

January 7, 2022

## **RE: Cardiology Diagnostic Procedures and Practice Patterns**

To All In-Network Cardiology Providers:

KHS monitors its programs to ensure the provision of safe, timely and appropriate care is provided to our members. We also use this process to identify issues that arise to improve the care provided to our members and to ensure that we are in compliance with the California State Regulatory Agencies (Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC) and other State and Federal laws that regulate the practice of Medicine.

This letter is being sent to all in-network cardiology providers based on observations that have been identified during the review of prior authorizations for cardiology services.

- A. Requests that were submitted for cardiac catheterizations we have observed the following:
- i. The initial requests were submitted without basic preliminary workup having been done even when members presented for non-specific symptoms that were not likely to be cardiac in origin.

KHS uses MCG (Subsidiary of Milliman) guidelines requiring a comprehensive evaluation of the patients' symptoms. The recommendation is that the initial workup of patients with atypical chest pain and other non-specific symptoms starts with a comprehensive History and Physical, with preliminary causes considered and a workup including basic evaluations such as 12-lead EKG evaluation, x-rays and / or CT scans of the chest (where pertinent), echocardiograms (when pertinent to the symptoms), lab work, pulmonary evaluations...etc....From a cardiovascular standpoint, causes such as Heart failure, Anemia, Pulmonary issues, deconditioning...and so on. need to be considered.

- ii. The requests for left heart catheterization (LHC)/coronary angiography, (including two step or "staged" procedures) were identified that did not appear to meet medical necessity criteria.

Review of the records submitted for these procedures identified submissions for cardiac catheterizations being submitted despite our member's having already had these procedures completed within a few weeks' time frame. In some cases, we identified significant obstructive findings that were significant AND that they were not treated during the time of the catheterization; but instead left alone, only to see a submission of a request to repeat the procedure several weeks later.

These observational findings were presented to the Physician's Advisory Committee (PAC) on 11/3/21. The PAC recommended that all in-network cardiologist be informed of the KHS MCG Guidelines that will be followed during request for authorization including the following:

1. Care guidelines, such as those developed by Milliman and the American Board of Cardiology/American Heart Association are disseminated and reviewed by all cardiology providers as an educational tool and to ensure that evidence-based and quality care is being delivered to our members.
2. Complete and detailed clinical documentation is submitted with prior authorization requests for cardiac related testing/procedures that clearly support medical necessity for the requested services.

3. Steps are taken to curtail the performance of inappropriate and/or duplicate services; including but not limited to periodic monitoring of providers to ensure adherence to practice guidelines and standardization of medical practice patterns.
4. Requests for advanced cardiac tests, particularly Myocardial Perfusion Stress Tests, and Holter Monitoring that includes:
  - i. Adequate documentation in the medical records necessary to support the evaluations done and justification of requested services. Proper documentation facilitates the review for medical necessity against evidence-based guidelines used and reduces denials and need for calls to your office for more records which could lead to delay in care.
  - ii. The guidelines KHS uses to review for medical necessity for Myocardial Perfusion (MPI) stress tests indicate that these tests are not indicated unless routine exercise treadmill tests (ETT) are done and indeterminate, or for pharmacologic MPI stress tests, demonstration that there is a condition that precludes the ability to accurately obtain results from a routine exercise stress test. Note that simply stating the member has knee pain, or back pain, without full justification and exam findings is not satisfactory in demonstrating that a member cannot perform a routine ETT.
  - iii. Requests for Holter Monitoring for patients who have no palpitations, The guidelines we use for review indicate that in cases where palpitations are infrequent, Holter monitoring is not medically necessary.
5. Requests for non-cardiac services and requests to perform vascular imaging with Duplex Venous and / or Arterial ultrasounds of the extremities in members that do not show documentation to suggest ischemic presentations and a need for non-cardiac vascular intervention:
  - i. For other non-cardiac or basic cardiovascular care, the PCP is also considered the primary provider for management. However, in the event a member has a significant non-cardiac vascular presentation that requires further workup, the case will be recommended for redirection to an appropriate radiology / imaging facility or to the vascular surgeon at KHS discretion in compliance with KHS Policy 3.22 for routine UM processes and modifications of services.

KHS appreciates the care you provide for our members and your support for KHS in being compliant with State and Federal for managed care plans and the standard of care provided to patients in California.

Sincerely,

Martha Tasinga, MD  
Chief Medical Officer

References:

1. Kern Health Systems Policy and Procedures – Policy #: 3.22-P “Referral and Authorization Process”
2. Kern Health Systems Criteria – “Specialty Care Referral Guideline”
3. MCG Health Ambulatory Care 25th Edition - Myocardial Perfusion Stress Imaging - ACG: A-0078 (AC)
4. MCG Health Ambulatory Care 25th Edition - Pharmacologic Myocardial Perfusion Stress Imaging - ACG: A-0079 (AC)
5. MCG Health Ambulatory Care 25th Edition - Holter Monitor (24-Hour to 48-Hour Continuous Monitoring) - ACG: A-0120 (AC)
6. MCG Health Ambulatory Care 25th Edition - Loop Recorder (Cardiac Event Monitor), Non-Implantable - ACG: A-0121 (AC)
7. MCG Health Ambulatory Care 25th Edition - Exercise Treadmill Test (ETT) with ECG - ACG: A-0110 (AC)
8. MCG Health Ambulatory Care 25th Edition - Cardiac Catheterization and Angiography - ACG: A-0001 (AC)
9. MCG Health Ambulatory Care 24th Edition - Cardiac Catheterization and Angiography - ACG: A-0001 (AC)
10. Up To Date: "Outpatient evaluation of the adult with chest pain"
11. Up To Date: Ambulatory ECG monitoring
12. Up To Date: "Chronic coronary syndrome: Overview of care"