

ASNC POSITION STATEMENT

The role of radiology benefits managers and private insurers in the physician-patient relationship: A statement in opposition of test substitution

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The American Society of Nuclear Cardiology (ASNC) opposes any intrusion of radiology benefit managers (RBMs) into the doctor-patient relationship. Specifically, ASNC is wholly against any policy issued by a private insurer, or their RBM, which requires the substitution of one diagnostic test in favor of another. ASNC maintains that clinical decision making regarding the appropriate application of myocardial perfusion imaging for a given patient should remain solely with the physician treating the patient, and should be based on the *Appropriate Use Criteria for Cardiac Radionuclide Imaging*,¹ developed jointly by the ASNC and the American College of Cardiology (ACC) in 2005, and subsequently revised in 2009. These criteria were developed by medical societies with extensive physician expertise in the field of cardiology, and should be utilized directly by private insurers and their RBMs. RBMs should not engage in activities that distort these criteria nor should RBMs claim the use of these criteria in their processes for authorizing imaging studies when they selectively adopt certain indications for the diagnostic study and omit other situations in which the patient presents with valid indications for performing the study.

ASNC acknowledges that all insurance companies may require that any test ordered has an approved indication. However, the Society also firmly believes that in scenarios in which two different tests are deemed appropriate by widely accepted criteria, it is the sole and exclusive right of the physician, together with the patient, to make the determination as to which test is performed. This decision should be based upon the patient's condition and preferences, the quality and availability of imaging resources in his or her community, and the physician's clinical judgment as to which test is preferable for the patient. Insurance companies and the RBMs they employ do not have the right to practice medicine, and therefore, cannot and should not directly or indirectly mandate test substitution.²

¹ Hendel RC, Berman DS, Di Carli MF, et al. ACCF/ASNC/ACR/AHA/ASE/SCCT/SCMR/SNM 2009 appropriate use criteria for cardiac radionuclide imaging. *J Am Coll Cardiol*, 2009; 53:2201-29, doi:10.1016/j.jacc.2009.02.013

² American Medical Association. *Radiology Benefits Manger*. H-320.946. Chicago, IL: American Medical Association, 2009.