While some recent industry studies assert that the use of coronary computed tomography angiography (CCTA) may not yet be a viable option for the diagnosis of coronary artery disease, NIA's clinical leaders—including our external advisory board of leading cardiologists and radiologists—are taking a more positive stance.

Although CCTA does not replace cardiac catheterization procedures, NIA believes that the emerging CCTA tools have a very significant role to play in excluding coronary artery disease for many patients before they undergo a cardiac catheterization.

CCTA is a non-invasive procedure for evaluating chest pain and detecting coronary artery disease in patients who have a low or intermediate risk of coronary disease. A CT scanner captures blood flow in the coronary arteries, and computer software then manipulates the data into 3-D images. CCTA allows a thorough examination of the blood vessels that feed the heart and can enable the radiologist to see plaque buildup that may not be visible with a catheter angiography.

The procedure can offer significant value as part of the diagnostic process. New technologies such as multi-slice or multi-detector computed tomography (MDCT), utilizing thin-slice images, have enhanced CCTA's ability to generate high quality images in the major vessels of the chest. The negative predictive value of CCTA (i.e., the ability to exclude coronary artery disease) is extremely high compared to other non-invasive tests. This means that the patient and physician can be confident that a negative test truly means the absence of disease. Another rationale for the use of CCTA is that such new technology can reduce patients' radiation exposure significantly. NIA always measures and strives to reduce the risks of ionizing radiation exposure in patients.

Evaluating the appropriate use and risks involved in specific cardiac-related diagnostic procedures is important. One study showed that as many as 25 percent of the 1.3 million cardiac catheterizations performed each year may be unnecessary.1 Given that cardiac catheterization is sometimes used as a diagnostic tool and can be billed from $12,000 per procedure in the outpatient setting up to $47,000 in an inpatient setting, the costs to patients and their health plans can be substantial.

Adding CCTA to the diagnostic algorithm has the potential to reduce the time to diagnosis, the radiation exposure and the costs associated with identifying patients with coronary artery disease. NIA agrees that there is no one “right” solution for all patients. While CCTA is not meant to take the place of cardiac catheterizations, it should be one of the many tests considered in light of the patient’s symptoms and risk factors, to ensure that the patient receives the right care at the right time.

Coronary computed tomography angiography is not always covered in the health plan’s benefit structure, but NIA does promote its use where covered as a benefit and where clinically indicated and authorized.

ACR Adds Modular MRI to its Accreditation Types

To help keep our imaging facilities apprised of current industry developments, NIA would like providers to know that the American College of Radiology (ACR) now offers a “modular” MRI accreditation program.

The ACR MRI Accreditation Program evaluates the qualifications of imaging facility personnel, quality control programs, MR safety policies and image quality specific to MRI procedures. It includes the acquisition of clinical and phantom images and their corresponding data for each unit.

Patterns of provider practice and use of units have evolved since the origin of the MRI Accreditation Program. Previously most units were used for general MRI, so the need for brain, cervical spine, lumbar spine and knee examination from all units was reasonable. In recent years, however, units are now more frequently used for limited anatomic applications such as head, spine or heart only. In addition, single application specialty units have been developed. So, in offering the Modular MRI Accreditation Program, the ACR makes accreditation options available based on specific anatomic applications. The ACR’s intent is to better meet the needs of current MR practice.

ACR accreditation is a process of both self-assessment and independent external expert audit based on ACR guidelines and technical standards. Such accreditation programs set quality standards for practices and help them continuously improve and demonstrate the quality of care they provide to their patients. Attaining ACR accreditation is therefore a highly valuable asset to the practice.

New Fax Attachment Process for Ordering Provider Use

In an effort to get your clinical/certification information into the hands of our clinical staff faster, NIA has deployed an automated fax attachment process. When you submit your request using the OCR (optical character recognition) fax cover sheet, our new system will read the OCR number and identify the corresponding authorization in our system. The faxed documents are then automatically attached to your request and our clinical staff can immediately see the information. This speeds up the certification process for you and your staff!

Note that there are several ways ordering physicians and staff can obtain an NIA fax cover sheet:

- If you are doing an authorization request on the RadMD Web site, at the end of your submission of the preauthorization request you can select the option to print the cover sheet.
- On RadMD, you can click on the Request a Fax Cover Sheet link; this will allow you to print the cover sheet for a specific patient.
- You can call the NIA Clinical Support department at 1-888-642-7649 and request that a cover sheet be faxed to you.

Items to note when faxing information:

- If NIA has sent you a fax requesting additional clinical information, please make sure the NIA Fax Cover Sheet accompanies the information you submit.
- Also note that if you are faxing information regarding more than one patient to NIA, you can send it all in one fax as long as you separate the information for multiple patients with a cover sheet for each individual patient.

We believe you will find this system to be fast and convenient.

Did you know...that NIA has built a Web-based, online facility application tool that enables facilities to complete their initial privileging applications and re-credentialing applications without the use of paper forms? Our Diagnostic Imaging Privileging Application makes the process of completing facility applications and updates much faster and easier for staff. With this tool you will be able to input updates about both your advanced and non-advanced imaging services (e.g., x-ray) so that you are contracted for the widest variety of procedures possible.

NIA will be conducting outreach to current network providers to orient them to this new time-saving tool. Look for details about our new online facility application on our Web site, RadMD.com.