



# Radiology Trends

## Medical Billing and Management Services

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### Did You Know?

Sen. Tom Udall (D-NM) is proposing a bill to Congress to allow reciprocity of medical licenses across state lines. This would eliminate the need for teleradiology providers to get licensed in every state where they read.

The number of Co-sponsors of H.R. 3269, The Diagnostic Imaging Access Protection Act, has risen to 180. HR 3269 would eliminate the 25% MPPR. To see a list of the current co-sponsors go [http://www.acr.org/SecondaryMainMenuCategories/GR\\_Econ/The-Diagnostic-Imaging-Services-Protection-Act-of-2011--Cosponsors.aspx](http://www.acr.org/SecondaryMainMenuCategories/GR_Econ/The-Diagnostic-Imaging-Services-Protection-Act-of-2011--Cosponsors.aspx)

### IRS to Refund Medical Residents and Hospitals

Were you a resident 15 years ago? Did you have to pay FICA (Federal Insurance Contribution Act) taxes? Did you or the hospital where you worked file a FICA refund claim on your behalf before 2010? If so, you may be entitled to a refund from the Internal Revenue Service (IRS).

The debate was over how to classify the income of medical residents and fellows. Were they students or full-

time hospital employees? Was the income they received a salary, stipend or scholarship? Were the physicians training them employers or teachers?

Several lawsuits were filed by both hospitals and the IRS. The IRS conceded and will be issuing refunds to hospitals, residents and fellows for FICA money withheld from January 1, 1997 through March 31, 2005. An IRS spokesperson said they anticipate that the ma-

jority of the claims will be paid by September 30, 2012.

The definition of a student was changed by the IRS amidst the 2005 lawsuits. A student is now defined as someone who works less than 40 hours per week. In 2011, the U.S. Supreme Court upheld appeals court rulings filed by the Mayo Clinic and University of Minnesota stating that medical residents are employees and thus subject to FICA taxes.

### FDA Approves Comparison Tool For Chest X-rays

The Food and Drug Administration (FDA) has given 510(k) clearance to Riverain Technologies for its Temporal Comparison Software. The software compares cur-

rent and prior chest x-rays for differences. By aligning the two images the software can better detect subtle changes more easily than those detectable by the human

eye. 15 radiologists found an average 12.4% improvement in identifying changes in solitary pulmonary nodules in 422 x-ray pairs as compared to side-by-side images.

# ICD-10 Corner

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### Coding and Compliance Tips by Lori Shore

With the implementation of the new 5010 format for claim submission comes the need to specify the brand of some contrast agents used.

One such code is A9579—Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified, per ml. It is no longer enough to simply say that gadolinium was used, as an additional description line is required to specify the brand name of the contrast agent. For

example: Omniscan or Magnevist.

Some common contrast agents have been assigned a specific code.

A9576—gadoteridol is used for ProHance Multipack.

A9577—gadobenate dimeglumine is used for MultiHance

A9578—gadobenate dimeglumine is used for MultiHance multipack.

Not only is it impor-

tant for us to know what contrast agent was used and how much was given for billing purposes, it is also a compliance issue. Only contrast administered intravenously or intrathecally is billable. Often IV is the “assumption” but is truly not billable if not documented.

Adjust your templates now to include the drug, dose and route of administration for contrast studies to avoid delays in payment.

The days of just listing “just a fracture” are waning. While ICD-10 guidelines still default to closed vs. open fracture, so much more is required. Pathological fractures will require the cause of the fracture (osteoporosis, neoplasm, other), the location and the encounter. For example: M80.08xA is the ICD-10 code for Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter.

Traumatic fractures will require similar information with separate codes for laterality, fracture type and healing status for subsequent visits. Example: S52.332D is the ICD-10 code for displaced oblique fracture of the shaft of the left radius, subsequent encounter for closed fracture with routine healing.

Initial encounters in the emergency department for traumatic fractures will require four types of external cause codes to explain the cause, activity, place and status. Example: W21.220A—Struck by ice hockey puck, Y93.22—Ice Hockey, Y92.330—Ice skating rink, Y99.8 - other external cause—leisure activity.

Begin incorporating more specifics now before it affects your payments.

Look for us at the  
Radiological  
Society of NJ  
Feb 25-26

