

Imaging Update

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Facility Accreditation is Key!

NIA strongly encourages facilities to obtain and report their accreditation

To support maximum provider inclusion in our contracted facility networks around the country, National Imaging Associates' facility credentialing program offers a provisional approval process whereby a non-accredited and/or non-Advanced Cardiac Life Support (ACLS)-certified facility can be granted a one-year acceptance into the NIA network. At this time, however, the one-year limit for many facilities with this status is expiring, and NIA wants to remind affected facilities that prompt action is needed.

If your facility was granted one-year network acceptance, please note that **you must obtain full accreditation and/or ACLS certification prior to the end of this one-year period in order to ensure continued participation status with the NIA network.**

NIA has sent a series of letters to the affected facilities to summarize their accreditation status and the required steps:

- If your facility is **non-accredited**, you should strive to attain full accreditation in all contracted imaging service modalities. Acceptable accreditation bodies include the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), and the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). Please refer to

the *NIA Imaging Provider Handbook*—available on the RadMD.com Web site after provider secure login—for the specific accreditation programs offered by these bodies that are accepted by NIA.



- If your facility is **non-ACLS-certified**, you should ensure that contrast-enhanced procedures are performed under the direct supervision of a licensed physician who has a current Advanced Cardiac Life Support (ACLS) certification, or in the presence of a licensed physician directly supervising an alternate clinical staff member who has ACLS certification. ACLS certification training programs for physicians in your facility's area can be identified through your local hospital or by contacting the American Heart Association.

As a reminder, should your facility meet the accreditation and/or ACLS criteria during the one-year acceptance period, **please ensure evidence is submitted in writing to the NIA credentialing department via fax at 314-292-1055.** If your facility continues to not meet these criteria, its participation status in the NIA network may be adversely affected, including potential termination of your NIA agreement.

So act now to obtain and report your facility's accreditation!

New Date for Provider Compliance with Contrast Level Precertification Guidelines for CIGNA HealthCare Patients

In the June 2008 issue of *Imaging Update*, we told you about revised precertification guidelines for abdomen/pelvic CT and brain MRI procedures performed with contrast material, applicable to all CIGNA HealthCare members NIA serves.

It is important that you now note: *As of November 17, 2008, claims may be denied for payment if precertification is not obtained in adherence with the revised clinical guidelines pertaining to contrast.*

NIA and CIGNA conducted extensive analysis and identified **abdomen/pelvic CT** and **brain MRI** as two studies that can safely and accurately be performed, in most instances, without contrast enhancement. The use of contrast in conjunction with CT not only exposes the patient to an allergic reaction risk, but it also, at a minimum, doubles the radiation dose/exposure. The use of gadolinium in conjunction with an MRI study similarly exposes the patient to an allergy risk.

For CIGNA patients, NIA's authorizations for these services will follow the guidelines at right, and facility claims for the procedures must be submitted with CPT® codes corresponding to the precertifications NIA has provided.

For additional information, contact NIA at 1-800-327-0641 or ProviderRelations@MagellanHealth.com.

Condition/ Precertification Guideline	CPT® Codes to Use	Patient Symptoms/History
Brain MRI: Acute Headache APPROVE: 1. without contrast, 2. with contrast, or 3. <i>without</i> followed by <i>with contrast</i>	70551, 70552, 70553	<ul style="list-style-type: none"> Recent neurological deficits on exam such as one-sided weakness, speech impairments, or vision defects New and sudden onset of headache less than one week not improved by medications and the headache is described as “thunderclap” or the worst headache of the patient’s life Family history (parent, sibling, or child) of stroke, aneurysm, or arteriovenous malformation (AVM)
Brain MRI: Chronic Recurring Headache APPROVE: <i>without contrast</i> only	70551	<ul style="list-style-type: none"> Chronic headache presenting with a sudden change in severity, associated with exertion, or a mental status and a recent change of neurological symptoms or deficits (i.e., one-sided weakness, speech impairments, vision defects) Chronic headache with recent neurological symptoms or deficits (i.e., one-sided weakness, speech impairments, vision defects)
Brain MRI: Chronic Recurring Headache APPROVE: 1. without contrast, 2. with contrast, or 3. <i>without</i> followed by <i>with contrast</i>	70551, 70552, 70553	<ul style="list-style-type: none"> A family history (parent, sibling, or child) of AVM
Abdomen CT, Abdomen/Pelvis CT Combination: Renal Calculi, Kidney Stones, Hematuria APPROVE: <i>without contrast</i>	74150, 72192	<ul style="list-style-type: none"> Known or suspected renal calculi (kidney stone) or ureteral calculi (stone). Abdomen/pelvic combo would be the preferred examination Hematuria—painful (suspect kidney stones)



NIA is pleased that our recommendations are reflected in this new Medicare legislation.

