New Bill Helps Radiologists Submit Claims For RAs

New legislation introduced in the U.S. Senate would allow radiologists to submit Medicare claims for imaging services performed by radiologist assistants (RAs) in hospitals and non-imaging services performed in a hospital or office setting.

This bill, titled SB 1544, was introduced by Sen. John Boozman on May 20th. It is a companion to HR 1970, also known as the Medicare Access to Radiology Care Act (MARCA), which was introduced in the U.S. House of Representatives by Rep. Mike Doyle on March 28th.

The American Society of Radiologic Technologists (ASRT) has issued public support for the new RA legislation, noting that other key industry groups support its passage as well.

"The American Society of Radiologic Technologists supports the bill, along with more than 100 national, state, and local organizations and companies, including the American Registry of Radiologic Technologists, the American College of Radiology and the Society for Radiology Physician Extenders," according to a prepared statement from the ASRT.

Study Shows Potential for Whole-Body MRI in Cancer Care

A University College of London study, lead by Stuart Taylor, MD suggests that whole-body MRIs may save time and money in beginning treatment for newly diagnosed colorectal and non-small-cell lung cancer patients. The studies were published in The Lancet Gastroenterology & Hepatology and The Lancet Respiratory Medicine. The patients in both studies were 18 years or older and had newly diagnosed cancers. The Streamline C trial included 299 patients with colorectal cancer while the Streamline L trial included 187 patients with non-small-cell lung cancer (NSCLC). The whole-body MRI showed a 67% sensitivity for staging as opposed to a 63% rate for standard multi-modality staging for colorectal cancer patients. It also showed a 96% agreement rate with the final treatment decision as opposed to 95% for multi-modality methods. In US dollars, the costs decreased from approximately $371 to $281. The median time to complete staging dropped from 13 to 8 days. For the NSCLC patients, the numbers were not as dramatic as those for colorectal patients. The Streamline L trial showed 50% sensitivity for whole-body MRI staging as opposed to 54% for standard multi-modality staging. The cost savings were significant. In US dollars, the average cost for whole-body MRI was $412 as opposed to $807 for multi-modality studies. The median time to complete staging also dropped from 19 to 13 days.

Lori Shore, RCC,CPC
Vice President of Coding & Compliance
Lori speaks at conferences both regionally and nationally on behalf of numerous organizations, including RBMA.

lshore@mbms.net
Cardiovascular or radiology---who owns CV imaging services?

10:15 AM on May 10, 2019 by Emily Snow and Matt Morrill. The Advisory Board Company is the owner and publisher of this article. Editor's note: This story was updated on May 22, 2019.

Both the Cardiovascular Roundtable and Imaging Performance Partnership have seen an increase in CV imaging questions across the last year. Our members may be wrestling with the fact that CV imaging is both a key source of downstream growth and utilization management target. (Editor's note: For more information on CV Imaging market trends, read our recent blog post). As organizations consider their CV imaging strategies, many have asked who should oversee these critical and complex services.

To find out, we surveyed our cardiovascular and imaging members and received over 85 responses. When we compared these findings with a survey we conducted in 2012, we noticed a change in the CV imaging management landscape.

Unsurprisingly, echocardiography remains predominately in the hands of cardiology. However, more programs today have single service line management of cardiac nuclear imaging services than they did in 2012 when the departments shared these services. Trends in vascular imaging management remain steady, without a clear consensus on where these services should reside. Finally, cardiac CT, MRI, and PET are slowly shifting out of radiology's exclusive control.

Be wary of over reads and turf wars

Regardless of which service line owns CV imaging services, programs should establish a delineated reading and billing strategy to avoid over reads and service turf wars, especially given how many modalities remain under shared management. While radiologists and cardiologists can both contribute to a CV imaging report, in most cases, "payers and patients will not pay two interpretation fees," nor are there any appropriate CPT modifiers to describe a split interpretation of a single diagnostic imaging study," according to a white paper from the American College of Radiology. Some organizations have a system for paying non-billing physicians a portion of collected payments, but in many cases, only one physician should be reading an imaging exam. Additionally, according to a new study in the Journal of American College of Radiology, referring providers prefer "a single radiologist read in a single report for a multipart CT scan," as opposed to multiple subspecialists.

Ample opportunities to collaborate across service lines

Even if reading responsibilities are divided, there are plenty of opportunities to collaborate across cardiovascular and radiology departments. For instance, one-way organizations are working together is through cross-service line capital purchasing. Radiology departments have internally jointly purchased equipment across sites for years, but there is opportunity to extend these strategies across departments. When it came time for the cardiovascular service line at UMass Memorial to replace its ultrasound equipment, it teamed up with the radiology and obstetrics departments to jointly purchase. The system's clinical engineering team held a system-wide vendor fair, and invited staff to evaluate each vendor using a standardized ranking form. The clinical engineering team used these ranking forms to settle on a single vendor, enabling them to purchase more equipment at a lower cost, save vendor training hours, and easily float staff across rooms and sites. There remain other opportunities to collaborate across departments, including joint image quality reviews, combined technologist training programs, and AI adoption. Read full article here.

Interested in learning more about MBMS?
Please contact Matt at mostrum@mbms.net