

How to Avoid Peer-to-Peer Conversations

ACP TN Chapter Scientific Meeting
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Disclosures and Contact Info

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- Private primary care practice 30 years
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- Financial Relationships: none
- MedSolutions + CareCore National = **eviCore healthcare**

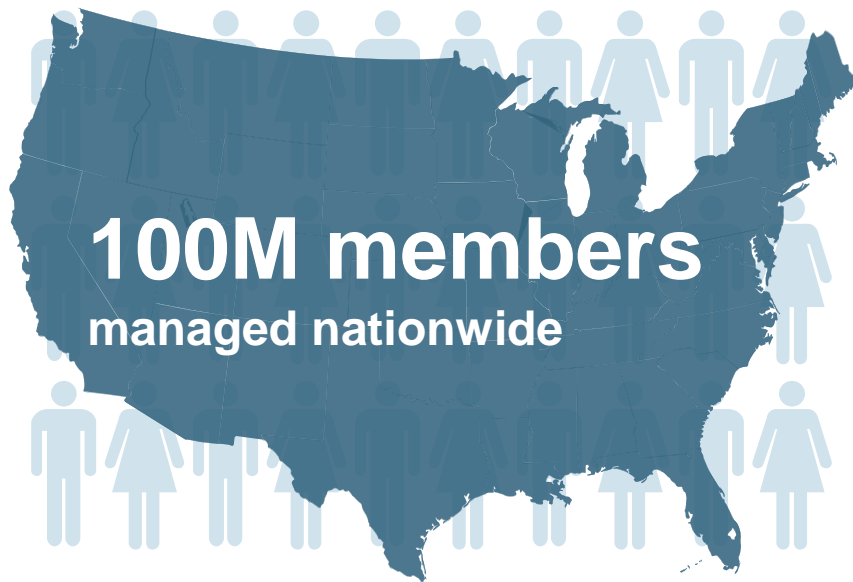


Company Highlights – 25 Years of Innovation

4k employees
including 1k clinicians

520k+
providers engaged

Clients ranging in size from <10k lives to >10M lives



More than
100 Clients
Most HPs in Tennessee



Objectives- 4 “keys to the Castle”

..... Utilizing **eviCore’s streamlined operational process** to obtain quick approval of your patients’ imaging studies

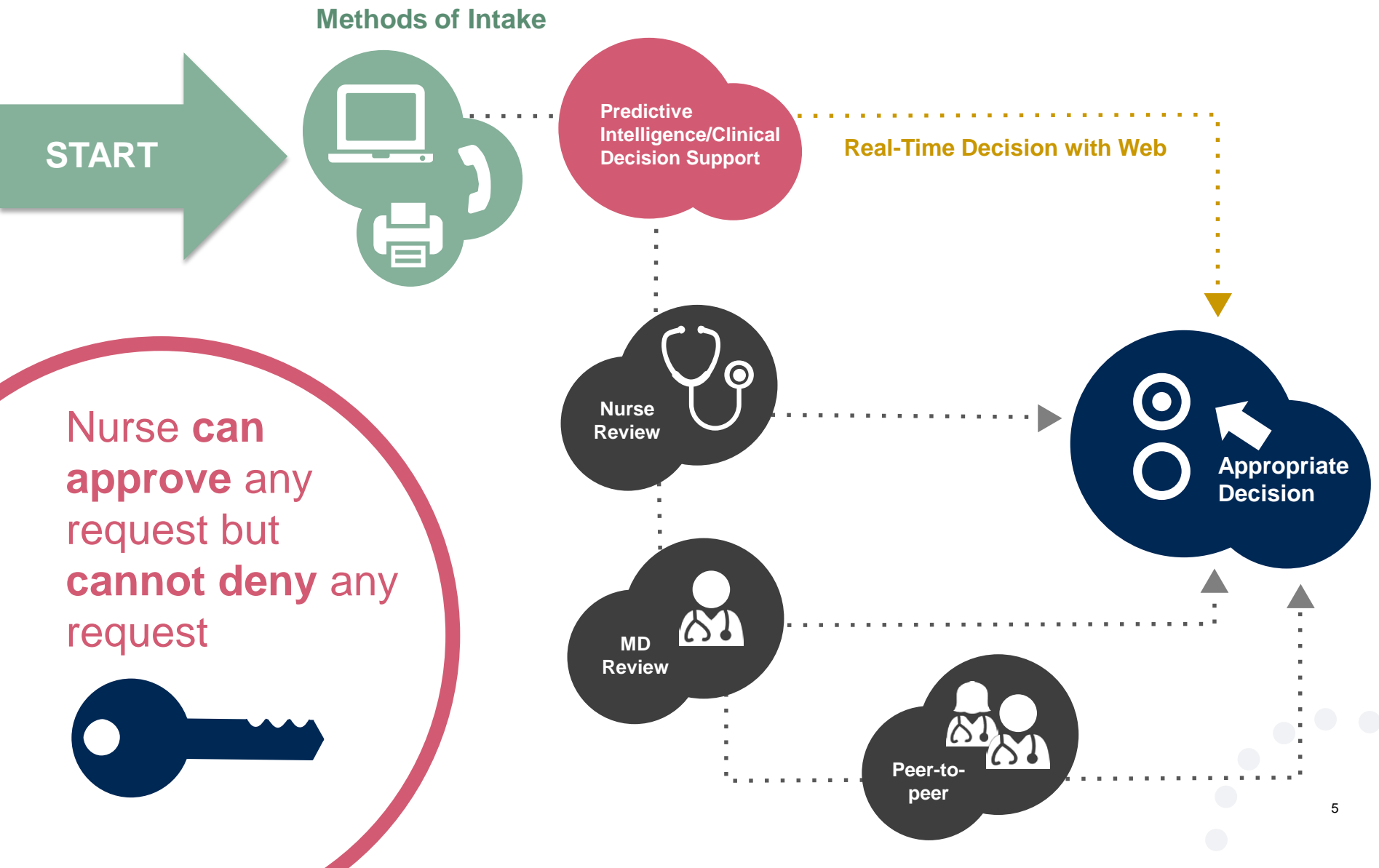
..... Employing **eviCore’s public documents** to guide you the most appropriate diagnostic imaging test