New Medicare Act Strengthens Imaging Quality Standards

Lawmakers take the longer view of health care quality for Medicare beneficiaries

On July 15, 2008, the U.S. Congress successfully overrode a presidential veto and passed the *Medicare Improvements for Patients and Providers Act of 2008* (H.R. 6331). This legislation will have significance for NIA's providers, health plan members and customers.

For the past two years, NIA has led the radiology benefits management industry in advocating for legislation that improves the quality, access and cost of medical imaging services for Medicare beneficiaries. NIA staff has engaged in discussions with congressional leaders and staff members, the U.S. Government Accountability Office (GAO) and other industry stakeholders to share our experience and views on these complex issues.

The newly passed Medicare legislation contains provisions that impact diagnostic imaging (from Section 135 of H.R. 6331):

- **Accreditation Requirement**—Beginning January 1, 2012, Medicare will not pay for the technical component of advanced diagnostic imaging services (CT, MR, PET) covered under the fee schedule established under section 1848(b) unless the provider of the service is accredited by an accreditation organization.
- **Demonstration Project To Assess the Appropriate Use of Imaging Services**—No later than January 1, 2010, the Secretary of Health

and Human Services will begin a two-year demonstration project to collect data regarding physician compliance with appropriateness criteria in order to determine the appropriateness of advanced diagnostic imaging services furnished to Medicare beneficiaries. Two specific programs ("Point-of-Service" and "Point-of-Order") have been defined in the legislation, with discretion provided to the Secretary to consider other approaches.

NIA has long advocated enhanced provider quality standards such as those listed above and we are pleased that our recommendations are reflected in this important piece of legislation.

Our programs continue to encourage the appropriate use of imaging services performed by providers who meet acceptable standards of quality, including accreditation. We seek to ensure that patients have access to care that is considered reasonable for the indications while avoiding the potentially harmful effects of excessive radiation exposure and poor test results that can lead to delays in treatments, incorrect diagnoses and repeat testing.

NIA will continue to work in partnership with providers to make quality imaging services available to the health plan members we serve, whether covered by Medicare or other benefit plan types.

NIA Adds New Claims Clearinghouse

For NIA-contracted imaging facilities that submit claims for advanced outpatient imaging procedures, we want to let you know that we have added a new clearinghouse, **RelayHealth**, to the roster of approved claims clearinghouses from which we accept provider electronic claims. Contact information for RelayHealth appears below.



RelayHealth

Address: 700 Locust Street
Suite 500
Dubuque, IA 52001

Phone: 800-527-8133, Option 2

Web site: www.relayhealth.com

NIA now has six contracted clearinghouses* through which both facility-based claims and professional claims can be submitted. In addition, NIA offers 1) a secure Web-based claim tool for professional claim data entry and submission (known as *Claims Courier*) and 2) a

direct-submit option for providers able to transmit large volumes of claims in a HIPAA-compliant 837 format. The latter two options are available on NIA's Web site and are offered at no cost to you.

It is also important to note that you can submit electronic claims through a non-NIA-approved clearinghouse, as long as your clearinghouse contacts one of the NIA-approved clearinghouses to arrange to transmit the claims to us.

Other NIA-approved clearinghouses currently include Payerpath, MedAvant Healthcare Solutions, Availity, NaviNet Claims and Emdeon Business Services. Refer to NIA's **Imaging Provider Handbook for clearinghouse contact information. (Sign in at www.RadMD.com. Once on the My Practice page, click on the Imaging Provider Handbook under Resources. See Appendix B, Claims Tips, for Approved Clearinghouse Contact Information.)*

Fast Facts on...

Advanced Imaging and Patient Safety

Did you know:

Radiology costs account for 10 cents of every health care dollar and are growing by 18-20 percent per year.

Addressing health plans' quality and cost concerns, NIA has become a leading provider of radiology benefit management services to health plans in the U.S., managing services for over 21 million members in 35 states.

NIA is accredited by both the National Committee for Quality Assurance (NCQA) and URAC—providing an external seal of approval while promoting quality improvement within the organization.

NIA programs focus on the appropriate ordering and delivery of advanced imaging procedures so that diagnostic efficacy can be maximized while patient exposure to unnecessary radiation is minimized.

In collaboration with health plan customers, NIA implements radiation awareness programs to identify patients who have reached high levels of ionizing radiation exposure as a result of repeated exams.

The current accepted measure of absorbed radiation is expressed in milliSieverts (mSv). For perspective, federal health standards limit workers' exposure to whole-body ionizing radiation to 50 mSv per year.

Radiation safety best practices follow the principle of ALARA (As Low As Reasonably Achievable) in order to avoid potential long-term health risks in patients.