



July 22, 2014

Philip Painter, MD  
Chief Medical Officer, Health Guidance Organization  
Humana, Inc.  
500 West Main Street  
Louisville, KY 40202

**Re: Humana's New Imaging and Interpretation Criteria for Diagnostic Imaging Reimbursement**

Dear Dr. Painter:

On behalf of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS), please find below comments regarding Humana's New Imaging and Interpretation Criteria for Diagnostic Imaging Reimbursement. The AAO-HNS, with approximately 12,000 members nationwide, is the national medical association of physicians dedicated to the care of patients with disorders of the ears, nose, throat, and related structures of the head and neck. The AAO-HNS provides this letter in support of otolaryngologist – head and neck surgeons who utilize point-of-care imaging when medically necessary and appropriate, in order to improve efficiency and accuracy in diagnosing and managing a patient's condition.

We are very concerned that the Humana criteria exclude the specialty of Otolaryngology from being reimbursed for imaging services, including CT, MRI, and ultrasound, based on their specialty. The AAO-HNS's position statement on Point-of-Care Imaging in Otolaryngology<sup>1</sup> states that the AAO-HNS,

*...strongly endorses the practice of providing patients with timely, effective, efficient, and patient-centered diagnostic imaging studies and interpretation by appropriate qualified specialists. All otolaryngologists receive training in head and neck imaging studies as part of their medical specialty training, and it is a component of the Scope of Knowledge for Board Certification.<sup>2</sup>*

**Based on residency training received, as well as the additional education (elaborated below) that many otolaryngologists and their practices undergo to receive accreditation by the Intersocietal Accreditation Commission (IAC), we urge Humana to revise its policy and allow otolaryngologists to receive payment for performing and interpreting medically necessary diagnostic imaging within the specialty's scope of knowledge.**

<sup>1</sup> <http://www.entnet.org/Practice/policyReimburseImagingStudies.cfm>

<sup>2</sup> This statement is in line with the Institute of Medicine's six dimensions of high quality care. <http://www.iom.edu/~media/Files/Activity%20Files/Quality/HealthCareQualForum/BeachPresentation.pdf>

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## **I. Otolaryngologists Possess Extensive Professional Expertise to Perform and Interpret Diagnostic Imaging**

Humana has stated that “there are opportunities to improve the quality of interpretation of diagnostic imaging and to promote the use of appropriate imaging” and that “published reports have demonstrated that board-certified specialists in related fields and radiologists have higher rates of accurate interpretation of diagnostic imaging studies than physicians performing similar studies outside their specialty.” We strongly agree with this assertion, but believe Humana has inappropriately determined board-certified otolaryngologist – head and neck surgeons lack the credentials and qualifications to accurately interpret and/or perform diagnostic imaging studies.

In order for otolaryngology – head and neck surgery residency programs to maintain their accreditation, all programs must strictly adhere to the requirements of the Accreditation Council for Graduate Medical Education (ACGME). Under the ACGME, otolaryngology – head and neck surgery residents “must demonstrate proficiency in data gathering and interpretation in areas” including “imaging studies of the head and neck.” In other words, the ACGME has a specific requirement that demands otolaryngology – head and neck surgery residents achieve mastery in head and neck imaging studies as a prerequisite to board-certification. This requirement helps ensure otolaryngology – head and neck surgery residents possess the knowledge and expertise to accurately select, order, interpret and perform imaging studies.

In addition to otolaryngologist – head & neck surgeons needing to demonstrate a proficiency in head and neck imaging during specialty training, many complete Continuing Medical Education (CME) credits that often include courses on head and neck imaging. The AAO-HNS annually offers CME courses specifically tailored to meet the rigorous IAC CME accreditation standards for both initial accreditation and reaccreditation requirements. All of these factors demonstrate the extensive professional expertise our specialists have with performing and interpreting diagnostic imaging, thus meeting Humana’s “demonstrating qualifications” criteria for reimbursement. We would like to point out that because otolaryngologist – head and neck surgeons are board-certified specialists, and because they receive extensive training in head and neck imaging, they are precisely the type of specialists to help “improve diagnostic imaging and interpretation accuracy for the health of Humana’s members.”

