



American Urological Association

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Carey Vinson, M.D.
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Dear Dr. Vinson:

Thank you for the very helpful conference call earlier this week to discuss Highmark's new diagnostic imaging standards. The American Urological Association (AUA) is a leader in the promotion of high quality urological care. Our mission is to promote the highest standards of urologic care through education (our annual meeting and a variety of continuing medical education programs), research and health care policy.

Through our ongoing support, the AUA has fostered the development of 18 urology specific guidelines for urological practice and 13 patient guidelines. We strongly encourage all urologists to adhere to our practice guidelines. One of those guidelines deals directly with ultrasound utilization. Additionally we have specific recommendations for urologic office ultrasound. Both of these are included for your review.

As you know, it has come to our attention from urologists practicing in Pennsylvania that recent payment policies instituted by Highmark do not appear to indicate that urologists can provide quality diagnostic imaging. Per our discussion we wanted to provide you with information that we hope will provide you with a clear understanding of the education and training provided to urology residents in the U.S. as well as answer your questions or concerns regarding urology imaging.

Urology residency education requires extensive training in the diagnostic imaging tests used in patient care. The *Society of University Urologists' Objectives for Urology Residency Education: Guidelines for Educational Units* outlines the detailed learning objectives for evaluation and treatment using various imaging modalities. Residency programs adhere to these guidelines, using them as a basis for their curriculum, and the urology Residency Review Committee examines programs based on these guidelines. The review of ultrasound, CT and other imaging modalities is an important part of the ongoing training for urology residents and is fully integrated into their every day activities, including clinics, operating rooms, radiology suites, hospital rounds and in conferences.

Imaging modalities that are detailed in this curriculum include: urography, ultrasound of the genitourinary tract, computed tomography (CT) of the genitourinary tract, magnetic resonance imaging in urology and nuclear medicine procedures in renal and bladder disorders. These objectives include physiological principles, indications, clinical

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information gained from the procedure and the causes for conditions that are detected using imaging. A copy of the *SUU Objectives* (Imaging only section) is also attached for your review.

Furthermore, the American Board of Urology (ABU) has aspects of imaging in all four of its major certification exam areas with more than 12 percent of the overall exam focusing specifically on imaging procedures in urology.

The performance of diagnostic and therapeutic imaging by a patient's physician ensures that a physician familiar with the patient's clinical condition and medical history performs the services in a safe, efficient and cost effective manner. The continued improvement in quality and technology means that many specialties, including urology, are now using imaging for therapeutic purposes rather than simply a diagnosis tool.

We look forward to more thoughtful and collaborative discussions and appreciate your taking this issue to Highmark's September advisory committee meeting. If given advance notice, we would be happy to make a presentation to the committee either in person or via telephone if that would be helpful. Also, we are looking into finding a urologist in the area serviced by Highmark that could serve on your advisory committee and we will be back in touch with you when we have made those arrangements. We would hope that with the information we've provided, the advisory committee will revise your current imaging guidelines so as not to place unnecessary requirements on urologists. If the committee does revise its policy, we would appreciate consideration being given to making the policy revision retroactive. This would give urologists who may have experienced claim denials directly related to your current policy the opportunity to re-file the affected claims and obtain appropriate reimbursement.

Again, thank you for taking the time to talk with us and please let us know if there are any additional questions we can answer or information that we can provide.

Yours truly,



Martin I. Resnick, M.D.
Chair, AUA Quality Improvement and Patient Safety



Cherie L. McNett, Director
AUA Government Affairs

Cc: Joseph Corriere, AUA President
James Regan, AUA Health Policy Council Chair
Nancy Edwards, AUA Reimbursement Systems Manager

Enclosures: 1) AUA Guidelines for ultrasound utilization
2) AUA Recommendations on Urologic Office Ultrasound
3) SUU Objectives for Urology Residency Education