

August 7, 2006

Carey Vinson, MD, MPM
Vice President
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Dear Dr. Vinson:

The American College of Radiology (ACR) appreciates the opportunity to review and comment on the Highmark draft "Guidelines Specific to Cardiac CT." In addition, ACR offers further comments on the more recent policy discussions by Highmark to allow a radiologist to interpret the entire cardiac CT or coronary CTA study or allow a cardiologist to read the cardiac images and contract with a radiologist to read the non-cardiac portion of the study. It is ACR's understanding, from discussions with you on August 3, 2006 that this kind of "split interpretation" would still only generate one claim for payment to Highmark.

Let us begin by stating unequivocally the American College of Radiology's (ACR) position that a properly trained radiologist is the best qualified physician to supervise and interpret the full data set of images involved in cardiac CT and coronary CTA examinations. However, recognizing that other physicians may gain the requisite training and experience, the ACR has set forth, in its Practice Guideline for the Performance and Interpretation of Cardiac CT, criteria by which non-radiologists may appropriately be credentialed to interpret the complete data set of images in these procedures. Enclosed, is a copy of the guideline for your reference, with particular attention to Section 2.

For reasons of safe and quality patient care, the ACR has taken the position that a single qualified physician should be responsible for the supervision and interpretation of cardiac CT and coronary CTA examinations (*ACR Clinical Statement on Noninvasive Cardiac Imaging*, 2005, p.2, Qualifications of Personnel). This position is designed to assure the quality of the imaging examination and of the interpretation. The concept of a single, properly qualified interpreting physician is also referenced by the American College of Cardiology (*ACCF/AHA Clinical Competence Statement on Cardiac CT and MR*, *JACC* 46;2, 2005 p.389) and is supported in a model local coverage determination jointly written by ACR and ACC and distributed to all Medicare carriers in December 2005.

In addition, the ACR has concerns regarding both the propriety and the legality of split interpretations, wherein a radiologist and another physician split or divide the work, and thus the reimbursement, for interpretation of a single diagnostic imaging study. In all imaging codes established by the AMA CPT Editorial Panel, there is no provision in code descriptors nor are

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there any established appropriate modifiers to allow for this practice. The descriptors and vignettes approved for these codes by the Panel absolutely require interpretation of all axial source and reformatted images. Any physician who performs less work and submits a claim for full payment is at risk for filing a false claim.

Dividing responsibility for these functions could also lead to confusion about who is responsible for technical quality, who interprets which anatomic components, conflicts in reporting, and loss of expertise on the part of physicians participating in such arrangements. There is also the issue of disclosure of a split interpretation to the patient. Should the patient be informed that two physicians are involved in his or her care? Should the patient be able to seek information and medical advice directly from the interpreting physician, and if so, which one should that patient approach? There are also medical liability issues. Which physician's name goes on the report and which physician is liable for any misinterpretations?

Despite these concerns, if Highmark is still interested in creating a policy whereby cardiologists can participate in these procedures, the ACR would recommend the following model:

The interpretation of the entire data set of images as required by CPT® and by Medicare claims policy, shall be performed by the radiologist. The cardiologist may, through a contractual arrangement with the radiologist, provide an interpretation or over read of the cardiac structures as an adjunct to the radiologist's interpretation. We feel, pending further opinion of counsel, that this arrangement would meet the approval of the Office of Inspector General and would satisfy criteria for quality and safety.

The ACR would appreciate the opportunity to discuss these matters with Highmark at your earliest convenience and, certainly, before any implementation of a new interpretation policy.

Thank you for your consideration.

Sincerely,

Paul A. Larson, M.D., FACR
Chair, ACR Commission on Quality
and Safety

John A. Patti, M.D., FACR
Chair, Commission on Economics

cc: Arl Van Moore, Jr., M.D., Chair, ACR Board of Chancellors
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