Anthem says no to hospital MRIs, CTs, other scans in 2018

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he state's largest insurer plans a big change in where patients can go for imaging services like MRIs, CTs and other scans for 2018.

Instead of getting scans at hospitals and hospital-affiliated outpatient offices, Anthem will only pay for scans done at independent facilities as a cost-cutting measure, the insurer said in a question-and-answer brochure about the practice, which it already has in place in Kentucky and other states.

"Anthem's primary concern is to provide access to quality and safe health care. We are also committed to of the member is not put at risk," the online

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Virginia Anthem spokesman Scott Golden confirmed the policy will be in place for Virginia by March 2018. Additional details on Virginia's plan were not available.

Anthem regularly reviews imaging tests for pre-approval to confirm they're medically necessary. With the new policy, the insurer will also look at where they're done. For nonemergency CTs or MRIs that can be done at an independent imaging centers, doctors will be given a list of facilities to refer the patient. The policy doesn't include mammograms or X-rays.

After reviewing other states' models of the policy, Dennie Bartol, medical director for Peninsula Radiological Associates at Riverside Regional Medical Center, said it seems to limit patients' health care choices. The area's two other large health care providers, Sentara Health and Bon Secours, which owns Mary Immaculate Hospital, said they were still learning details about the plan and weren't prepared to comment.

"This plan also serves to undermine well-established pre-existing relationships between referring physicians and the diagnostic radiologists that they have grown to trust," said Bartol, who is also the former president of Virginia Chapter of the American College of Radiology. "That alone would significantly affect patient care and, all the while, create an advantage for corporate profits."

The state chapter also balked at the new policy and stated concerns about the quality of scans at independent imaging facilities and Anthem's "blanket" policy for scans.

"Denying patients covered access to care at such a vast number of facilities will delay care, increase wait times and force patients to travel outside their communities for advanced imaging," the state chapter said in a statement. "The policy may particularly impact patients in inner city and rural areas. In many areas, the local hospital outpatient setting may be the only immediate access point for advanced imaging."

Anthem's policy does include waivers so scans can be done at hospitals in some circumstances, but it wasn't clear this week if that included the hospital being the only nearby location for the scan.

Limiting locations where insurers will honor covered procedures can also lead to care fragmentation by requiring a patient to travel farther and visit multiple locations for treatment, according to the Virginia Hospital & Healthcare Association, a state advocacy group.

"Decisions about advanced imaging tests that patients need to diagnose and treat an illness or injury should be made with patient interests in mind. Decisions by insurers to restrict where patients are permitted to receive a necessary medical procedure fail to meet that standard," said Julian Walker, the organization's vice president of communications.

Scan vary dramatically from facility to facility, sometimes by hundreds of dollars, according to the Virginia costs for common medical procedures. The

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According to VHI, an abdominal CT scan can cost from \$385 at a physician's office to \$1,233 as a hospital outpatient procedure in Virginia. In the region that includes Hampton Roads, the price is \$350 at a physician's office and \$1,168 at a hospital.

A knee MRI, the VHI website says, costs an average of \$572 in a physician's office in Virginia but \$1,657 in a hospital outpatient facility. In the Hampton Roads region, the physician's office average is \$417 compared with the hospital average of \$1,403.

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