Chinese researchers, hired as part of a $4 million National Institute of Health (NIH) grant to study MRI, were arrested on May 20th by the FBI and the U.S. District Attorney’s office at New York University (NYU) Langone. Yudong Zhu was hired by NYU Langone to teach and to work on a research project on MRI. Zhu was touted as “an accomplished researcher and innovator in the field of MRI technology.” In fact, it was Zhu who urged the university to apply for the NIH grant. Once the grant was received and the research begun, Zhu arranged for Xing Yang and Ye Li to move from China to join his research.

In November, 2012, Zhu received a U.S. patent for an invention he called the “constellation coil”; although, officials were unaware of the patent until recently.

NYU Langone officials became suspicious early this year and began to investigate. A review of emails sent to and from university accounts and camera surveillance revealed that Yang was taking photographs of the university’s research work and Li’s laptop contained photos of equipment designed by the team. All three men had undisclosed relationships with United Imaging and SIAT. Li was also employed as an associate professor at SIAT while working on the NIH grant research project.

Zhu and Yang were arrested in New York City and released on bail. Li is believed to have fled to China prior to the arrests.

**CMS Reverses PET Restriction**

In March CMS proposed a National Coverage Determination (NCD) that would reduce the number of allowable PET scans to one initial and one subsequent scan. After receiving 175 comments opposing the move, CMS announced on June 11th that they would continue to cover one initial PET scan and three subsequent scans. The medical necessity for any additional scans would need to be determined by the local Medicare Area Contractor (MAC).

Claims for FDG-PET will no longer need to be registered in the National Oncology PET Registry (NOPR) program to be paid, although scans using sodium fluoride (NaF) will still need to follow the NOPR process.
Female Radiologists Earn 20% Less Than Male Radiologists

According to the 2013 AuntMinnie.com salary survey, female radiologists, on average, make 20% less than their male counterparts. The annual survey collected salary and benefit data from 3,500 radiologists, radiology administrators and radiologic technologists. The average salary for a male radiologist was $365,910 while female radiologists averaged $304,550. The same disparity carried through for male and female administrators and technologists. The average salary for a male administrator was $114,126 and $94,653 for a female administrator. Male techs earned $71,565, on average, while female techs earned $63,404.

The survey also looked at sub-specialties. Radiologists specializing in mammography averaged the highest salaries, $380,339, followed by interventional radiology $379,983, Ultrasound $368,870, CT $363,903, MRI $342,579, Nuclear Medicine/PET $334,475.

Regionally, the Mid-Atlantic states (NY, NJ, PA) earned the least, averaging $344,413, while those in the East North Central region (WI, MI, IL, IN, OH) averaged the largest salaries at $399,118.

Coding and Compliance Tips by Lori Shore, CPC,RCC

I see many arthrogram reports where the radiologist injects contrast under fluoroscopic guidance, either alone or with an interpretation of the joint status, then sends the patient to CT or MRI. This raises several coding issues.

#1 – If the only dictation is verifying the needle position in the joint and contrast injection, the study does not qualify as an interpretation. If fluoro was used, we can bill it separately with the use of modifier 59 since we will not be billing the 70000 series code.

#2 - If range of motion, joint pathology, etc. is documented along with the contrast injection, we can bill for a complete arthrogram.

#3 - If the patient is sent to CT or MRI following an arthrogram, it should be noted in both the header and report that it is a post-arthrogram or injection study so it can be properly coded as an enhanced study. Since the arthrogram and CT or MRI are dictated separately, in many cases, the fact that contrast was previously injected is lost and an unenhanced study is billed when in fact a contrast enhanced study was performed. Unenhanced studies are roughly reimbursed at 15% less than enhanced studies.