



Physicians Committed
to Quality

monthly memo mvma ipa

An important announcement from Richard B. Toll, M.D., MVMA President

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MVMA Radiology Exemption Program – IMPORTANT UPDATE

Last month we announced this initiative that will be effective January 1, 2005. We have made an important change in the process for those physicians who will be required to continue precertification.

Physicians are aware that radiology utilization has been increasing at a high rate for the past number of years. It is well-recognized that there is a general shift in practice toward obtaining more advanced imaging. For the past three years, in an attempt to address potential inappropriate utilization MVMA has required primary care physicians to precertify all non-urgent/non-emergent CT and MR scans by contacting the MVP Utilization Management Department. Since that time, we have been reviewing utilization data based on the ordering physician of record. The frequency of scans ordered by each individual physician has been evaluated on the basis of the number of unique MVP patients seen. The information was gathered in two separate reports that were based on large panels, and the remaining physicians with smaller panels.

The MVMA Board of Directors has approved an exemption program, effective January 1, 2005 for all primary care physicians with the exception of those individuals with high utilization who are responsible for 25% of all MR and CT scans ordered by PCPs. This translates to 58 PCPs out of the 455 who ordered scans, or approximately 13%, who will continue to precertify scans they order. We have also identified the top 25% of PCPs who have the highest frequency of ordered scans, and selected those with a pass rate of less than 85% to continue precertification. The goal of the program is to eliminate the hassle factor of precertification for the majority of PCPs and focus on areas of concern related to ordering patterns.

In addition, all midlevel providers working with primary care physicians will be required to continue precertification of scans they order, as well as new physicians joining a primary care group, for a period of at least six months. The intent is to gather data regarding their ordering patterns compared to their peers during that time.

How will the process change for exempted physicians? They will call the MVP UM Department as usual, at 1-800-568-0458, select **option 2**, and receive an authorization number at the time of that call. The authorization number is important for scheduling the scan to ensure claim payment. We are working with MVP to develop other options for obtaining the authorization number, such as online authorizations and fax notifications. We are sensitive to the issues involving multiple phone calls and hold times.

What is the process for newly credentialed PCPs, and any midlevel practitioner in a PCP's office?? These physicians/providers will continue to call MVP as they have been, to precertify the scans they have ordered. This is a change from last month's newsletter that indicated National Imaging Associates (NIA) would be the organization to contact. Therefore, the requirement to call NIA has been modified to calling MVP instead as has been the procedure in place for the last three years.

There is an appeal mechanism in place to address those physicians who are not exempt, but believe they should be. The initial appeal will be to the MVMA Medical Director, Dr. David Phelps, with an explanation as to why the exemption is warranted. If the denial is upheld, then the appeal will be taken to the MVMA Peer Review Committee.

Are the exempt physicians always going to remain exempted? What about specialists? MVMA will produce utilization reports every six months for comparison. The majority of specialists have been exempted from precertification for the past three years. Specialists who have been identified as having ordered at least 10 studies per six month time period, with a frequency greater than two standard deviations from the mean will be considered for removal of exempt status. A meeting will occur with the physician to provide an opportunity for discussion. If follow-up measures six months later show no improvement, the exempt status will be removed. PCPs who are initially exempt from precertification, but show an increase in utilization at any six-month interval will be met with individually to begin this same process.

What if I am a new MVMA participating primary care physician? New physicians will be required to precertify MR and CT scans for the first six months, while we gather data to determine ordering patterns compared to your peers. At that time, if there are concerns, we will contact you.

continued

What about midlevel providers in a primary care office who order scans? Midlevel providers (PA, NP, CNM) will be required to continue precertification of all scans for at least the next six months. Up to the present time, claims and authorizations have been submitted under the physician's name. We will be updating the statistics every six months, and we expect to see data specific to midlevel ordering patterns emerging. **This is an important point.** It is essential that the authorization or precertification information include the **actual ordering provider information**, to clearly capture this data. Once we have reliable data about midlevel ordering patterns, we will begin the exemption process. An outgrowth of this should be improved communication between the midlevel provider and the physician to consider whether the scan should be ordered. It is also important that claims be submitted for the office visits reflecting the actual provider of service, not submitted solely under the physician's name and provider ID number. All of this information is factored into our analysis of ordering patterns.

