



# Pennsylvania

CHAPTER

**Chapter Administrator/Office**  
Maria B. Elias  
777 East Park Drive  
PO Box 8820  
Harrisburg, PA 17105-8820  
(717) 909-2698  
FAX – (717) 558-7841  
melias@pamedsoc.org  
www.pcacc.org

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Donald R. Fischer, M.D., M.B.A., F.A.C.C.  
Senior Vice President of Health Affairs  
Chief Medical Officer  
Highmark  
5<sup>th</sup> Avenue Place  
120 Fifth Avenue  
Pittsburgh, Pa. 15222-3099

Dear Doctor Fischer:

Thank you for the opportunity of meeting with members of the American College of Cardiology and representatives from the American Society of Nuclear Cardiology on July 28<sup>th</sup>, 2010. These representatives were drawn from a large Task Force representing ACC, ASNC and the Pennsylvania Medical Society.

We appreciated the opportunity to discuss the issues at hand in an open fashion. I feel that the discussion was frank and honest with lots of important information being exchanged between all parties.

As you are well aware, the issues under discussion were the use of NIA as a precertification intermediary for nuclear studies as well as stress echocardiography. We also discussed the issue of test substitution.

We are asking by way of this letter for some clarification on questions that remained after our discussion:

Will NIA be using the ACC/ASNC Appropriateness Criteria to make their precertification decisions on nuclear cardiology tests? We have reviewed the information from National Imaging Associates as posted on their website. Although they do draw from the Appropriateness Guidelines, they do not utilize all the discriminating factors in the Appropriateness Guidelines.

With regard to the Guidelines for Nuclear Imaging, it is recommended that routine ECG stress testing be done prior to precertification for nuclear imaging when the patient can exercise. We believe that if the patient meets Appropriateness Criteria for nuclear studies, that they should not be put through the additional testing of a treadmill ECG only.

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Likewise, there is no mention of the patients that fall into the indeterminate category as characterized by the document on the Appropriateness Criteria. We feel strongly that test ordering in this group should be at the discretion of the ordering cardiologist.

We believe that the criteria that NIA cites on their website should be more robust and should incorporate more of the features of the Appropriateness Criteria. Although test substitution is not directly mentioned, the criteria for stress echocardiography and stress nuclear are virtually identical. My understanding is that you have agreed that at this point in time, precertification will not be necessary for stress echocardiography and that there will be no substitution of stress echo for stress nuclear studies if the Appropriateness Criteria are met. That being said, creating an easier pathway for approval of stress echo can be interpreted as test substitution by default.

We are interested in what your goals are in terms of the percentage of studies that will be denied. While recognizing that there is overutilization that occurs in ordering nuclear stress tests, we are concerned that denials will deprive patients of clinically indicated studies if the Appropriateness Criteria cited above are not adhered to. As we discuss the multi-step process by which studies are approved, we would like an idea from either Highmark or NIA as to what percentage of studies will be subjected to nurse reviewers and what percentage will go on to peer review.

There was mention on NIA's website about the Framingham Risk Calculator. However, there is no set point for what probability of disease would justify a nuclear study. As we understand it, part of your reason for not pushing on with test substitution, stress echo for stress nuclear, is based on the fact that stress echocardiography is not universally available throughout your market. We reiterate at this time that we do not feel that these tests are identical. There are circumstances under which a stress nuclear is a superior study and it is not simply the lack of availability of stress echo that should drive the decision not to substitute studies at this time.

We would request a report at the end of six months to determine what percentage of cases are approved on initial application, what percentage go to nurse reviewers and what percentage are sent for peer review. Obviously this adds administrative burden to practices and although this is potentially cost saving for Highmark, this will extract cost from the practices with the increased administrative burden. In essence, it is more **cost shifting than cost saving**.

We would request a written response to these questions within a ten day period since the policy is set to be implemented on September 1<sup>st</sup>, 2010. I might mention that demanding a routine treadmill exercise test prior to the approval of an imaging study is not within the Appropriateness Guidelines.

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We do appreciate the opportunity to engage in dialogue which will hopefully yield the responsible use of these powerful imaging modalities and that most importantly the public will continue to have access to these studies when used in an appropriate fashion.

Yours truly,

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John U. Doherty, M.D., F.A.C.C., F.A.C.P., F.A.H.A.  
President, Eastern Pennsylvania Chapter  
American College of Cardiology

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William P. Follansbee, M.D., F.A.C.P., F.A.S.N.C.  
Past-President, Pennsylvania Chapter  
American College of Cardiology

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Rene Alvarez, M.D., F.A.C.C.  
Governor, Western Pennsylvania Chapter  
American College of Cardiology

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