..... Referencing **eviCore’s contrast and radiation policies** can affect decision making for diagnostic imaging

..... Implementing a **small process change in your own office** can increase your chances of approval



RBMMs - Navigating the Prior Authorization Process



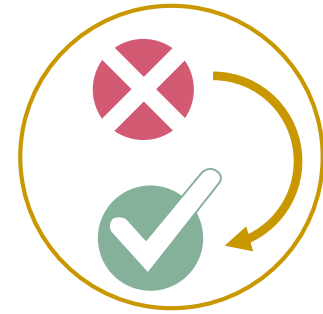
Medical Director Review



Approve the Request



Deny the Request



Deny with an Alternative Recommendation

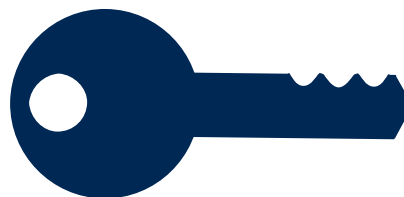


eviCore Evidence-Based Guidelines

Preface to the Imaging Guidelines

Version 17.0; Effective 02-16-2015

**MedSolutions, Inc. Clinical Decision Support Tool
for Advanced Diagnostic Imaging**



Origin of eviCore's Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- American College of Physicians
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Family Medicine
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- American Academy of Pediatrics

eviCore's Evidence-Based Guidelines

AB-4~FLANK PAIN, Rule Out Renal Stone

Suspicion of renal stone in non-pregnant adults (flank pain/renal colic), 1, 2

- CT abdomen and pelvis without contrast (CPT®74176)

Suspicion of Renal Stone in pregnant women (flank pain/renal colic) 3, 4

- Ultrasound (CPT®76770 or CPT®76775) or MRI abdomen and pelvis without contrast (CPT®74181 and CPT®72195)
- The use of gadolinium contrast agents is contraindicated during pregnancy unless the specific need for that procedure outweighs risk to the fetus.

