



Radiology Trends

Medical Billing and Management Services

Not just billing....a business partner

Did You Know?

The Joint Commission issued a Sentinel Event Alert recommending that providers use ultrasound or MRI, rather than CT, to reduce radiation exposure. It warned that providers must find ways to reduce patients' exposure to diagnostic radiation.

The CMS Advanced Beneficiary Notification (ABN) form has been revised. Use of the new form begins on November 1st. To get a copy of the new form go to:

http://www.cms.gov/BNI/02_ABN.asp

Bundled Payments Initiative Announced by CMS

The Centers for Medicare and Medicaid Services (CMS) is soliciting participants to help develop and test bundled payment models. The American Medical Association (AMA) applauded the initiative for its flexibility and range of models.

The Bundled Payment Initiative would combine payments for multiple services by episode of care. Four models of "bundling" offer providers flexibility in determining what and how to bundle and allocate payments. Models 1 through 3 are retrospective pay-

ment models. In models 1-3, CMS and participants would set a target price for the episode of care based on historical payment data. Payments would be made at discounted Medicare fee-for-service rates based on the target. Total payments would be compared to the target and participants may share in the savings.

The fourth model is a prospective payment model. Model 4 would make a single payment to the hospital for all providers who furnish services during the episode of care. Physi-

cians would submit "no-pay" claims to Medicare and would be paid a portion of the bundled payment by the hospital.

Letters of intent to participate in models 2-4 are due by November 4th. The deadline for model 1 was September 22nd. The program is scheduled to begin on a rolling-start basis in 2012.

To view a grid comparing models go to the appendix at: <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4068&intNumPerPage=10&checkDate=&checkKey=&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&>

Bundled Payments' Proven Savings and Improved Care

Three bundled payment demonstration projects have shown proven savings and improved patient care. A five-year Heart Bypass Center Demonstration saved Medicare \$42.5 million, or 10 %, and saved Medicare beneficiaries

\$7.9 million in co-insurance payments.

7,000 cataract surgery procedures saved Medicare \$500,000 over three years in a demonstration project in 3 cities.

A fixed price CABG demonstration saved the hospital 5% while reducing length of stay by 0.5 days. The re-admission rate also fell by 44% over 18-months at a Pennsylvania hospital system.

In The News

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Coding and Compliance Tips by Lori Shore

When you hear of a \$5.7 million pay-out in Vegas you don't expect it to be paid by a doctor! \$5.7 million, plus interest, is the penalty levied against Dr. Rakesh Nathu, a Las Vegas physician, to settle allegations that he submitted false claims to federal health programs for radiation oncology services between 2007 and 2009. He allegedly double billed for radiation related procedures, billed for higher cost services than those

that were delivered and billed for medically unnecessary care to Medicare, Tricare and Federal Employees Health Benefits.

The back of every CMS-1500 form contains an attestation statement affirming that the services being billed are medically necessary. It also warns of the potential civil monetary penalties for violating the policy.

How do you know what is considered

medically necessary? Medicare follows LCDs or Local Carrier Determinations. These are policies that outline under which conditions a given service is covered, and are used to clarify an NCD or National Coverage Determination. Other insurances have such policies but not all will publish them.

At MBMS we make every effort to check all claims against the Medicare LCD.

Feds Seek to Join Whistle-blower Case

The Department of Justice is trying to join a 2009 whistle-blower case in Daytona Beach, Florida. The case accuses a public hospital and its independent payroll firm of Stark law violations. The case was originally sealed in 2009 but was unsealed in June after the government hadn't decided on whether or not to join the case brought by the director of physician services, Dr. Elin Baklid-Kunz. The suit alleges that the hospital gave nine specialists above market-rate payments that could be considered kickbacks.

UPMC Buys Erie Practice

The University of Pittsburgh Medical Center announced its purchase of the Erie Physicians Network. Effective November 1st, the multi-specialty group will operate under the name Erie Physicians Network—UPMC.

Look for us at the
RBMA Fall Educational
Conference
in Vegas

