**American Imaging Management (AIM)/Radiology Quality Initiative (RQI)**

*Developed by the Provider Affairs Operations/Education/Communications Department*

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### Program Overview

**Who is AIM?**

American Imaging Management, Inc. (AIM) is a medical management company with national experience in managing the utilization and quality of diagnostic imaging services.

**What is the RQI Program?**

BCBSIL has partnered with AIM to implement a statewide utilization management and quality improvement program for the management of outpatient high-tech diagnostic imaging services. All BCBSIL PPO and BlueChoice Select members are included in the Radiology Quality Initiative (RQI) program for elective, outpatient, high-tech imaging services.

### Program Requirements

**Effective for tests performed on or after April 15, 2006.** Ordering physicians must obtain an RQI number from AIM for the non-emergency outpatient high-tech diagnostic imaging procedures described below.

#### Diagnostic Imaging Services that require an RQI Number:

- CT (Computed Tomography) scans
- CTA (Computed Tomographic Angiography)
- Nuclear Cardiology Studies
- PET (Positron Emission Tomography)
- MRI (Magnetic Resonance Imaging)
- MRA (Magnetic Resonance Angiography)
- MRS (Magnetic Resonance Spectroscopy)

#### BCBSIL Products/Programs included/excluded:

**Included:**

- PPO (including Labor accounts and FEP)
- BlueChoice® Select

**Excluded:**

- HMO Illinois
- Blue Advantage HMO
- BlueChoice
- BlueCard
- Medicare Supplemental

#### Provider Responsibilities:

**Ordering physicians** - Primary Care Physicians (PCPs) and Specialists (SPSs) - who refer members for high-tech outpatient diagnostic imaging services, must contact AIM to obtain an RQI number.

**Servicing providers** - who perform high tech diagnostic imaging tests - must verify that the RQI process has been completed prior to performing any of the selected services.

To find the RQI number on AIM’s Web site, the servicing provider will need the member’s name, ID number and the requested procedure. Servicing providers can verify an RQI request via the Internet at www.americanimaging.net or by calling the AIM Call Center after April 3, 2006, at (866) 455-8415 Monday through Friday, 8:30 a.m. to 6 p.m. (CST). The AIM Call Center was operational effective April 3, 2006.

#### Billing and Reimbursement

The RQI number is not required for claim submission. All claims follow the same processing procedures. Since the RQI program is a quality initiative and not a preauthorization requirement, guidelines remain the same.

#### Web Tool Benefits

- Reduces phone time by allowing information to be retrieved online
- Imaging providers can verify that an RQI number has been issued through the “Prior Authorization Inquiry” feature
- Exam Summary that includes exam type, location, and member information
- Provider search capability

### Contact Information

**AIM Web site:** www.americanimaging.net

**AIM Call Center:** (866) 455-8415 will be available beginning April 3, 2006.

**Hours of Operation:**

Mon through Fri: 8:30 am to 6:00 pm Central Time

**Disclaimer:**

The RQI process does not replace any other contract requirement or guarantee payment for services. Verification of eligibility and benefits to determine the terms of the patient’s contract is recommended prior to rendering services.
Process Flow
The RQI program is designed to offer providers an easy-to-use process for obtaining requests for diagnostic imaging exams.

Information Required to Complete a Request

Demographic Information
- Member identification number, name, and date of birth
- Ordering physician information

Clinical Information
- Imaging exams being requested (including body part, right, left, of bilateral)
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms/ indications (including intensity/ duration)

For most situations the above will suffice. For complex cases more information may be necessary. This might include:
- Results of past treatment history (including previous tests, duration of previous therapy, relevant clinical medical history)

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