Anthem Blue Cross and Blue Shield (Anthem) expanding partnership with AIM Specialty Health for outpatient imaging authorizations

Effective April 1, 2017, AIM Specialty Health (AIM) will provide health services reviews for prior authorization of certain outpatient imaging services for Anthem members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

This expansion of utilization management services to AIM does not apply to the Franciscan Alliance Accountable Care Organization/St. Francis Health Network.

The service requests reviewed by AIM will include:
- Computer tomography scans (including cardiac).
- Nuclear cardiology.
- Magnetic resonance (including cardiac).
- Positron emission tomography scans (including cardiac).
- Stress echocardiography.
- Resting transthoracic echocardiography.
- Transesophageal echocardiography.
- Arterial ultrasound.
- Cardiac catheterization.
- Percutaneous coronary intervention (PCI).
- Radiation oncology services. (See details below.)
- Sleep disorder testing and treatment. (See details below.)

As part of this change, prior authorization of all echocardiography, cardiac catheterization, arterial imaging and PCI services (except where postservice review is permitted as detailed below), radiation oncology services, and sleep disorder testing and treatment will be required effective April 1, 2017. Clinical criteria used to determine medical necessity of these services can be found at http://aimspecialtyhealth.com.

We understand the need for arterial duplex imaging or PCI procedures may not be identified until patients have undergone a physiologic study or cardiac catheterization. For these cases, please contact AIM to request a clinical appropriateness review before you submit a claim (no later than 10 business days after you perform these procedures).

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AIM Specialty Health is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield.

AINPEC-1199-17 February 2017
Radiation oncology
Effective April 1, 2017, providers are required to contact AIM to obtain preservice review for the following nonemergent, outpatient radiation oncology modalities:

- Brachytherapy
- Intensity modulated radiation therapy (IMRT)
- Proton beam radiation therapy
- Stereotactic radiosurgery/stereotactic body radiotherapy
- 3-D conformal therapy* (EBRT) for bone metastases and breast cancer
- Hypofractionation for bone metastases and breast cancer when requesting EBRT and IMRT
- Special procedures and consultations associated with a treatment plan (CPT codes 77370 and 77470)
- Image-guided radiation therapy

* For EBRT, preservice review is required only for procedures involving bone metastases and breast cancer. However, we are requesting ordering providers contact AIM to review all other 3-D conformal therapy requests on a voluntary basis. Clinical review will be performed to confirm appropriateness and to ensure the ordering physician is aware of alternative treatments (where applicable). Once clinical review is completed, an authorization number will be issued. Claims will not be denied as a result of this voluntary process.

Radiation oncology performed as part of an inpatient admission is not part of the AIM program. Authorization should be obtained through the usual Anthem process for Hoosier Healthwise, Hoosier Care Connect and Healthy Indiana Plan members.

To find order entry checklists, a step-by-step tutorial, clinical guidelines and FAQ, visit AIM online at http://aimprovider.com/radoncology.

Sleep medicine
Providers should contact AIM to obtain an authorization number before scheduling or performing any elective outpatient, home-based (unattended) diagnostic study or a facility-based diagnostic or titration study (freestanding or hospital) as well as for sleep treatment equipment and related supplies. The following services are included in the program and require prior authorization through AIM:

- Home sleep tests
- In-lab sleep studies (polysomnography, multiple sleep latency test, multiple wake test)
- Titration studies
- Initial treatment orders — automatic positive airway pressure (APAP), continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BPAP)
- Ongoing treatment orders — (APAP, CPAP, BPAP)
- Oral appliances

Services performed in conjunction with ER services, inpatient hospitalization, observation setting or urgent care facilities are excluded from the AIM program. Both ordering physicians (those referring the member for sleep testing) and servicing providers (those freestanding or hospital labs performing sleep testing) may submit requests.

This program pertains to both new and existing sleep therapy patients. To find order entry checklists, a step-by-step tutorial, clinical guidelines and FAQ, visit AIM online at http://aimspecialtyhealth.com/marketing/gowebsleep.
Other services may be added to this list at a later date. If this happens, we will notify you in advance. In addition, other services not on the list above and, therefore, not managed through AIM will follow the current Anthem prior authorization process where prior authorization is required.

When requesting the services noted above, please follow this process:

- The ordering provider is responsible for obtaining a health services review authorization. To obtain this authorization, you can access AIM via [https://www.providerportal.com](https://www.providerportal.com) or [https://www.availity.com](https://www.availity.com) or contact AIM toll free at 1-800-714-0040. Hours of operation are Monday through Friday, 8:30 a.m. to 7 p.m. Eastern time.
- ProviderPortal™ is the fastest, easiest way to contact AIM. An online application, ProviderPortal offers a convenient way to enter your order requests or check on the status of your previous orders. Go to [https://www.providerportal.com](https://www.providerportal.com) to begin. Registration is required.
- Fax requests will no longer be accepted for the services reviewed by AIM (as listed above).
- Providers should verify the necessary prior authorization has been obtained in advance of rendering the services noted above. Failure to do so may result in nonpayment of your claim.
- Imaging and procedures performed as part of urgent/emergent care do not require prior authorization. Services provided as part of a planned inpatient admission may require prior authorization; however, they are not handled by AIM. Contact the Provider Helplines at the numbers below if you have questions about whether a particular service requires a prior authorization.

While procedures for some services have changed as noted above, certain core services and capabilities, while subject to change, independent of AIM’s role as our outpatient imaging manager, remain unchanged at this time, including:

- Claims processing.
- Clinical and coverage guidelines.
- Anthem network of providers offering these services to our members.

We appreciate your support and look forward to your assistance in assuring our Anthem members receive diagnostic imaging services delivered in a clinically appropriate fashion.

Adherence to these new policies and procedures is required to assure appropriate payment of claims. Should you have questions, please contact your local Network Relations representative or contact the Provider Helpline at the following numbers:

- Hoosier Healthwise — 1-866-408-6132
- Healthy Indiana Plan — 1-844-533-1995
- Hoosier Care Connect — 1-844-284-1798