Suspicion of Renal Stone in Children (flank pain/renal colic) 4

- In children, ultrasound (CPT®76770 or CPT®76775) or MR urography (MRI abdomen and pelvis, without and with and without contrast [CPT®74181/72195 or CPT®74183/72197]) is the best initial study to avoid radiation exposure.
- See PACAB-4~Flank Pain, Rule Out Renal Stone

Suspicion Renal Stones (Flank pain/renal colic) with Hematuria (see: AB-39.3 Hematuria, not related to Urinary Tract Infection)

- CT abdomen and Pelvis with and without contrast.

eviCore's Evidence-Based Guidelines

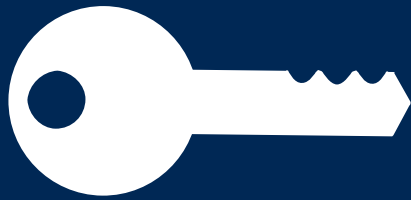
AB-4.2 Follow-Up

- Serial CT scans without contrast or without and with contrast to determine the passage or dissolution (of uric acid stones) of kidney stones are acceptable if they do not exceed three scans in a six week period.
- If the stone has been seen on the pelvic CT portion of the scan, the subsequent CT scan(s) should only include the pelvis.

Post-procedure follow-up, up to 12 months, with CT abdomen and pelvis without contrast if:

- Uric acid stones, calcified stones obscured on plain films, or stones <4 mm – Non-contrast
- CT abdomen and/or pelvis (CPT[®]74176, or CPT[®]74150, or CPT[®]72192)
- Non-Uric Acid Stones - Abdomen plain films every 6 to12 months in asymptomatic patients
- For surgical complications or if the individual develops unusual symptoms - CT abdomen and pelvis without and with contrast (CPT[®]74178) may be performed.

Radiation and Patient Safety

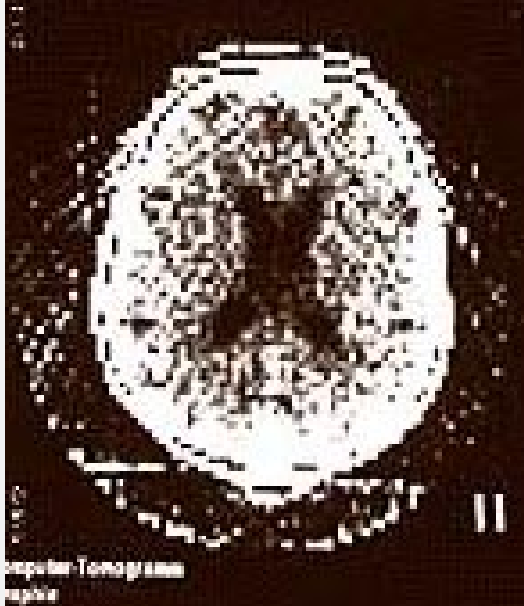
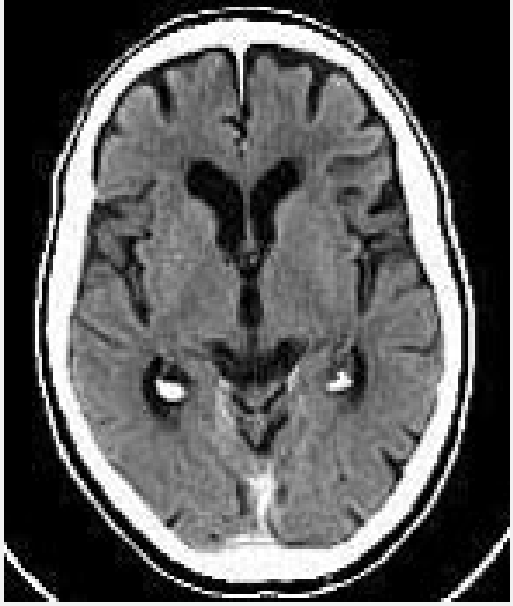