Otolaryngologists very frequently perform procedures on patients for whom they have ordered and interpreted imaging (e.g., relating to disorders involving the sinuses, neck, temporal bone). The clinical correlation that can be achieved between intraoperative findings and those on imaging is unsurpassed, both for the individual patient and as the surgeon gains practice experience; as expert as they are, radiologists rarely have such opportunities. In fact, surgeons must have a high level of radiographic interpretive skill (as opposed to merely reading the report) to successfully perform procedures for which imaging is integral to medical/surgical decision making, be it pre-operative or intra-operative with image guidance.

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Furthermore, we strongly believe patients should receive the most appropriate imaging modality to help diagnosis their condition. Because of such, providers should be allowed to decide whether conventional computed tomography (CT) or cone beam CT imaging (“CBCT”, also known as “mini CT”) is the most appropriate imaging modality, so long as it is only performed when absolutely necessary and in the patient’s best interest.

This position not only corresponds with, but is also strengthened by the AAO-HNS’ *Clinical Practice Guideline: Adult Sinusitis* (September 2007, currently undergoing update), which was developed through rigorous methodology (cited by IOM and CMSS) by multidisciplinary guideline panels, including members of the American College of Radiology (ACR). This guideline provides evidence based guidance for physicians and other healthcare professionals to diagnose and manage sinusitis in adults. It also emphasizes appropriate diagnosis, including specific supporting text on the use of radiographic imaging (e.g., plain film radiography, CT, and magnetic resonance imaging) and provides management options including observation, antibiotic therapy, and additional testing. Please be advised that the AAO-HNS is currently developing an updated guideline, which should be available very shortly.

## II. Intersocietal Accreditation Commission (IAC) Standards and Requirements

In addition to supporting point-of-care imaging, the AAO-HNS also fully supports rigorous accreditation standards and requirements for in-office imaging modalities, including those for conventional CT and CBCT modalities. The AAO-HNS is a founding member of the Intersocietal Accreditation Commission - CT-Division (IAC), an organization designated by CMS<sup>3</sup> to accredit suppliers seeking to furnish the technical and professional component of advanced diagnostic imaging services under the Medicare program. The IAC demands standards which either meet or exceed those utilized by other accrediting entities.

We strongly believe accreditation helps to ensure that those healthcare professionals using imaging equipment in the physician office setting follow the national safety and quality standards<sup>4</sup> that are required by the IAC. The IAC requires all interpreting physicians demonstrate that their qualifications are in strict compliance with its rigid standards in order to even be eligible for accreditation. The IAC standards permit three different pathways for physician qualification, each of which requires at least 40 hours of CT relevant CME, a

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<sup>3</sup> To receive the designation, IAC was required to demonstrate experience in the advanced diagnostic imaging area and to document that its accreditation requirements met or exceeded the standards set out in MIPPA, including requirements for: qualifications of non-physician personnel performing the imaging; qualifications and responsibilities of medical directors and supervising physicians; procedures to ensure the safety of the individuals furnishing the imaging procedure, and of the people to whom services are furnished; and procedures to ensure the reliability, clarity, and accuracy of the technical quality of the diagnostic images produced by the supplier.

<sup>4</sup> <http://www.intersocietal.org/ct/standards/IACCTStandards2013.pdf>



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minimum of three hours of documented CME in radiation safety, and then a completion of 15 hours of CT related CME every three years.

An example of one such pathway is the pathway for a physician with an established practice, which is most commonly used by otolaryngologist - head and neck surgeons. Under this criterion, a provider may seek qualification if the physician can demonstrate that he or she has been interpreting CT studies for at least five years, has acquired a minimum of 150 hours Category I CME (obtained over the course of their professional experience) and has interpreted a minimum of 500 CT examinations relative to the organ system(s) with self-attestation. These demanding standards demonstrate that otolaryngologist – head and neck surgeons using in-office modalities accredited by IAC have additional training in performing diagnostic imaging, and therefore meet yet another one of Humana’s “demonstrating qualifications” criteria for diagnostic imaging reimbursement.

Moreover, as an entity accepted by CMS as meeting or exceeding the accreditation standards set out in MIPPA, ***the AAO-HNS respectfully requests Humana include IAC as an appropriate accrediting body, thus warranting inclusion under your list of approved programs.*** We would like to further point out, that when developing its standards, the IAC used guidelines employed by other organizations, organizations Humana has identified as appropriate accrediting entities. In addition, IAC standards exceed those enumerated on HealthHelp.com. Again, it is important to note that the IAC accreditation program scrupulously evaluates not only the qualifications of the physician, but also the quality of the facility as a whole.

