



Radiology Trends

Medical Billing and Management Services

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Did You Know?

The Federation of State Medical Boards has issued guidelines for physician use of social media. To view the guidelines go to: <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>

Membership in the American Medical Association (AMA) grew slightly in 2011, following three years of declining membership. The group's profits also increased by 3.35%.

Productivity Goes Beyond RVUs

Speaking on productivity at the American Roentgen Ray Society (ARRS) meeting, Dr. Frank Lexa, professor of radiology at Drexel University and professor of marketing at the Wharton school, commented, "Productivity can be one of the most divisive issues in radiology groups." Lexa urged the audience to "Focus on accuracy and service, not on who reads the fastest."

Dr. Lexa suggested that issues such as report accuracy, through peer review, and obtaining referring physician's perspective on the quality of reporting are valuable measures a practice should be employing. Workflow, communication and patient satisfaction were also factors to be considered.

Looking at productivity and relative value unit (RVUs) reports does not tell the whole story. Lexa suggests that practices look at the

whole picture. For example, is there adequate work space, is the PACS functioning normally, etc.

Find out what motivates the radiologists in your group. Incentives can sometimes backfire, according to Lexa, as radiologists are "knowledge workers."

2011 Salary Survey Results

According to the 2011 Salary Survey conducted by *AuntMinnie.com*, the average base salary for U.S. radiologists is \$346,564. This is \$17,000 less than the previous year. Subspecialty further defines salary levels. (see table)

The survey also found that salaries varied regionally with the North Central Western U.S. averaging the highest base salaries and New England the lowest. The Mid-Atlantic region was in the middle averaging \$356,406 annually.

No specialty	\$328,361
Interventional	\$385,125
Mammography	\$359,241
Ultrasound	\$350,042
CT	\$344,833
MRI	\$335,968
NM/PET	\$299,462

ICD-10 Corner

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Coding and Compliance Tips by Lori Shore, CPC, RCC

Privacy and security are terms that we have become very familiar with in healthcare since the HIPAA laws went into effect in 2006. Dealing with privacy and security policies and procedures is not a static task. You should review these policies and procedures no less than annually for updates and vulnerabilities, as well as employee training. For example, with Meaningful Use (MU) in the minds of many practices, have you thought about updating your compliance plan to address the increased security requirements to secure

data in your electronic health record (EHR)?

Attesting to Meaningful Use requires that you comply with privacy and security requirements listed in the 10-Step plan. This plan can be found online at:

<http://www.healthit.gov/providers-professionals/ehr-privacy-security/10-step-plan>

Even if your EHR is certified you are still responsible to perform a risk assessment on all data, not just that which is housed in your EHR. This may include your mobile

Catheter services, which currently only require coders to know whether the catheter was vascular or non-vascular, will require coders to know what kind of catheter to code correctly in ICD-10.

Services involving PICC lines and central venous access lines will be coded—Z45.2—Adjustment/management of vascular access device

Dialysis catheters will be coded—Z49.01—Adjustment/management of extracorporeal dialysis catheter

Other types of tubes and catheters, such as endotracheal tubes, will be coded—Z46.82—Adjustment/management of non-vascular catheters

Routine nephrostomy tube changes will be coded—Z43—Encounter for attention to other artificial openings of urinary tract

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Healthy
Summer