Radiation Exposure and Advanced Imaging

Imaging Study	Radiosensitive Organ	Comparable Chest x-rays units	mGy	mSV
Coast to Coast airline flight		1 chest x ray		01-.03
PA Chest	Lung	1 chest x ray	.1 chest x-ray	.1
Lateral chest x ray	Lung	1.5 chest x ray	.15	.03
Screening mammogram	Breast	(4-20 chest x ray)	.4-2	.7
Lumbar radiography	colon/gonads	(75 chest x ray)		1.5
Abdominal CT	Stomach	(400 chest x ray)	10	5.3-8
Pelvic CT	Colon	(400 chest x ray)	8	7.5
Chest CT	Chest	400 chest x rays	4-8	5.8-7.8
CTA chest	Chest	800 chest x rays		15
Barium enema	Colon	400 chest x rays	15	15
Head CT	Brain	100 chest x rays	.6	2-3
Neonatal abdominal CT	Stomach	600 chest x rays	20	10
CT coronary angiogram	Lung	300-1000 chest x rays	40-100	7-15 (16-64 slice)
Cardiac Nuclear Scan (thallium)	Lung	1000 chest x rays	15.6	15.6 (29)-32.5
Cardiac Nuclear Scan (Sestamibi)	Lung	600 chest x rays		9-12
Coronary arteriography	Chest	600 chest x rays		3-6 (1)
<i>PET total body (PET-CT)</i>	Total body	800 chest x rays (CT radiation included)		14
CT Urogram	colon/stomach	1600 -2400 chest x rays		32-44.1
<i>CT Lumbar spine</i>	<i>colon/gonads</i>	3-400 chest x rays		6mSV

- Radiology tech is allowed 100 mSV per 5 years or maximum 50 mSV per any one year to reach maximum exposure.
- Incidence of Cancer is increased with 10 mSv (600 chest x rays).

CT scan improvement over the Decades

Specifications	CT Scanner 1970	CT Scanner 2001
Image Quality		
Time to acquire 1 CT image	5 minutes	.5 seconds
Pixels per image	6,400	256,000
Slices per cm	2, 4, 8	64, 128, 320
Contrast	100%	15%

Case 1: Radicular Lumbar Back Pain

55 year old man presents to internist with 2 days of low back pain

- Pain radiates down left leg with burning and pain to foot
- Straight leg raising positive
- Has taken OTC Advil 2-3 a day for pain
- No trauma but patient worked in his yard the weekend before pain began and could hardly move the next day. Digging and shoveling rock.
- MRI Most commonly requested Imaging Study
- MRI Most commonly denied imaging Study
- MRI Lumbar spine. 20% are denied. (higher for internists)
- Denial Reason is almost always the same

Case 1: Radicular Lumbar Back Pain

“We are unable to approve the requested Spinal Imaging study because of **lack** of either:

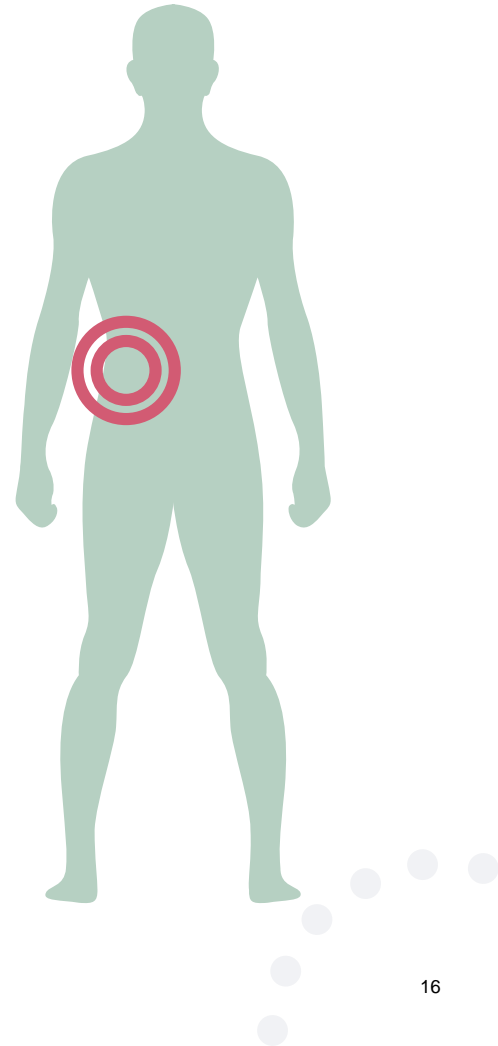
- A RED FLAG sign
- or
- FAILURE to improve after a recent 6 week trial (in the past 3 months) of physician-guided conservative treatment or observation, followed by a repeat spinal exam.

Radicular Lumbar Back Pain

Red Flags: signs or symptoms, if present, can lead to death or disability if not acted upon quickly.

