



# Radiology Trends

## Medical Billing and Management Services

*Not just billing....a business partner*

### Did You Know?

Researchers at Stanford are finding that combining F-18 sodium fluoride with FDG for PET/CT is better at detecting malignant tumors than with FDG alone.

The FDA conditionally recommended approval of Eli Lilly's PET agent, Amyvid (florbetapir) used to detect beta amyloid plaque deposits in the brain thought to be the precursor to Alzheimer's.

### New Payment Model in Massachusetts

Blue Cross and Blue Shield of Massachusetts, the largest insurer in the state, began paying 6,300 of its doctors a fixed amount per patient during 2009. These doctors were measured on dozens of quality criterion and showed improved patient care faster than the 14,200 doctors in the HMO network. Doctors in the plan are paid a set amount per patient, adjusted for how healthy the patient is, on a monthly basis regard-

less of the number of appointments, tests, procedures, etc.

According to Massachusetts Secretary of Health and Human Services, Dr. JudyAnn Bigby, "The incentives we have now are all in the wrong way." Paying doctors for each visit, test, and procedure encourages unnecessary care and drives up costs. Bigby plans to propose legislation to switch providers to this global payment system.

Patients' hospital care, generally paid for out of a budgeted fee, resulted in referrals to less-expensive hospitals under the global payment model. Avoidable emergency room visits were reduced by 25% saving \$300,000 and hospital re-admissions were also reduced saving \$1.8 million.

Medicare will offer \$10 billion to 100 to 300 sites to test new payment methods this year. Massachusetts plans to vie for some of that money.

### Minnesota Implements Clinical Decision Support

Following a successful pilot program Minnesota has contracted with Nuance Communications to implement its' RadPort clinical decision tool statewide. Clinical Decision Support, also known as e-ordering, provides real-time prior authoriza-

tion based on appropriateness criteria. The pilot program found that the ordering of high-end imaging studies did not increase compared with an 8% increase prior to implementation. The study also showed a 10% increase in quality of

scans, reduced radiation doses and an \$84 million savings in healthcare costs during the pilot program.

Minnesota expects to save in excess of \$28 million annually.

# In The News

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### Coding and Compliance Tips by Lori Shore

The ACR recommends that the drug, dosage and administration is documented for the use of contrast. This is a compliance issue as much as a coding issue. With RAC auditors combing the country it's more important than ever to make sure that your "i"s are dotted and your "t"s are crossed. Even for hospital-based practices where the contrast agent is not billable it is still important to know the contrast used, how much and how it was delivered, if only for a more complete medical record for the patient and to protect

the practice. With the advent of EHR I anticipate that this may soon be a quality measure necessary for incentive payments.

For imaging centers and IDTFs, where contrast may be billable, it is also important that the name of the actual brand name used is listed. Some HCPCS codes are different depending on the brand and type of contrast used.

While most centers use multi-use vials for contrast agents, the waste may be billable if single

### Aetna to Reduce Global Payments

Effective February 1, 2011 Aetna will begin multiple procedure reductions of 50% for *global* and technical components. Affected will be CT, MRI and ultrasound scans performed on contiguous body parts performed at independent radiology centers. Professional fees billed separately and those billed with modifier 59 will not be reduced. The ACR and RBMA will continue to voice their opposition to this policy.

### Permanent Medicare Physician Payment Amendment Proposed

As part of the legislation to repeal the healthcare reform package passed by the House, Representative Jim Matheson, (D-Utah) included an amendment to permanently fix the Medicare Physician Payment formula. The amendment was adopted by a vote of 428 to 1.

Look for us at the RBMA  
Summit in New Orleans  
June 5-8, 2011.