### **III. The AAO-HNS’ Position Statements and Clinical Practice Guidelines (CPG) Benefit Patients Through the Promotion of Better Outcomes, Greater Consistency of Care, Informed Decision-Making and Transparency.**

Our regard for providing an unparalleled quality of care to patients with disorders of the ears, nose, throat, and other related head and neck structures cannot be overstated. We strive to provide the highest quality of care to our patients which is why the AAO-HNS routinely works collaboratively with other specialties when producing many of its guidance documents, including its Clinical Practice Guidelines (CPG).

Use of our Clinical Practice Guidelines (CPG) is one way that the AAO-HNS, more specifically its members, increase implementation of evidence into practice. They serve as guides to best practices, a framework for clinical decision making, and a benchmark for evaluating performance. As previously mentioned, our *Clinical Practice Guideline: Adult Sinusitis*, was developed via a multidisciplinary approach and serves as an invaluable resource to many providers. ***As such, we respectfully request Humana consider its inclusion as a reference and resource for the new imaging and interpretation criteria.***

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Similarly, the AAO-HNS position statements are another invaluable tool that we would like to bring to Humana's attention. Position statements draw upon best available evidence and quality products. Further, they clearly articulate the AAO-HNS' position on clinical procedures or medical services, which are often utilized by our members, other providers, and third party payers. **We respectfully request Humana consider the AAO-HNS' Point-of-Care Imaging in Otolaryngology position statement as a reference and resource for the new imaging interpretation criteria in addition to the Adult Sinusitis CPG.**

When developing its Appropriateness Criteria for Sinonasal Disease, the American College of Radiology (ACR) sought the expertise from the AAO-HNS<sup>5</sup>. Recognizing the AAO-HNS' unique and specialized knowledge as it pertains to the head and neck, the AAO-HNS was afforded standing representation on the ACR's expert panel in this regard. We strongly believe that the collaborative, working relationship the AAO-HNS has established with the ACR in this manner provides further evidence that otolaryngologist – head and neck surgeons are indeed qualified to perform and interpret diagnostic imaging as it pertains to the head and neck.

#### D. Conclusion

We are appreciative of Humana's efforts to ensure appropriate use and higher rates of accurate interpretation of diagnostic imaging and understand the value of instilling stringent diagnostic imaging and interpretation criteria to safeguard the quality of care received by its members. While we agree with Humana's overall dedication to maintaining a high quality of care, we remain concerned that your new criteria fail to properly classify otolaryngologist – head and neck surgeons as duly trained and qualified providers for performing and interpreting diagnostic images as they pertain to the head and neck.

Given the fact that board-certified otolaryngologists receive training in head and neck imaging as part of their medical specialty training, and the fact that in-office modalities accredited by the IAC must meet rigorous training and safety requirements, the AAO-HNS respectfully requests that Humana revise its new coverage policy on New Imaging and Interpretation Criteria for Diagnostic Imaging Reimbursement. **We strongly believe otolaryngologist – head and neck surgeons more than demonstrate Humana's requisite requirements and qualifications to perform diagnostic imaging and interpretation, and therefore should be reimbursed for either the professional and/or technical component of procedures involving CT, when medically necessary and appropriate. In addition, we request that Humana include the IAC under your list of approved programs, and include the above mentioned AAO-HNS resources in the list of supporting materials.**

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<sup>5</sup> <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/SinonasalDisease.pdf>



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We thank you for your consideration and we welcome the opportunity to discuss this issue further with you. If you have any questions regarding our comments or would like to discuss this issue further, please contact Jenna Kappel, MPH, MA, Director, Health Policy at (703) 535-3724 or via e-mail at [jkappel@entnet.org](mailto:jkappel@entnet.org).

Sincerely,

David R. Nielsen, MD, FACS

Executive Vice President and CEO

Enclosure

cc:

Gavin Setzen, MD, Secretary/Treasurer, AAO-HNS Board of Directors; President, Intersocietal Accreditation Commission CT (IAC-CT)

Ben McCallister, MD, Chairman, Intersocietal Accreditation Commission CT (IAC-CT)

Sandra L. Katanick, CAE, CEO, Intersocietal Accreditation Commission CT (IAC-CT)