RED FLAG SIGNS

- **Motor Weakness** : objective weakness (toe & heel walking), foot drop, reflex deficit.
- **Cauda Equina Syndrome**
- **AAA**: severe back pain and Hx of PAD and CAD.
- **Infection**: fever, Hx iv drug use, immunosuppression, steroids, HIV, dialysis, organ transplant, DM, recent UTI or pneumonia, and clinical suspicion osteomyelitis, abscess.
- **Cancer**: known or suspected mets to spine (breast, lung, thyroid, kidney, prostate) or age > 70 and weight loss, night pain, pain unrelieved by position change.
- **Fracture**: age > 70 or trauma or low BMD or compression fracture.

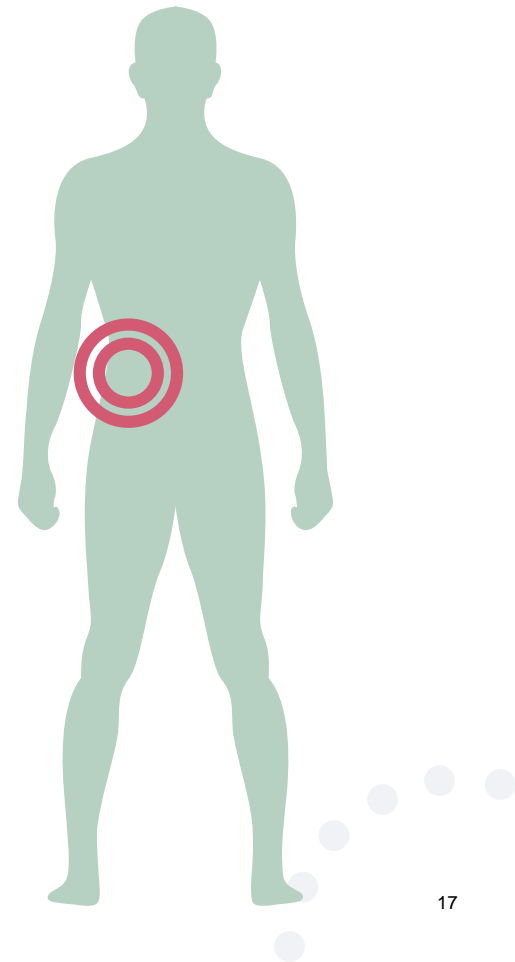


Radicular Lumbar Back Pain – Conservative Therapy

Unable to approve requested Spinal Imaging study: lack of a RED FLAG sign or FAILURE to improve after a recent 6 week trial of physician-guided conservative treatment, followed by a repeat spinal exam

What is Conservative Rx?

- Physical therapy or home exercises instructed by MD, Manipulation, chiropractic treatment.
- Meds: NSAIDS, Pain meds, gabapentin/pregabalin, muscle relaxers, duloxetine.
- Steroids: injections or dose packs
- Education, activity modification
- Monitoring by specialist, PCP, PT, chiropractor
- 6 weeks of these modalities or treatments in the past 3 months
- Observation
- (Note: the 6 weeks does **not** have to be provided by the requesting provider).



Low Back Pain



An initiative of the ABIM Foundation

LOW BACK PAIN STATEMENTS

Don't do imaging for low back pain within the first 6 weeks, unless red flags are present

American Academy of Family Medicine

Don't obtain imaging studies in patients with non-specific low back pain

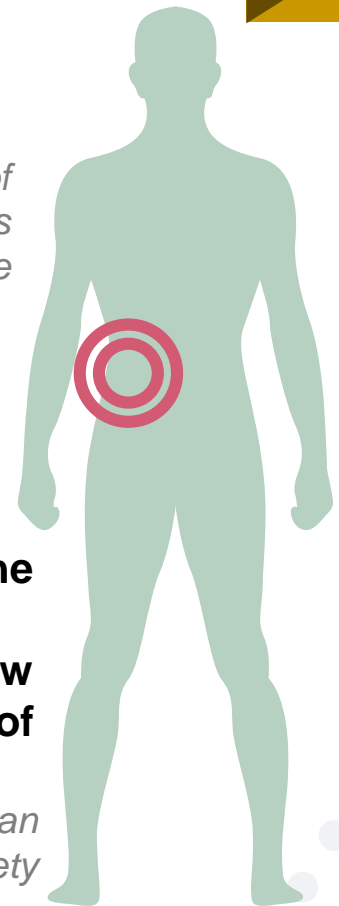
American College of Physicians

Avoid imaging studies (MRI, CT or X-rays) for acute low back pain without specific indications

