear cardiology • Echocardiography (ECHO) • Positron emission tomography (PET) scan <p>View Carelon Medical Benefits Management Clinical Appropriateness Guidelines</p>
Request a review	Carelon Medical Benefits Management Provider Portal login

History

Date	Comments
06/01/19	New administrative guideline, approved May 14, 2019, developed to aid in navigation to AIM Specialty Health for the clinical criteria. AIM has been reviewing these services since 2009.
06/01/20	Annual Review, approved May 5, 2020. Guideline reviewed, no changes to guideline statement.
03/01/21	Annual Review, approved February 2, 2021. No changes made.
04/01/22	Annual Review, approved March 7, 2022. No changes made.
03/01/23	Annual Review, approved February 20, 2023. Policy updated to reflect AIM Specialty Health name change to Carelon Medical Benefits Management. URL updated from AIMspecialtyhealth.com to carelon.com with no content changes made to the policy. This name change is effective March 1, 2023.
08/01/24	Annual Review, approved July 8, 2024. Guideline reviewed, guideline statement unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.



Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

