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December 3, 2024

Eric J. Gratias, MD, FAAP
Chief Medical Officer, EviCore by Evernorth
EviCore Headquarters
400 Buckwalter Place Blvd.
Bluffton, SC 29910

Sent electronically to: egratias@evicore.com

RE: EviCore by Evernorth's Imaging Facility Network Standards

Dear Dr. Gratias,

On behalf of the physician members of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), I am contacting you regarding EviCore's Imaging Facility Network Standards that went into effect September 1, 2024. Specifically, the AAO-HNS has concerns about "General Requirement" 13 on page 02 that delineates who is qualified to interpret advanced imaging studies and "Equipment Standards", "CT Standards", stating "Cone beam CT units will not be approved for the EviCore network if it is the only CT unit at the facility". Moreover, this document seems to ignore the inherent value to patients from a cost and convenience perspective given the ability to get same-day, safe and accurate imaging services in the office-based setting. There is no reason that every facility needs to be a full-service provider.

The inference that otolaryngologist-head and neck surgeons are not qualified to interpret CT scans which they order in the head and neck region is not supported by the formal training and practice experience (including CME) that they receive and are examined on by the American Board of Otolaryngology-Head and Neck Surgery. The specialty brings the added advantage of examining the actual soft tissue and bony structures along with the CT imaging, both pre- and post- any disease related or procedural alterations.

The AAO-HNS offers annual CME courses specifically tailored to meet the rigorous Intersocietal Accreditation Commission (IAC) CME

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accreditation standards for both initial accreditation and reaccreditation requirements. Therefore, the skills and acumen obtained by otolaryngologists throughout their extensive education and training make them uniquely qualified to interpret and perform imaging studies.

Additionally, many otolaryngologists participate in certification of their facility and professional skills by the Intersocietal Accreditation Commission (IAC). The AAO-HNS fully supports the rigorous accreditation standards and requirements for in-office imaging modalities, including those for conventional CT. The AAO-HNS is a founding member of the IAC-CT Division and supports accreditation for physicians' offices involved in point-of-care imaging. The IAC demands standards which either meet or exceed those utilized by other accrediting entities. The AAO-HNS strongly believes that accreditation helps to ensure healthcare professionals using imaging equipment in the physician office setting follow the national safety and quality standards that are required by the IAC. Part of the IAC certification process involves peer reviewed overreads of CT scans and ultrasound exams by otolaryngologists and radiologists as a requirement for certification. Data from those exams indicate no superiority of one specialty.

The failure to include otolaryngologist-head and neck surgeons in the list of approved providers ignores decades of safe, high-quality interpretations and eliminates patient-related efficiencies at the same time. We would ask you to reconsider and include board certified otolaryngologist-head and neck surgeons to the list.

The "CT Standards" section which limits the availability of CBCT scanning to facilities where it is not the only CT unit at the facility is ill-conceived and is clearly not based on quality and safety, as the addition of another CT unit doesn't affect the capabilities of the other. The current statement could conceivably be interpreted, that by adding another CBCT unit, that criterion would be satisfied. Since that is the case, why take away the significant advantages of CBCT scanning for the majority of conditions otolaryngologist-head and neck surgeons treat and force patients to make an extra visit for no benefit in most

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circumstances. Patients with more complex conditions will be sent for the most appropriate examinations for their disease state by the ordering physician. Additionally, Medicare doesn't place any restrictions on the CBCT scanners and EviCore's policies on this subject would be potentially limiting to Medicare patients.

Moreover, 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. Because of this, the AAO-HNS believes providers meeting IAC CT accreditation requirements should not be denied reimbursement.

Contrast provision

In EviCore's Imaging Facility Network Standards in the General Requirements section, item 2 indicates that "each facility must provide contrast services;" however, contrast administration is part of the physician's medical decision-making process and should remain at the discretion of the ordering physician. The physician will evaluate what best fits the patient's needs at the time of service as well as determine what is appropriate based on the patient's history and current diagnosis. The vast majority of studies performed in an otolaryngologist's office are temporal bone and sinus imaging which do not typically require contrast. If in the medical opinion/decision making of the physician a contrast study is necessary, this can be ordered at another facility if the otolaryngology practice does not offer contrast imaging.

In conclusion, the AAO-HNS respectfully requests that EviCore's Imaging Facility Network Standards be revised to allow otolaryngologist-head and neck surgeons to order and interpret CT scans and allow the use of CBCT scanning when appropriate in office-based settings and other sites of service that don't offer a full-service menu, provided they meet the listed criteria in the document.

We appreciate EviCore's consideration of the comments provided by the AAO-HNS and we welcome the opportunity to proactively collaborate with your organization in the development of any future policies that involve the practice of Otolaryngology-Head and Neck

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surgery. Should you have any questions, please contact the AAO-HNS Health Policy team at healthpolicy@entnet.org .

Sincerely,

James C. Denneny III

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