*American Society of Anesthesiologists
– Pain Medicine*

Don't recommend advanced imaging (e.g., MRI) of the spine within the first 6 weeks in patients with non-specific acute low back pain in the absence of red flags

North American Spine Society



Case 1: Summary of Lumbar Back Pain Points

eviCore route

1. 6 weeks conservative Rx in last 3 months – 80% improve in < 6 weeks
2. Why do you want to perform the test?
 - Curiosity?
 - To know what is going on?
 - Patient demand?
 - Fear of malpractice?
3. Specialist Issue: Conflicts of interest
4. Remember: MRI/CT is not therapeutic
5. False positive and downstream costs



False Positive MRI Scan in Asymptomatic Patients

Terminology of Abnormal MRI scans

- Bulging disk: not actually herniated but disk is swollen
- Protrusion: early herniation
- Extrusion
- Sequestration

What is the false positive rate in asymptomatic patients?

- 45 year old asymptomatic: 38% have disk bulging, 29% protrusion, 10% extrusion
- 50 year old asymptomatic: 60% bulging +, 36% protrusion +, 17% extrusion +

Case 2: Abdominal Pain

Why should I get an ultrasound first when I'm going to want a CT A/P 'with contrast' anyway?

“Ultra sound is not a replacement for advanced imaging. It may occasionally confirm a diagnosis. Other times it may point you toward a different study than the one you originally requested. For example:

- Gall Stones (may not need additional imaging)
- Dilated CBD MRCP
- Hydroureter and a stone in ureter CT A/P WITHOUT contrast
- Some liver lesions > MRI abdomen WITHOUT & WITH GD
- Some kidney or pancreas lesions > CT abd without & with & thin cuts
- Adrenal adenoma CT abdomen without contrast
- Adnexal pathology > MRI pelvis wo w
- Suspicious pelvic lesion Pelvic CT but not Abdominal CT
- Stone in UV junction Pelvic CT WITHOUT
- Hematuria > CT Urogram (CT a/p wo w) (hi radiation)
- LLQ pain in the patient in Case 2 >

Summary: 4 Keys to the Castle

How to Avoid P2P Phone Conversations & Denials:

1

Knowledge

Intake Nurses can Approve of ANY request but cannot deny requests.
Get approval right out of the gate

2

Resource Guidelines

Download them, Use them.

3

Mindfulness

Remember Radiation Safety, especially in children

4

Training and Communication

Train your staff, give them access to clinical information and importance of keys 1-3. Tell the PA person what diagnosis you are suspecting, what you want to rule out.

Thank You



Exercises in Advanced Imaging: Do you know the answers?

If Not, eviCore Guidelines are perfect for you!

1. When do you request MRA Head and MRA Neck?
2. When do you request imaging for Bell's Palsy?
3. For initial evaluation of seizures, is imaging the same in adults and children?
4. In suspected PE, why is it important to calculate Pre-Test Probability?
5. After treatment for PE, should you get a repeat imaging study?
6. For Solitary Pulmonary Nodules, how often are CT scans repeated?
7. What are the criteria for performing lung cancer screening with low dose CT?
8. For a patient with cirrhosis, what is the recommended way to screen for HCC?
9. In patients with TAA is it necessary to screen for AAA and how is best way?
10. In patients with AAA is it necessary to screen for TAA?
11. Is it necessary to screen patients before bariatric surgery?
12. When is it best to perform ETT, Stress ECHO, or Cardiac Nuclear Imaging?
13. In boys with undescended testicles, what are the best tests for locating the testicle
14. What is the best initial test for neck masses an ultrasound, CT scan, or MRI?

The answer to these and countless other questions are in eviCore's guidelines.

Useful Website for Prior Authorization with eviCore

Provider Resources on eviCore.com

Visit www.evicore.com, select 'Resources' > "Providers" and select Cardiology or Radiology from dropdown menus. (copy & paste PDF files to your website)

Note: updated guidelines in February each year

blog.evicore.com

Contains information on How to Avoid P2Ps! Visit evicore.com, click on 'Media' and "Read More" or visit blog.evicore.com.

eviCore Portal

Useful website to create login to join eviCore web portal to obtain on-line prior authorization.