Can MR and CT scans of the joints be ordered by PCPs now? Ordering of the MRs and CTs of the joints will continue to be allowed for specialists only. Joints also include hips and shoulders. The exception to this will be the scan of an extremity where evaluation of a mass is requested.

Please note: Sinus CTs, and CT scans of the facial bones will no longer require precertification, or an authorization number.

MVMA Foundation Announces Contributions

The MVMA Board of Directors formed The MVMA Foundation in November 2003 as a tax-exempt 501(c)(3) private foundation to benefit charitable organizations that engage in the promotion of health either by delivering health care services or by providing public education within the MVMA geographic community. The organization's specific and primary purpose is to promote the health of individuals living within Schenectady, Saratoga, Fulton, Montgomery, Warren, Washington, Albany, Rensselaer and Schoharie counties. MVMA is pleased to announce its first contributions to the following four charitable organizations:

Cornell Cooperative Extension Association of Schenectady County – \$2500 for several Sites of Promise to use a new booklet called *Living Healthy* to motivate children to participate in learning about their health. The final booklet, which will be developed through illustrations made by 450 children with prizes awarded for the illustrations selected, will be published and distributed throughout the schools in Schenectady as part of the health education program on obesity and Type 2 diabetes.

Gilda's Club Capital Region New York – \$5000 to support the purchase of computer equipment and resource supplies for the new Resource Library of the Capital Region Gilda's Clubhouse, currently under renovation. This chapter of Gilda's Club Worldwide serves the residents of 11 Capital District counties who are cancer survivors, as well as their families and friends. A typical Clubhouse has 500 members in year one.

Schenectady Day Nursery – \$2500 for Medication Administration Training, CPR and First Aid Education for its nursery teachers and teacher aides, for the benefit of 90 enrolled children in the city of Schenectady.

Wildwood Foundation – \$5000 for a new health education program to target the health problems most often faced by developmentally disabled individuals. Topics to be covered include heart health, diabetes prevention, obesity prevention, food safety, communicable disease prevention, and exercise education. A trainer's guide will be developed to help others working with the disabled to provide health education. Wildwood Programs serves the 12-county region of the Capital District, serving 800 people and their family members.

The MVMA Foundation will make contributions to tax-exempt 501(c)(3) organizations that are not private foundations. Decisions are based on the merits of the projects submitted. An application form can be found online at www.mvma.net.

CPT 87804 Rapid Flu Test

In view of the shortage of the flu vaccine, **CPT 87804** has been added to the **in-office lab list** for the time period **October 1, 2004 to May 31, 2005** only. We recognize that it is sometimes difficult to make a definitive diagnosis of flu, especially in younger patients. In addition, there is a small window of opportunity to begin treatment with antiviral agents in order for them to be effective. We hope that the addition of CPT 87804 will assist your practice in making timely diagnoses and decrease the potential for inappropriate antibiotic utilization this flu season.

The following is taken from the CDC's *2004-05 Antiviral Medication Usage Guidelines*:

1. CDC encourages the use of **amantadine or rimantadine for chemoprophylaxis** and **oseltamivir or zanamivir for treatment** as supplies allow, in part to minimize the development of amantadine resistance among circulating influenza viruses.
2. **People who are at high risk of serious complications** from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into these high risk groups should be given **priority for use of influenza antiviral medications**:

Treatment

- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.
- Any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset should be treated with antiviral medications. (Pregnant women should consult their primary provider regarding use of influenza antiviral medications.)

Rimantadine is not approved for treatment of children under 13 years old. For treatment, these persons should receive amantadine (children aged 1-12), oseltamivir (children aged 1-12), or zanamivir (children aged 7-12).

MVMA In-Office Lab List

The IPA Peer Review Committee and Board of Directors are in the process of reviewing the list of approved lab tests for reimbursement when performed in the office setting. Enclosed for your information is the current lab list.