



1310 Greenwood Avenue
Jackson, MI 49203
517-817-2140
517-817-2142 fax
CherylM@JPAdocs.com
BonnieM@JPAdocs.com
www.JPAdocs.com

MEMORANDUM

TO: JPA Physicians
FROM: JPA Quality Committee
DATE: April 14, 2010

SUBJ: Radiology Utilization

A recent review of the radiology utilization from BCBSM indicates that JPA's cost PMPM has decreased somewhat to \$19.19 PMPM, but still is not at the PGIP benchmark of \leq \$17.67 PMPM. As a result, JPA is beginning to focus efforts on decreasing the standard cost PMPM for high tech radiology utilization for CAT scans, MRIs, nuclear medicine tests, and PET scans. The JPA Quality Committee feels that education is the proper first step to help JPA member physicians' lower unnecessary radiology utilization. Attached is a quick reference guide highlighting the administrative procedures for obtaining authorizations for high tech radiology procedures ordered. ***At your earliest convenience, please review this guide and share it with your office staff.*** The attached respective procedures should be followed by all providers for authorization of high tech radiology procedures based on the primary insurance payer. You'll note that the procedures vary by insurance payer.

The JPA Quality Committee is also looking into what reports it can provide to JPA physicians regarding radiology utilization. This should help with ongoing monitoring of compliance. Some key indicators in the reports will include: the standard cost, the number of CAT scans, the number of MRIs, the number of nuclear medicine tests, and PET scans. Our ultimate goal is to provide data to you so you can review your imaging ordering patterns and determine the reason for outliers or variation compared to other providers.

If you have any suggested strategies to manage the use of radiology services, or if you have any questions regarding this procedure, please feel free to contact the JPA office at 817-2140. We appreciate your attention to this initiative.

Enc.

QUICK REFERENCE GUIDE

Radiology Authorization Procedures

- The ordering physician, whether a PCP or specialist, is responsible for obtaining the authorization for high tech radiology procedures.
- The preliminary workup can be done by either PCP or specialist. It is preferred that the PCP consults the specialist regarding the appropriate high tech procedure needed. If the specialist is not available, Jackson Radiology Consultants, practicing at Allegiance Health, are willing to take the patient clinical data over the phone to help determine the appropriate High Tech procedure.
- Jackson Radiology Consultants recommend the following:
 1. For any CT needed for the liver, gallbladder, adrenal glands or spleen, it is a best practice to order CT of abdomen only.
 2. For hematuria work-up order a CT abdomen and pelvis with and without contrast.
 3. For nonspecific abdominal pain order CT abdomen and pelvis with contrast.
 4. If you need a CT of the abdomen and pelvis, you need authorizations for both.
- **The following table contains the authorization guidelines by payer:**

Payer	Procedures
Blue Cross Blue Shield of Michigan	<p>Authorization obtained through the use of the AIM web site : www.aim.com</p> <p>The process includes three separate review components: Intake, Registered Nurse, and Provider. Information about the patient’s diagnosis/symptoms/or condition are provided and independently verified through AIM. The goal is to increase the use of the AIM website for pre-authorizing high-tech imaging services in the office.</p>
Blue Care Network	<p>Authorization is obtained through the use of the BCN e-referral on Web-Denis: http://ereferrals.bcbsm.com/radiology_management.shtmls see questionnaires for high tech radiology procedures</p> <p>Primary care physicians and specialists must submit clinical information via e-referral by responding Yes or No to questions about the medical need for the procedure. All of the questions require a response, or an error message will appear and the case will pend. Once the provider submits the completed questionnaire, the system will automatically approve the request, providing the member meets criteria. No additional actions are required.</p>
Priority Health	<p>Use the AIM web site: www.aim.com</p> <p>The process includes three separate review components: Intake, Registered Nurse, and Provider. Information about the patient’s diagnosis/symptoms/or condition are provided and independently verified through AIM.</p>