*Patty's Points*

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# Patty Nguyen, On-Site Rep.

Patricia.Nguyen@bcbsfl.com

Phone: 813-794-2492

# 727-774-2492

# 352-524-2492

Dear Patty:

**Q: What are Advanced Imaging Services (AIS)?**

A: Advanced Imaging Services include MRI’s, MRA’s CT Scans, Pet Scans, Nuclear Medicine, etc. These tests are high cost and require prior authorization.

**Q: Who has to obtain prior authorization for the Advanced Imaging Services?**

A: The ordering physician is responsible for obtaining prior authorization through our

Vendor, National Imaging Associates (NIA). Prior to your services, please verify with the diagnostic imaging center that they have an authorization.

**Q: What happens if prior authorization was NOT requested?**

A: The claim would be denied for no authorization. The participating provider would need to appeal. You should be NOT be billed for the services. If you receive a bill, please contact me for assistance. (Note: If authorization was requested but the services were not approved then you will be responsible for the charges..)

**Q: What is my cost share for Advanced Imaging Services?**

A: Your cost share will vary by ***location of the service and by plan.*** Refer to chart below. (Note: This applies to In-Network Facilities/Providers Only):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan Type | Office\* | Independent Diagnostic Testing Facility (IDTF) | Outpatient Hospital Facility Charges  (Excludes Professional Services) | Professional  Services/  Radiologist’s  Fees  (per provider) |
| BlueCare HMO Basic | $300/visit | $300/visit | $2,000 DED + 20% Coinsurance | $2000 DED + 20% Coinsurance |
| BlueCare HMO  Premium | $50/visit | $50/visit | $500/visit | $0 |
| BlueOptions PPO  Standard | $200/visit | $200/visit | $300/visit | $50 |

***\*If your physician requests the test(s) to be sent out for interpretation then you may incur additional out of pocket costs.***

**Q: What are Professional Services?**

A: Professional Services are the physician fees. When you use a hospital they bill for the use of the facility. This does not include the surgeon’s, anesthesiologist’s, radiologist’s, or pathologist’s fees. Professional Services are billed separately. Your cost share will vary by plan. Refer to the last column of the above chart.

**Q: Do the CareHere Health & Wellness Centers (HWC’s) offer diagnostic testing?**

A: Yes, certain locations have x-ray machines but they do not perform Advanced Imaging Services.

**Q: How can I save money on Advanced Imaging Services?**

A: You may save money by doing the following:

* Have Advanced Imaging Services performed at an In-Network Independent Diagnostic Testing Facility (IDTF) or doctor’s office. Per the above chart, your out of pocket is much higher if performed in an outpatient hospital setting. For example, you will be responsible for professional services, i.e., the reading/interpretation of the imaging tests by a radiologist in addition to

the facility charges.

* If you use the CareHere HWC’s, there is a partnership with Rose Radiology. Certain Advanced Imaging Services ordered by the CareHere Physicians may be performed at Rose Radiology at no cost to you.

**Q: If I have a script for Advanced Imaging Services ordered by a Non-CareHere physician, can I go to Rose Radiology and pay nothing?**

A: No, this arrangement with Rose Radiology is only for Diagnostic Testing ordered by the CareHere physicians. You may make an appointment with your CareHere physician and inquire whether they can transfer the script. Please be aware that this decision is solely made at the discretion of the CareHere physician.