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Correspondence

Building on a foundation of strong clinical trial data, SCCT advocacy gaining momentum with U.S. payers and stakeholders: Advocacy updates over the past year☆

1. Private payer and SBM coverage wins & outreach

We have established an open, ongoing dialogue with the medical directors of multiple payers and specialty benefits managers (SBMs) across the United States. Serial dialogue with the medical director of eviCore Healthcare helped to facilitate a very favorable policy[1] decision in which coronary CT angiography (CCTA) is covered for 16 different indications, including as a first-line test for symptomatic patients with low or intermediate pre-test risk for CAD. SCCT advocacy engagement with the medical directors of Anthem and American Imaging Management (AIM) Specialty Health regarding improving coverage for CCTA for chest pain resulted in improved coverage in the recently published AIM policy[2] where CCTA is now covered in patients following equivocal/abnormal functional testing within a 60 day window and is covered as a first-line test in facilities with CT fractional flow reserve (FFR_{CT}) capability. Additionally, we reached out to the medical directors of Aetna, Inc. with suggested CCTA policy revisions in an effort to expand an already favorable policy.

2. Medicare coverage engagement

CCTA enjoys a longstanding history of coverage among the Medicare carriers with favorable local coverage determinations (LCDs) in place with 7 of the 9 Medicare Administrative Contractors (MACs). In order to maintain this momentum, we have entered into coverage policy discussions with the medical director of Noridian. Noridian is responsible for Medicare coverage across the entire western US and is the largest MAC without a published coverage policy for CCTA. We continue to engage in ongoing dialogue with the goal of garnering a favorable LCD for CCTA with Noridian.

3. CPT/RUC efforts with FFR_{CT}

The SCCT, in partnership with the American College of Cardiology (ACC) and the Society for Cardiovascular Angiography and Interventions (SCAI) worked tirelessly for over 6 months to achieve approval from the American Medical Association (AMA) RUC/CPT committee for Category III tracking codes for FFR_{CT}. These new CPT codes (0501T, 0502T, 0503T, 0504T), released July 1, 2017 and effective January 1, 2018, allow payers and other stakeholders to track use of FFR_{CT} in clinical practice across the country. Category III CPT codes are used to track utilization of emerging technologies and new procedures. Not only are Cat III codes vital to pursuing permanent category I codes, the establishment of these codes facilitates engagement for coverage and reimbursement with health insurance carriers, both locally and nationally.

4. Payer advocacy tools

Following the 2016 Health Policy Summit, a distinguished SCCT panel published a finalized white paper[3] that was subsequently endorsed and acknowledged by the various governmental agencies, SBMs, and industry experts represented at the meeting. Additionally, the SCCT model LCD[4] was updated and finalized in August of 2017 to include important new clinical trial data and provide a framework for policy discussions with payers and SBMs.

5. Payer and stakeholder advisory engagement

SCCT signed an agreement to provide expert technical review of technology assessments for Blue Cross Blue Shield Evidence Street Consortium, allowing for direct comment on payer-generated justification data. We provided expert comment on medical imaging, radiation risk and dose reduction draft reports prepared by the National Council on Radiation Protection and Measurement. This continued engagement is vital as inaccuracies pertaining to radiation dose attributable to CCTA continue to permeate payer policy justifications. Finally, we participated in a stakeholder summit with representatives from MITA, AdvaMed, and MDMA on identifying opportunities for collaboration with industry partners to engage effectively with payers.

6. Collaborative advocacy efforts with other societies

Dr. Ron Blankstein and Dr. Dustin Thomas collaboratively authored a comprehensive comment letter[5] that was subsequently endorsed by the ACC and American College of Radiology (ACR) in response to the proposed "I" grading for coronary artery calcium (CAC) scoring within the US Preventive Services Task Force (USPSTF) statement on Risk Assessment for Cardiovascular Disease with Nontraditional Risk Factors. In the comment letter, the societies asserted that published data clearly demonstrates that CAC scoring is a safe risk assessment modality. Additionally, CAC is a superior tool for CV risk discrimination and reclassification when compared with risk equations with robust data demonstrating improvement in clinical outcomes with CAC-guided treatment.

We have reached the point as a cardiac CT community where the

☆ The SCCT Advocacy Committee has worked diligently over the past year to expand coverage, develop new technologies, provide members with updated advocacy support tools, and engage with various collaborative partners in support of cardiac CT. Here are some highlights from a very busy and productive 2017–2018 advocacy outreach initiative.

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critical evidence base needed to secure more widespread payer support has been published. We are now in position to take advantage of this work by solidifying and expanding our advocacy efforts. While we celebrate the above summarized successes, we recognize that a great deal of work still remains. The SCCT advocacy committee, board of directors, and staff will continue our substantial efforts to maintain this momentum. We continue to ask you, the eyes and ears on the ground, to continue communicating successes and challenges encountered with payers, SBMs, and vendors during the daily care of your patients. Your feedback is vital to planning our strategic goals moving forward. Together, we can continue to increase access to this powerful modality as part of our ultimate goal—to improve patient care.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jcct.2018.10.010.

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5. comprehensive comment letter – http://scct.org/?page=SCCT_letter_USPSTF.

Dustin M. Thomas[a,*], Leslee J. Shaw[b]
[a] *Department of Medicine (Cardiology Division), San Antonio Military Medical Center, San Antonio, TX, USA*
[b] *Department of Radiology and Medicine, Weill Cornell Medical College, New York, NY, USA*
E-mail address: dustin.m.thomas4.mil@mail.mil (D.M. Thomas)

[*] Corresponding author.