



April 22, 2021

Dr. John Whitney  
Vice President of Medical Policy  
Anthem  
220 Virginia Avenue  
Indianapolis, IN 46204

Dear Dr. Whitney:

RE: Revise the Anthem Site of Care: Advanced Radiologic Imaging Guideline

As organizations dedicated to improving pediatric care through imaging, we write to express our significant concerns with Anthem's "Advanced Radiologic Imaging Policy," particularly directing children 10 years of age and older away from a hospital-based imaging department or facility. We believe this policy has a profoundly negative impact on the quality and safety of pediatric care for children and adolescents undergoing advanced outpatient imaging studies. We urge Anthem to expand its medically necessary criteria to include children up to 19 years of age to have high-tech imaging procedures performed and monitored at sites with appropriate pediatric imaging expertise, including hospital-based imaging.

Under the current Anthem policy, pediatric patients older than 9 years of age are directed away from hospital-based imaging centers that are commonly staffed with pediatric specialists. This includes specialized pediatric radiologists, who are the most experienced physicians for monitoring and interpreting these advanced imaging studies, as well as the technologists and nurses who are specially trained to interact with and perform diagnostic computed tomography (CT) and Magnetic Resonance (MR) examinations for the pediatric population. The cut-off of 10 years old is artificial and many diseases of childhood extend into adolescence. Therefore, we urge Anthem to change its policy and include children up to age 19 years for non-emergent high-tech imaging procedures. This change would align with the imaging policy of other national health plans.

We request the opportunity to engage with Anthem regarding the best path forward to ensure excellent care for pediatric patients balanced with the need to be sensitive to cost factors. A basic premise of pediatric and pediatric subspecialty health care is that children and adolescents are not small adults. Their anatomy, physiology, risks from exposure to ionizing radiation and contrast, and diseases are fundamentally different from those seen in adults.

Therefore, to safely and effectively image children, pediatric-specific protocols must be utilized, as outlined in the attachment.

We strongly believe that pediatric specialists make a substantial difference in safety, accurate clinical decision-making, and, most importantly, improved outcomes for the pediatric patient. Pediatric radiologists reliably provide accurate interpretations of advanced imaging studies and eliminate unnecessary or inappropriate further imaging studies.

Those not as familiar with pediatric imaging findings may recommend more, potentially unnecessary/inappropriate follow-up imaging examinations. Additional imaging will not only increase health care cost but also will expose the pediatric patients to unnecessary studies and, in the case of CT scans, increased exposure to radiation.<sup>1,2</sup> Referring pediatric providers depend on pediatric imaging specialists for accurate, actionable reports, clarity in recommendations, and accessibility for consultations in difficult situations.

In recognition of the unique requirements for children undergoing advanced imaging, United Health Care and Cigna have amended their Site of Care Imaging Policies to include children up to age 19.

In summary, this letter is in objection to the “Anthem Site of Care: Advanced Radiologic Imaging Guideline and calls for the immediate implementation of the recommended changes to expand medically necessary criteria to include children up to 19 years of age to have high-tech imaging procedures inclusive of imaging facilities where pediatric specialists are available. Economic steerage of pediatric patients, disregarding their optimal care, is neither appropriate nor in the patient’s best interest.

If you have questions, need additional information, or would like to arrange a follow up discussion with subject matter experts, please contact Kathryn Keysor, Senior Director, Economic Policy at (571) 428-8799 or [kkeysor@acr.org](mailto:kkeysor@acr.org).

Sincerely,



Christopher I. Cassady, MD, FAAP  
Chair, Board of Directors Society for Pediatric Radiology



Howard B. Fleishon, MD, MMM, FACR  
Chair, Board of Chancellors American College of Radiology

Attachments:

- Anthem Site of Care: Advanced Radiologic Imaging Guideline (CG-MED-55)

Cc: David Brewster, Anthem

<sup>1</sup>Rostad BS, Applegate KE, Kim T, Mansour RM, Milla SS. Multiphase acquisitions in pediatric abdominal-pelvic CT are a common practice and contribute to unnecessary radiation dose. *Pediatr Radiol*. 2018;48(12):1714-1723.

<sup>2</sup>Goske MJ, Applegate KE, Bulas D, et al. Image Gently: progress and challenges in CT education and advocacy. *Pediatr Radiol*. 2011;41(Suppl 2):461-466.