



CLARIFICATION TO PREVIOUS PROGRAM ANNOUNCEMENT

August 14, 2009

Re: Outpatient Cardiology Diagnostic Imaging Services Preauthorization Update

Dear Provider,

Blue Cross and Blue Shield of Georgia (BCBSGa) is committed to provider collaboration and to continuing to ensure that its members receive patient care that is consistent with recognized best practices. With that in mind, we are pleased to announce changes to our current imaging management program administered by American Imaging Management®. In response to questions from participating providers, we have added clarifications to the previous announcement to ensure a seamless transition.

The program changes include the addition of new modalities covered under the program, updated clinical guidelines and the collection of post-exam data. An overview of each change is provided below.

Implementation of New Modalities:

Beginning with services provided on and after **September 1, 2009**, BCBSGa will require pre-notification for additional outpatient cardiac diagnostic imaging services. BCBSGa is making this change after evaluating recommendations, new methodologies, and approaches to positively impact appropriateness of care. A complete list of cardiology services requiring preauthorization or pre-notification is included with this letter. The newly added services are noted (see column on right of chart).

Newly added services will have a two-phase implementation process:

- **Pre-Notification – For dates of service September 1, 2009 and after:** Pre-notification and clinical information is required, resulting in a confirmation/tracking number. The notification process will be used to ensure the treating provider is aware of alternative treatments where applicable. Servicing providers' claims will not be denied as a result of the pre-notification process.
- **Preauthorization - Effective 2010 (specific implementation date to be determined):** Notification and requested clinical information is required and preauthorization will be performed, resulting in the approval or denial of the requested services. Servicing providers' claims will adjudicate based on the approval or denial outcome.

Note – There is no change in the preauthorization process for existing diagnostic imaging services. Preauthorization will continue for these existing services.

As with other outpatient diagnostic services, we recommend that servicing providers confirm a preauthorization number has been issued before providing services. Ordering physicians may request preauthorization-one of the following ways:

- Online through AIM's **ProviderPortalsSM**. at <https://www.providerportal.com>, or,
- Through the American Imaging Management (AIM) Call Center at 866-714-1103 beginning August 17, 2009.

Revised MPI Clinical Guidelines:

In addition, effective for dates of service on or after **September 14, 2009**, the clinical guidelines for Myocardial Perfusion Imaging (MPI) will be updated. These updates reflect changes in the literature and society guidelines regarding the appropriate use of MPI. In particular, risk stratification using established risk calculation tools will be an integral part of the preauthorization process for MPI. Also, the use of MPI for preoperative evaluation of cardiac risk will be updated to reflect the most recent recommendations in the literature.

The adjudication process for preauthorization of requests for MPI is very different for patients who have established coronary artery disease versus those who do not. Therefore, it is critically important that the person providing the information knows whether or not the patient has established coronary artery disease. Often, the prescription for the test will not contain this information—thus requiring access to the patient’s records.

In this context, patients who have had previous myocardial infarction, balloon angioplasty, coronary stenting, coronary artery bypass grafting or greater than 70% stenosis on coronary angiography are considered to have established coronary artery disease. Many MPI studies are requested for evaluation of chest pain. The current literature supports the use of MPI in the evaluation of chest pain when the pretest probability of coronary artery disease is intermediate or higher. The pretest probability of coronary artery disease is calculated based on age, sex and the characteristics of chest pain. While age and sex are easily incorporated from demographic data, the characteristics of the patient’s chest pain needs to be collected from either the ordering or servicing provider. In this regard, it is critical that the characteristics of the pain be documented and in particular address the location, exacerbating and relieving factors.

Exam Results Collection:

Beginning with services provided on and after **September 1, 2009**, BCBSGa requests that either the ordering or servicing provider office enters in the results of the cardiac imaging study requested online. Two post-delivery questions will be asked, the same questions for every exam (including MPI, blood pool imaging/MUGA, echocardiography, as well as cardiac MRI, PET and CT/CTA):

- Categorize the exam results (choose one).
 - Normal
 - Abnormal (related to reason examination ordered)
 - Abnormal (unrelated to reason examination ordered)
 - Inconclusive
- Did this study conclude the investigation for the suspected diagnosis that prompted the test or was subsequent imaging required?
 - Concluded investigation
 - Subsequent imaging required

Reports categorizing this data will aid BCBSGa in their clinical review of cases.

We believe that the changes that we have made to the cardiac imaging program further Blue Cross and Blue Shield of Georgia’s objective to provide a clinically appropriate, consistent and efficient case review process. For more information about our radiology program, visit the provider section of bcbsga.com. If you have questions about this change, please contact your provider representative.

Sincerely,



Richard Hart, MD
Medical Director

Enclosure

Note – CPT codes in bold font are primary codes for the modality grouper requiring review through AIM.
†Denotes a CPT code that is an add-on/secondary code included in the grouper, but not requiring AIM review.

Cardiology CPT®* Outpatient Diagnostic Imaging Codes			
Grouper Name	CPT Codes	Modality	Existing or New to the Process as of September 1, 2009
Cardiac MRI	75557 75561 75558 75562 75559 75563 75560 75564	MRI	Preauthorization requirement existing today
Myocardial Perfusion Imaging	78460 78465 78461 78478† 78464 78480†	Nuclear Medicine	Preauthorization requirement existing today
Infarct Scan	78466 78468 78469	Nuclear Medicine	Preauthorization requirement existing today
Cardiac Blood Pool Imaging	78472 78483 78473 78494 78481 78496†	Nuclear Medicine	Preauthorization requirement existing today
Cardiac PET Imaging	78459 78491 78492	PET	Preauthorization requirement existing today
Coronary CT & CTA	0144T 0148T 0145T 0149T 0146T 0150T 0147T 0151T†	CT	Preauthorization requirement existing today
Stress Echocardiography (SE)	93350 93321† 93351 93325† 93320† 93352†	Echocardiography	Require Pre-notification as of 9/1/09
Resting Transthoracic Echocardiography (TTE)	93303 93308 93304 93320† 93306 93321† 93307 93325†	Echocardiography	Require Pre-notification as of 9/1/09
Transesophageal Echocardiography (TEE)	93312 93317 93313 93320† 93314 93321† 93315 93325† 93316	Echocardiography	Require Pre-notification as of 9/1/09

*Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association.