

# Clinical Alert – CT Contrast Shortage UPDATE

# AIM Radiology Program

AIM is aware of the possible temporary contrast shortage involving GE Healthcare's iodinated contrast media (Omnipaque<sup>™</sup>). Iodinated contrast is used to provide enhancement of organs, tissues, and blood vessels for CT scans. GE estimates an ~ 80% reduction in the supply of Omnipaque for ~ 6–8 weeks.

## How will the contrast shortage impact your radiology benefits management?

No impact. AIM management focuses on the appropriateness of the modality. We leave decisions about whether to perform that modality with or without contrast to the radiologist/rendering provider.

#### For requests to change approved contrast CT to noncontrast CT

AIM reviews imaging exams in groupers, regardless of contrast protocol. If an authorization for a contrast-CT exam was given, and the exam has not been performed yet, the existing authorization can be used for that same CT to be done without contrast. For example, an authorization for CPT 74160 (CT Abdomen W/ Contrast Material) can be used for CPT 74150 (CT Abdomen W/O Contrast Material).

## For requests to change modalities from CT to MRI

For indications that cannot be adequately imaged by non-contrast CT, alternative advanced imaging modalities may be appropriate. Many AIM guideline indications already include allowances for MRI and/or PET/CT "when CT cannot be performed or is non-diagnostic," which would include scenarios such as this when contrast CT cannot be performed (and non-contrast CT would be expected to be non-diagnostic). AIM will continue to review appropriateness of alternate imaging modalities in the context of the requested indication.

All requests for alternate modalities made under such circumstances should include this detail in the request, either by peer-to-peer discussion or via the free text entry option available for online *ProviderPortal*<sub>SM</sub> requests (see below), for our consideration.

#### For requests to extend authorization time frame

If deferring a CT exam to a later date (beyond original approval time frame), please cancel/withdraw the original authorized order <u>first</u> and then submit a new request. If the new exam does not approve with the system clinical questions, please include detail re: past authorization and need for time frame extension.

# Entering requests via the AIM ProviderPortal:

Please answer the system clinical questions regarding the indication for imaging to the best of your ability. For cases that do not approve after answering these system questions, additional free text detail may be entered, as below:

85BEAR, YOGI       Member #:     Date of Service:       Date of Birth:     Health Plan:       Ordering Provider		ADDITIONAL INFORM • FIRST NAME Name	AATION LAST NAME Last	
EXAMS REQUESTED (1)           Abdomen - MRI           ICD Code / Description:           K76.9 Liver disease, unspecified (Lesion of liver)	ENTER MEM Please answer CLINICAL S( Liver lesions Primary I Genetic 4 Alcoholis Current a Choledod None of Select abn Size great Multiple I Other abnor	questions, provide the ac provide any additional pr iodinated contrast for CT	EXT er", "unknown", or "none of these a dditional clinical details supporting entiment information to support a re	this request below. Also,



Once this free text is entered and the request is submitted, the case will be transferred to our nurses/physicians for review. During this time, the case will appear as "**In progress**." There is no need to routinely request your provider to do a peer-to-peer discussion for cases still "In progress" before our review, unless additional clinical information other than what was entered as free text needs to be discussed.

Once reviewed, a determination will be available on the anticipated determination date (shown below):

Order Request Preview				1
If the ordering provider would like to discuss this case with an	n AIM physician reviewer, contact AIM Spe	ecialty Health.		
n another Request Withdraw Request Go to My Homepage				Save as PDF
is case has at least one exam with AIM Feedback. You may	come back later to View Order History and	d edit any exam(s) that remain open in a case. Select "Email" to share a lin	ik to this case with another authorized user.	Email
				ALM .
Order Request Summary		Order ID: 15781		In Progress
Health Plan:	Scheduled Date of Service: 6/1/2022	Anticipated Determination Date: 05/20	0/2022	
This order is not a guarantee of payment except when required by	applicable law. When applicable law allows, pa	ayment is subject to the member's active enrollment, benefit limitation and other ten	ms of the member's contract at the time of services provided.	
Member Information: 858EAR , YOGI Member #:	Ordering Provider:		Servicing Provider:	
The information below was obtained from the Ordering f Please call 833.775.1952, <sup>10</sup> for all Urgent Requests.	Provider and has not been independen	tly verified by AIM. AIM assumes no responsibility for the accuracy of	this information or for its consistency with the patient's medical record	
REQUESTED EXAMS				
EXAM		REQUEST STATUS	REASON	ACTION
Abdomen - MRI With Contrast				Review Exam Withdraw Exam

This alert is being provided for informational purposes only and should not be relied upon for legal or regulatory guidance.