Balance Billing Under Increased Scrutiny

According to a recent study, clinical laboratories, anatomic pathologists, radiologists and anesthesiologists top the list of providers who bill patients for the difference between what they charge for their services and a hospital's contracted reimbursement rates. Following public outcry from patients who received care at what they believed to be in-network facilities, only to be surprised to receive bills from their care providers for the remaining balance not covered by insurance, the practice of balance billing has drawn increased scrutiny from state and federal officials. However while surprise medical bills create added hardship for patients and pose reputational and reimbursement concerns for healthcare providers, creating regulations that establish effective protections while also protecting the financials of service providers continues to prove difficult.

States are beginning to address surprise billing concerns ahead of action by insurance regulators and the federal government. In December, the Arizona Department of Insurance issued a news release outlining the agency's plan to allow for arbitration questions for surprise out-of-network bills. Also, California effectively banned out-of-network billing from groups within in-network facilities in 2017 with Assembly Bill 72. However, the state only finalized reimbursement rates for service providers and patients in January of this year. Speaking with Modern Healthcare, Dan Saco, VP for Strategic Affairs and Payer Relations at Boca Raton Regional Hospital, he summarized concerns, saying "We're trying to protect consumers but we're also trying to be reasonable business partners as well."

PICC Documentation Hasn't Changed

More than 75% of PICC lines are submitted with guidance codes for ultrasounds and/or fluoroscopy; therefore, CMS has now bundled the guidance for 2019.

Even though the guidance is bundled, the documentation requirements have not changed. This is especially true for ultrasound guidance. In order to properly document ultrasound guidance for vascular access the report must include selected vessel patency and needle entry visualization. It is also recommended; although not specifically required, that the documentation state that a hard copy was stored in PACS.

For fluoroscopic guidance the dosage or the fluoro time and number of images should also still be reported. While the new PICC codes that bundle guidance are not listed on MIPS Quality measure 145, I suspect this is an oversight and recommend that it continue to be reported.

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How incidental findings management may have saved Justice Ginsburg's life—and what that means for your imaging department

10:15 AM on January 29, 2019 by Matt Morrill and Ty Emily Snow. The Advisory Board Company is the owner and publisher of this article.

Back in November, 85-year-old U.S. Supreme Court Justice Ruth Bader Ginsburg was hospitalized with three fractured ribs due to a fall. While a concerning injury, it may have actually been a blessing in disguise.

A CT performed by George Washington University Hospital revealed a potentially life-threatening incidental finding—two early-stage cancerous nodules in her left lung. In an article published by NBC, John Heymach, chair of thoracic, head and neck Medical Oncology at the MD Anderson Cancer Center, explained that while lung cancer, in many cases, is detected at an advanced stage and therefore with poor prognosis, Justice Ginsburg’s early diagnosis through proper incidental findings management gave her much better odds of beating the disease. Justice Ginsburg, already a two-time cancer survivor, did have to miss her first oral argument since her appointment to the court, but otherwise she is expected to make a full recovery.

Incidental findings similar to that of Justice Ginsburg’s are a common occurrence—31% of CT examinations have an incidental finding. Appropriate management of incidental findings by imaging departments not only improves patient outcomes but can also generate additional revenue.

### How to streamline and leverage incidental findings management

Incidental finding management can be difficult to regulate and track given that reporting is not always standardized and no one department owns follow-up. To better manage incidental findings:

1. Standardize incidental findings documentation;
2. Develop clear follow-up guidelines; and
3. Assign ownership of follow-up responsibilities.

The University of Rochester found success using both manual and automated processes to achieve the management strategies for incidental finding follow-up listed above.

In 2015, the University invested in a manual process, hiring a clinical navigator whose sole responsibility is to track patients due for a recommended exam as a result of an incidental finding. The clinical navigator enters patients for whom the radiologist recommends follow-up into a database before actively tracking their follow-up care for three months. This process resulted in a final exam completion rate of 71% after 13 months, up from 46% previously. The 25% increase in final exam completion resulted in 107 new imaging studies, three-quarters of which were for CTs or MRIs. Overall, the newly realized exam revenue was more than four times the cost of adding the additional staff member. [2]

The University also uses automated processes, two Natural Language Processing (NLP) products, to help their clinical navigators with follow-up. One of the NLPs gathers exam recommendations from patient reports, and a second uses the collected data to send follow-up reminders to the navigator. According to the GlobeNewswire, University of Rochester saw a 29% increase in exam-completion rate since implementing an automated process to support the navigator. Read more here.


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