



MASSACHUSETTS

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## Medical Policy for Medicare Advantage Products **Carelon (formerly AIM) 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 [Carelon Medical Benefits Management](#) website – see [Prior Authorization Information](#).

<b>If prior authorization IS required through Carelon Medical Benefits Management</b>
1. Request prior authorization from <a href="#">Carelon Medical Benefits Management</a> or call 1-866-745-1783
2. Follow steps outlined by Carelon Medical Benefits Management

<b>If prior authorization IS NOT required through Carelon Medical Benefits Management:</b>
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 <a href="#">CMS.gov</a>
<b>EXCEPTION:</b> For Magnetic Resonance Imaging (MRI) Breast, (#774), we follow <a href="#">Carelon Medical Benefits Management Clinical Guidelines</a> .
2. When there is no NCD or LCD guidance, go to <a href="#">Carelon Medical Benefits Management Clinical Guidelines</a> 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 <a href="#">Clinical Exception Process</a>

### Prior Authorization Information

<b>Medicare HMO Blue<sup>SM</sup> Medicare PPO Blue<sup>SM</sup></b>	<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 <b>Online Services</b> by logging onto <b>Provider Central</b> (<a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>). Refer to our <b>Quick Tip</b> <a href="https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/plans-and-products/bluecard-and-out-of-area-programs/">https://provider.bluecrossma.com/ProviderHome/portal/home/office-resources/plans-and-products/bluecard-and-out-of-area-programs/</a> for an overview of pre-certification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from <a href="#">Carelon Medical Benefits Management</a> or call 1-866-745-1783 (when applicable).</p>
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[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