

CARDIAC CLEARANCE FOR SURGICAL PROCEDURES

I. STATEMENT OF ISSUE/CURRENT SITUATION

In the current practice of medicine, surgeons periodically identify patients who are candidates for surgery, but based on symptoms or risk factors identified in the preoperative evaluation, the surgeon may want cardiac clearance prior to performing surgery to avoid complications during surgery as a result of an underlying cardiac condition. In these patients, the surgeon usually refers the patient to a primary care physician, internist, or cardiologist to provide the evaluation and clearance. If the patient has a personal physician who is familiar with the patient, there may not be a problem in granting clearance for surgery. If the patient has no personal physician, the surgeon usually refers the patient to a primary care physician or specialist for clearance who is unfamiliar with the injured worker or any past treatment the patient may have had. Since the reason for the clearance evaluation is to try to avoid risk of cardiac event during the operative period, the evaluating physician frequently requests studies to support an opinion the patient does or does not have findings of cardiac disease since the history, physical examination, and resting electrocardiogram may suggest but not confirm underlying cardiac conditions. The results of one study may result in the need to perform additional studies. For example, a positive or equivocal cardiac stress test frequently results in a need for cardiac catheterization and perhaps angioplasty or cardiac surgery. Such studies and treatment are usually covered by third party payers so this is not a major problem in the non-workers' compensation setting.

Such evaluations and testing creates problems in workers' compensation patients when there are no allowed cardiac conditions in the claim. BWC is required by statute and Supreme Court decisions to limit reimbursement to the evaluation and treatment of the allowed conditions in the claim. Strictly speaking, it could be argued that BWC should not pay for any pre-operative clearance evaluation unless there is an allowed cardiac condition in the claim. However, if diagnostic studies for the evaluation of a potential cardiac problem are not approved, the surgeon may opt not to perform the surgery delaying the treatment of the work-related allowed condition of the injured worker. This may result in increased indemnity costs if the injured worker is disabled or placed on disability for the allowed conditions. If diagnostic studies are authorized to assist in the evaluation and treatment of the allowed condition, the question becomes when do diagnostic studies or treatments become focused to the evaluation and treatment of cardiac conditions as opposed to providing clearance for surgery for work-related conditions. Additionally, should workers' compensation pay for cardiac diagnostic studies or procedures without cardiac allowance being present in the claim?

The purpose of this paper is to provide the BWC position regarding authorization of services to identify possible cardiac conditions during evaluations for clearance for surgery.

II. SUMMARY OF RESEARCH FINDINGS

Given the high prevalence of cardiac disease in the population, the potential catastrophic results if cardiac disease is not diagnosed or properly managed, and physicians' concerns regarding malpractice, most surgeons should and will require cardiac clearance for injured workers who have symptoms that suggest possible cardiac disease and who have significant risk factors for cardiac disease.

Ohio Administrative Code 4123-6-24 states "Medical or other services to be approved for payment must be rendered as a direct result of an injury sustained or occupational disease contracted by a claimant in the

course of and arising out of employment. The claim must be allowed by an order of either the bureau of workers' compensation or the industrial commission, or have been recognized by a self-insuring employer."

In *State, ex rel. Miller v. Industrial Commission (1994) 71 Ohio St.3d 229*, the Ohio Supreme Court stated "Campbell has been interpreted as articulating a three-pronged test for the authorization of medical services: (1) are the medical services "reasonably related to the industrial injury, that is the allowed conditions"? (2) are the services "reasonably necessary for treatment of the industrial injury"? and (3) is "the cost of such service medically reasonable"?" The Court later stated "The requisite causal relationship question, among other relevant concerns, is to be addressed by the three-step derived from Campbell must be applied." To meet authorization requirements, the service must satisfy each prong of the Campbell test or as it is known today, the "Miller Criteria".

If the MCO authorizes payment for services to assist in cardiac clearance and such services are later ruled to be a "payment error resulting from substantial MCO error", BWC will recover funds from the MCO according to the *MCO Policy Reference Guide*. This concern may impact MCO authorization decisions and, at the least, provides some financial risk to the MCO due to the uncertainty of authorization of services for cardiac clearance.

