Dose Limit Threshold Notification

A radiologic procedure that exposes your patient to ionizing radiation has been requested for the individual named in the attached letter. The current accepted measure of absorbed radiation is expressed in millisieverts and we are now keeping track of the cumulative radiation exposure, based on Highmark West Virginia claims data, experienced by our enrollees and your patients.

In this case we would like to make you aware that a review of available claim history shows this patient has been exposed to at least 50 millisieverts (mSv)(dose history database) of radiation. For comparable reference, note that federal health standards limit workers' exposure to whole-body ionizing radiation to 50 mSv per year. Since this individual has reached that level on a cumulative basis (not necessarily within one year), they have been identified as potentially falling into a higher risk category due to their personal exposure.

Although the amount of radiation the patient receives is not immediately dangerous, continued exposure could result in long-term health risks. Please note that to avoid such risks, radiation safety best practices follow the principle of ALARA (As Low As Reasonably Achievable).

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MPI	15.6	Radia
CT Angio	15.0	zing l
PCI	15.0	loni
CT Abd	8.0	asing
Nucl. Bone	6.3	Incre
UGI	6.0	
CT Neck	3.0	
CT Brain	2.0	
CXR	0.02	
	mSV	

Importantly, we monitor radiation exposure for patient safety and health reasons, but this monitoring <u>does not factor into the approval or adverse determination</u> of a radiologic procedure; the information is provided for your consideration only.

You are encouraged to use the following precautions in managing your patient:

- Consider consulting with a radiologist or NIA physician before planning and performing additional exams that result in significant levels of ionizing radiation.
- Diagnostic imaging exams that involve ionizing radiation such as CT scans, PET scans and nuclear cardiology (MPI), etc., should only be ordered when the benefits significantly outweigh the risks.
- Whenever possible, clinical evaluation should precede ordering an ionizing radiation imaging study for any disease process or trauma.
- Alternative imaging with ultrasound or MRI should be considered where appropriate.
- Bismuth shielding should be used for patients, as appropriate, when diagnostic imaging exams are performed.

Should you wish to pursue a peer-to-peer discussion with one of NIA's physicians regarding this member's radiation exposure history, please call **1-888-642-7649**. For additional information about this program, please visit the Highmark West Virginia Provider Resource Center and see the Radiation Safety Awareness page under the Radiology Management Program link. Thank you.