

	American Imaging Management (AIM)*	CareCore National	MedSolutions	National Imaging Associates (NIA/Magellan)
Website	http://www.americanimaging.net/	http://www.carecorenational.com	http://www.medsolutions.com/	http://www.radmd.com/
Headquarters	Deerfield, Illinois	Wappingers Falls, New York	Franklin, Tennessee	Hackensack, New Jersey
Estimated Covered Lives	22 million	24 million	25 million	14 million
History	Company was founded in 1989. Was acquired by Wellpoint in 2007.	Company was founded by core group of radiology practices in New York; business model is still focused on steering business to network	Company was founded by radiology practices but they divested themselves of the ownership over 10 years ago.	Magellan, a specialty management company, acquired NIA in December 2005.
Payer contracts**	Blue Cross and Blue Shield of Florida	HealthFirst (NY metro)	Cigna (national)	Highmark (PA)
	Blue Cross and Blue Shield of Massachusetts	HIP (NY, NJ, FL)	Aetna (national)	Connecticare
	AmeriHealth (NJ, PA, DE)	GHI (NY)	American Postal Workers Union (national)	Harvard Pilgrim (MA)
	Independence Blue Cross (PA)	HealthNet (NY, NJ, CT, CA, OR, AZ)	Great West (national)	Health New England
	Wellpoint/Anthem (national)*	Oxford (NY, NJ)	Neighborhood Health Plan (MA)	Tufts Health Plan (MA)
	Blue Cross and Blue Shield of Illinois	Horizon Blue Cross (NJ)	Amerigroup (Medicaid plan in DC, FL, GA, MD, NJ, NY, OH, TN, TX, VA)	Anthem Colorado
	Blue Cross and Blue Shield of Minnesota	MDNY (NY)	GEHA (Government Employees Hospital Association)	Empire Blue Cross and Blue Shield
		Blue Cross and Blue Shield of Alabama	PacifiCare (Calif. Based plan acquired by United Healthcare in 2005)	Blue Cross and Blue Shield of Kansas
		Excellus (upstate NY)	SecureHorizons (national Medicare Advantage plan acquired by United Healthcare)	Blue Shield of California
			Rhode Island Medicaid	
			Fallon Community Health Plan (MA)	
			Blue Cross and Blue Shield of Tennessee	
Cardiac Imaging	No separate entity or program; cardiac imaging is part of overall program	Yes, CareCore Cardiology, launched 2005	Yes, Outcomes-Focused Cardiac Imaging; launched 7/07	No separate entity or program; cardiac imaging is part of overall program
		Maintain a Cardiac CT Specialty Center (CCTSC) designation (see attached requirements and application) including physician credentialing requirements		
		Cardiology CT Specialty Center requirements		
		Cardiology CT Specialty Center application		
		Cardiac CT and CTA physician credentialing requirements		
Clinical Guidelines*** (paste link into browser)	AIMGuidelines.pdf	CareCore National Clinical Guidelines - Radiology		NIA Clinical Guidelines
		CareCore Clinical Guidelines - Cardiology		
		CareCore Clinical Guidelines - Oncology		
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Equipment guidelines***		CareCore Minimum Equipment Standards		
CT requirements	ACR accreditation; 4 slices per rotation; major software no greater than 4 years old, 16 slices per rotation for CTA of lower extremities; 64 slices for CTA			Imaging center offering CT or MR must be wholly owned & operated by a hospital or radiologist or it must be multi-modality capable (e.g plain films or DXA, general or OB/GYN ultrasound, mammo, echocardiography, peripheral vascular ultrasound, CT, MR, nuclear cardiology/nuclear medicine, or PET. must be staffed by board certified or board eligible radiologist. Must receive accreditation by ACR within 1 year of acceptance.

MRI requirements	ACR accredited and DICOM compatible; field strength of at least .3T; devices with field strength of .3T to .6T and devices with 1T manufactured prior to 2001 are limited to exams of brain, spine, knees and extremities. May apply for additional exams if they have gradient strengths of at least 20mT/meter and slew rates of 45T/meter/sec; .7T devices require ACR accreditation; devices with field strength of 1T or more manufactured after 1/1/02 permitted to perform all exams; any 1.5T or greater manufactured prior to 1/1/02 must provide maintenance records with major software no more than 3 years old; breast MRI must be 1T or more and have bilateral capability; any device for cardiac must have EKG gating			Imaging center offering CT or MR must be wholly owned & operated by a hospital or radiologist or it must be multi-modality capable (e.g plain films or DXA, general or OB/GYN ultrasound, mammo, echocardiography, peripheral vascular ultrasound, CT, MR, nuclear cardiology/nuclear medicine, or PET. must be staffed by board certified or board eligible radiologist. Must receive accreditation by ACR within 1 year of acceptance. MR system must provide for full body scanning.
Nuclear requirements	ACR or ICANL accreditation for all devices; Jazzcak Phantom acquisition every 6 months; for centers only performing cardiac, single detectors are acceptable, for centers performing cardiac and generalized SPECT, multi-head systems are required; collimator requirements LEHR Low energy for high resolution studies, medium energy for indium and gallium, high energy for centers performing I131 whole body studies; cardiac nuclear imaging requirements - quantitative analysis package, gating, EF calculated, motion correction, back filter projection reconstruction or line spread function software.			Nuclear cardiology practices must employ at least 1 physician board certified in either diagnostic radiology, nuclear medicine or who has been certified by CBNC. Other practices will be considered if they submit evidence that at least 1 physician has satisfied Level II training in Nuclear cardiology as recommended by ACC/ASNC COCATS guidelines. Imaging systems must have capability of assessing both myocardial perfusion and contractile function. Must be accredited by ICANL.
PET & PET/CT requirement	ACR or ICANL for all devices; sodium iodide detector systems are unacceptable; for current providers using PET only, fusion software, purchased or upgraded in the last 2 years must be available; new providers must use PET/CT machine; facilities with PET/CT older than 5 years must submit yearly reports that it is functioning per manufacturer specifications.			Providers must be board certified in diagnostic radiology or nuclear medicine. Only high performance full ring PET systems will be considered. Must be accredited by ICANL or ACR within 2 years.
Ultrasound requirements	ACR or AIUM accredited; appropriate transducers for exams (4MHz for abdomen, renal, pelvic, OB aorta; curved 7.0MHz for pediatric abdomen, renal and pelvic; linear 7.0MHz for vascular; linear 12.0MHz for Breast, thyroid and testicular; 8.0MHz for endovaginal; 9.0 MHz for endorectal; new applicants must have units that are less than 7 years old; if equipment is more than 7 years old,			PV ultrasound providers must be board certified in diagnostic radiology, vascular surgery, cardiology or neurology and must be accredited by ICAVL or ACR within 2 years of acceptance. PV ultrasound systems must have color flow doppler. Breast ultrasound limited to board certified radiologists, surgeons and OB/GYNs. Thyroid ultrasound limited to board

*AIM was recently acquired by Wellpoint/Anthem. Wellpoint Anthem plans include Blue Cross and Blue Shield Plans in Colorado, Connecticut, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, Ohio, Virginia, Wisconsin, California, Georgia, and Empire (NY). It is anticipated that for those Wellpoint/Anthem plans that currently have contracts with RBMs other than AIM, they will convert to AIM as soon as their contracts expire.

**This is a partial list of payer contracts current as of 8/21/07. These contracts expire on a routine basis and payers will often rebid the contracts with a new RBM.

***These are the generic versions of the guidelines developed by the RBMs. Individual payers may choose to alter these requirements for their specific plans.

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