In summary, the strict interpretation of the rules regarding reimbursement by BWC and the Supreme Court decision is in conflict with the current practice of medicine. Additionally, MCO decisions and, at the least, financial risk is increased because of the conflict between these requirements and practice of medicine. Decisions to deny authorization of diagnostic studies for cardiac clearance whether due to legal or financial concern will in many cases result in delay in definitive care for the allowed conditions in the claim. This delay is not in the best interest of the injured worker and may ultimately increase costs for the injured worker, employer, and BWC. On the other hand, authorization and payment for diagnostic studies and treatment of unallowed conditions increases medical costs and indemnity payments, particularly when the authorization leads to expensive procedures such as angioplasty or cardiac surgery.

III. RECOMMENDATIONS

There is no doubt from a medical perspective that cardiac clearance is appropriate in patients in whom there is a concern that a cardiac condition is present which could place them at risk or lead to a significant medical problem if they encounter cardiac problems during surgery. Since the issue should involve only injured workers planning to undergo surgery for allowed conditions in the claim and some degree of clearance is reasonably necessary, it seems reasonable that an evaluation to determine if a cardiac condition is present is most likely reasonably necessary, reasonably related, and reasonably cost-effective to try to avoid any complications which could then be recognized as allowed in the claim.

For any individual who undergoes a diagnostic test that is equivocal or positive (e.g., "positive" cardiac stress test), it can be stated that their not being scheduled for the claim related surgery appears to be the result of a cardiac condition which is not allowed in the claim (unless the claim is allowed for a cardiac condition). Further authorization of diagnostic tests or any treatment is not reasonably directed at the allowed conditions in the claim, but rather to more accurately diagnose or treat an unallowed condition. Therefore, any additional authorization would not be considered reasonably related to the diagnosis or treatment of the allowed conditions in the claim. Authorization of payment for such services should be directed to a third party payer.

Therefore, it is recommended that:

In addition to the history, physical examination and electrocardiogram, the MCOs be allowed to authorize cardiac stress testing (CPT 93015) as part of the pre-operative evaluation for cardiac clearance in injured workers in whom there is a medical concern that the injured worker has underlying cardiac disease or significant risk factors for cardiac disease.

No additional testing or treatment that may be requested or recommended as a result or a continuation of the cardiac clearance evaluation prior to surgery for the recognized allowed condition in the claim by the surgeon should be authorized. Payment of any such additional services would be the responsibility of the injured worker or the injured worker's private insurance program.

IV. BUSINESS IMPACTS

- a. Training** - Distribution of policy to BWC Field Operations staff and MCO Medical Directors and case management personnel.
- b. Systems** – Modify any payment edits to allow cardiac stress testing as payable as part of cardiac clearance evaluation.
- c. Legal** – Notify attorneys so they are aware of policy for any hearings challenging authorization or appeals requesting additional treatment.
- d. Operations** – Inform appropriate individuals in the customer service office should they have questions (Infostation) and Medical Division staff involved with bill payment/clinical editing/MCO recovery.

V. JUSTIFICATION

As stated above, from a medical perspective, this is consistent with current established medical practice to try to identify individuals who may have complications related to underlying heart disease prior to elective surgical treatment of another condition. The recommendation is also consistent to a certain extent with the Miller Criteria in that the diagnostic testing (Cardiac Stress Test) is appropriate to ensure there is not an underlying cardiac condition that has a high likelihood of adversely affecting the outcome of the planned surgery.

It is expected that in most injured workers the cardiac stress test will be negative which would allow the physician to more confidently provide cardiac clearance for surgery for the allowed conditions. Additionally, by identifying individuals who have cardiac disease or need further evaluations by equivocal or positive stress test results, such individuals are made aware of their findings, can pursue treatment of their cardiac conditions, and BWC and the employer can avoid cardiac allowance in the claim. It is expected that avoiding these additional allowances for cardiac complications will most likely offset the costs of the individual stress tests in the system.