



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy for Medicare Advantage Products Advanced Imaging/Radiology and Sleep Disorder Management

Policy Number: 923

BCBSA Reference Number: N/A

Please use the following steps to determine the appropriate clinical guidance for [Advanced Imaging/Radiology](#), [Advanced Imaging of the Heart](#) and [Sleep Disorder Management](#) listed in the table below for **MEDICARE ADVANTAGE ONLY**:

1. Determine if Prior Authorization is required for the member through the [AIM Specialty Health](#) website – see [Prior Authorization Information](#).

| | |
|---|--|
| If prior authorization IS required through AIM Specialty Health: | |
| 1. | Request prior authorization from AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783 |
| 2. | Follow steps outlined by AIM Specialty Health |

| | |
|--|---|
| If prior authorization IS NOT required through AIM Specialty Health: | |
| 1. | Determine if there is National Coverage Determination (NCD) or Local Coverage Determination (LCD) on the technology. To view the Centers for Medicare and Medicaid Services website, click CMS.gov |
| EXCEPTION: For Magnetic Resonance Imaging (MRI) Breast, (#774), we follow AIM Specialty Health guidelines | |
| 2. | When there is no NCD or LCD guidance, go to AIM Specialty Health guidelines for clinical review criteria |
| 3. | If member meets clinical criteria, order test |
| 4. | If member does not meet clinical criteria but requires a clinical exception, follow the Clinical Exception Process |

Prior Authorization Information

| | |
|--|--|
| Medicare HMO BlueSM Medicare PPO BlueSM | <p>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health.</p> <p>These requirements are member-specific: please verify member eligibility and requirements through Online Services by logging onto Provider Central (www.bluecrossma.com/provider). Refer to our Quick Tip https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/plans-and-products/bluecard-and-out-of-area-programs/ for an overview of pre-certification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783 (when applicable).</p> |
|--|--|

[Advanced Imaging/Radiology](#)
Abdomen and Pelvic Imaging

Brain Imaging
Chest Imaging
Extremity Imaging
Head and Neck Imaging
Oncologic Imaging
Spine Imaging
Vascular Imaging

[Advanced Imaging of the Heart](#)

Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification
Computed Tomographic Angiography Coronary arteries (CCTA)
Computed Tomography (CT) Cardiac (Structure)
Magnetic Resonance Imaging (MRI) Cardiac
Nuclear Cardiology Infarct Imaging
Nuclear Cardiology Myocardial Perfusion Imaging
Nuclear Cardiology: Cardiac Blood Pool Imaging Blood Pool Imaging includes MUGA (Multi-Gated Acquisition) & First Pass Radionuclide Ventriculography
Positron Emission Tomography (PET) Myocardial Imaging

[Sleep Disorder Management](#)

Bi-Level Positive Airway Pressure (BPAP) Devices
Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices
Management of Obstructive Sleep Apnea (OSA) using Oral Appliances
Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)
Polysomnography and Home Sleep Testing