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Radiology Trends

Did You Know?

The ACR is fighting back after the “Bitter Pill: Why Medical Bills Are Killing Us” article published in TIME. The article asserted that the ACR is obstructing efforts to decrease the use of high end imaging studies for Medicare patients.

A study at the University of Michigan, and presented at the 2013 Cancer Imaging and Radiation Therapy Symposium, showed that using HIDA SPECT before and after radiation therapy on patients with inoperable liver tumors allowed more customized treatment and reduced the risk of liver injury.

Radiologists are Sixth Highest in Malpractice Suits

A recent report in Radiology, the journal of the Radiological Society of North America, found that diagnosis errors were the most common reason for malpractice suits filed against radiologists. Breast cancer was the leading condition reported for these claims followed by non-spinal fractures, spinal fractures and lung cancer.

While radiologists only account for 3.6% of U.S. physicians, they are the sixth most sued specialty, following OB/GYN, internists, family physicians, general surgeons and orthopedists. Those practicing in Alabama were the least likely to be sued while those in New York were most likely.

Previously it was

thought that radiologists were more likely to be sued for failure to order additional tests or communication failures.

Malpractice awards varied geographically ranging from \$715,707 in Oregon to \$74,373 in Nebraska.

New York Hospital Drops Residency Program

St Barnabas Hospital in New York has decided to drop its radiology residency program, instead deciding to focus on primary care. As of June 30th, eleven radiology residents will be left without a program and without funding. This includes three first year

residents (interns), three second and three third year residents and two fourth year residents. A hospital spokesman has promised to do what they can do help the residents find new placements but that is little comfort to the residents. “We signed on

to our residency program thinking that five years from now we would be radiologists, and now, to have the rug pulled out from under us—we’re all stunned, and we don’t know what our next steps are.”, said Dr. Nirav Shelat.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

I have had several questions lately regarding the added verbiage for 3-D reconstruction views required for 2013. Reports must now not only document that the reformatted images are 3-D or MIPS, but they must also state that the images were performed under the concurrent supervision of the radiologist. The reasoning behind this new requirement, as I understand it, is that CMS wants to make sure that a technician is not just routinely reformatting images without physician input or review. It is also important to know whether the work was done on the same

workstation as the study, CPT code 76376, or on an independent workstation, CPT code 76377. This is important as the default is code 76376 (RVU = 0.28) but the reimbursement is significantly higher for code 76377 (RVU = 1.12).

“Multiplanar” reformatting or reconstructions do not qualify as 3-D.

It is okay to use “multiplanar” for MRA as those codes do not need to specify 3-D like CTA, yet!

It is best to build the new verbiage into your templates so you don't leave any money on the table. If you have any questions please don't hesitate to contact me at Lshore@mbms.net.

Imaging Utilization Under the Microscope by ACR

30% of imaging is unnecessary. This often cited statistic is among many that led the American College of Radiology (ACR) to establish the Harvey L. Neiman Health Policy Institute last year. The Institute plans to research imaging utilization so the facts are current in this bundling and reduced payment environment. “There's a widespread belief—and I think it's currently inaccurate and based on dated material—that medical imaging is leading the way in our very expensive healthcare system and its rising costs,” said Dr. Richard Duszak, Jr., CEO and senior research fellow at the Neiman Institute. The Institute has proposed classifying repeat medical studies into four categories: supplementary, duplicate, follow-up and unrelated. One of the many challenges remains inconsistent terminology.