

Advanced Cardiac Imaging Consortium Collaborative Quality Initiative (ACIC CQI)  
General Administrative Questionnaire

**What is the ACIC CQI?**

The ACIC CQI is a health care quality improvement program, sponsored by BCBSM, to study the use of Coronary Computed Tomography Angiography (CCTA), a promising, noninvasive technology that could possibly replace conventional cardiac catheterization in the future. CCTA uses contrast materials in the arteries and high-resolution CT machinery to obtain detailed images of the heart and the heart's blood vessels.

**Who is eligible to receive Blue Cross Blue Shield of MI (BCBSM) or Blue Care Network (BCN) reimbursement payments?**

Eligible members must be enrolled in BCBSM' PPO/POS TRUST Products or in BCN's HMO product. In addition, the member is required to go to a facility participating in the ACIC CQI. If you are not aware of whether your facility is participating, please contact the BCBSM ACIC Project Administrator, Marc Cohen, at [mcohen@bcbsm.com](mailto:mcohen@bcbsm.com) or (313) 448-6107 to determine your facility's participation eligibility.

**Which BCBSM plans do not provide reimbursement payments for CCTA?**

At this time, CCTA Procedures are not covered benefits for Traditional plans and some self-funder PPO/POS/HMO employer groups that in the process of evaluating the technology (e.g. GM, Delphi, Continental, and MPSERS). CCTA for Medicare Advantage – MA PPO- patients are excluded from the CQI, and are pre-authorized and paid based on CMS guidelines. In addition, CCTA is currently covered for Ford employees nationwide and Chrysler employees as that have CCTA services performed at ACIC CQI participating sites.

**What are the “new” procedure codes for CCTA procedures that will be covered for 2010 and beyond?**

Four codes - **75571, 75572, 75573, 75574**- are replacing the T-codes, 0144T-0151T, that was originally part of the CT Angiography Consortium. These codes became effective 03/22/2010. Three of the four codes are a coverage benefit for eligible recipients.

The code descriptions are as follows:

- **75571** (*This procedure code is not a covered benefit because it is considered experimental/investigational*) – Computed tomography, heart, without contrast material, with qualitative evaluation of coronary calcium
- **75572** – Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post-processing, assessment of cardiac function, and evaluation of venous structures, if performed)
- **75573** – Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post-processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
- **75574** – Computed tomography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure

Advanced Cardiac Imaging Consortium Collaborative Quality Initiative (ACIC CQI)  
General Administrative Questionnaire

and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

**What type of incentive payment does an institution receive for being an ACIC CQI participant?**

Except when reported with modifier 26, \$75 is added to the approved amount for CCTA procedures to defray the cost of CCTA Registry data collection and reporting expenses. This payment does not show up as a separate reimbursement item.

The \$75 payment is only for CCTA procedures that are deemed appropriate for data collection. Appropriate procedures to collect data on are those that are performed by participating ACIC members and patients undergoing CCTA that agree to participate in the registry.

**What are the requirements of an ACIC CQI participating institution in order to achieve full and active participation?**

The following are the general requirements that an ACIC participating institution must achieve to receive reimbursement for full participation:

- The participating facility's clinical champion must be a Class II CT reader, either a cardiologist or a radiologist.
- The participating facility and its cardiologists/radiologists must thoroughly and accurately collect comprehensive data (i.e., no consistent pattern of errors or omissions with regard to data elements) on consecutive cases for all BCBSM (i.e., Traditional, PPO/POS, BCN (HMO), and all non-BCBSM patients (e.g., commercial, Medicare, Medicaid, private pay, uninsured, etc.) and hospital must submit data to the ACIC in the specified format and in a timely manner for entry into the registry;
- The participating facility must have medical and clinical personnel with appropriate certification to perform and interpret coronary CT scans as recommended in the "Qualifications and Responsibilities of Personnel section" of the *ACR Practice Guideline for the Performance and Interpretation of Cardiac Computed Tomography (CT)*, 2006 and the *ACCF/AHA Clinical Competence Statement on Cardiac Imaging with Computed Tomography and Magnetic Resonance*, 2005.
- The participating facility and its cardiologists/radiologists must respond to queries from the Coordinating Center;
- The participating facility and its cardiologists/radiologists must cooperate with data quality audits conducted by the Coordinating Center;
- The participating facility and its cardiologists/radiologists must substantively participate in collaborative quality improvement efforts;
- The participating facility and its cardiologists/radiologists must demonstrate to BCBSM's satisfaction that the comparative performance reports generated from the data registry are actively used in quality improvement efforts;
- Cardiologists/radiologists and facility staff involved in cardiovascular imaging at the hospital must actively participate in inter-institutional quality improvement activities;

Updated April 2012

**Advanced Cardiac Imaging Consortium Collaborative Quality Initiative (ACIC CQI)  
General Administrative Questionnaire**

- The participating facility and its cardiologists/radiologists must make good-faith efforts to incorporate self-assessments and new learning about optimal practices into processes of care; and
- The participating facility will meet and maintain compliance with all BCBSM ACIC CCTA Program Standards and all BCBSM ACIC CCTA re-credentialing requirements for selection into the program.

**If my facility is not an ACIC CQI participating institution, can we apply for participation?**

As of this time, the ACIC CQI is closed to new applicants. It has been determined at this point in time that there are enough participating facilities to test out whether the CQI could effectively address the goals of the program: determination of appropriate use of CCTA and its impact on use of other cardiac imaging, functional testing services and revascularization services. The process of determining the impact of this technology on overall use patterns and cost in cardiovascular care, as well as examination of the appropriateness of use from a clinical perspective, is taking quite a long time because of the complexity of the analyses. BCBSM has made a policy decision to not expand participation until substantial answers to the key questions about use, cost and quality impacts.