

EMERGENCY RADIOLOGY

1. The HCFA policy on emergency radiology applies only to Medicare patients.
2. The HCFA policy is for x-rays "taken in the emergency room." This does not apply to other parts of the hospital. The site of service on the claim must be ER.
3. The HCFA policy does not apply except in those institutions where emergency physicians are filing claims. If emergency physicians do not bill, the elements of the policy as outlined do not apply. The only regulatory change was the requirement of a written report under the Medicare Regulation section "Conditions for Payment for Radiologic Services."
4. Because of the lack of instruction from HCFA, this has become a local issue and is being dealt with at the local level, primarily with the hospital.
5. If an emergency physician wants to file a claim for a radiology procedure, he must do a full written report and interpretation. HCFA has said they will issue a manual instruction. They have not yet done that. In discussions with HCFA, they have been reluctant to include requirements for a written report and interpretation in that manual instruction. The College has sent to the Carrier Advisory Committee (CAC) representatives the ACR Standard on Communication and the further elements that should be in a written report and asked the CAC representatives to provide this information to the carrier medical directors. At present, they are the ones that will be making the decision.
6. If radiologists have an exclusive contract and emergency physicians are billing, go to the hospital. The terms of your contract may limit others from doing the procedures.
7. HCFA has defined "contemporaneous" to include a verbal report that will later be made into a written report and has defined "contemporaneous" to mean teleradiology as well.
8. The JCAHO has added a new standard to its 1996 manual (MS.5.4.5), which is designed to prohibit economic credentialing. It states that decisions on appointments for granting of clinical privileges must consider criteria that are directly related to the quality of care. The medical staff standards acknowledge that board certification is "an excellent benchmark" when delineating clinical privileges.

Please point out this new standard in your negotiations with your hospital as well as the importance of the hospital medical records containing an official written radiological report for each exam performed. One of the rationales for hospitals contracting with radiologists is to supervise and interpret diagnostic radiological exams for the purpose of assuring accuracy and completeness of records of diagnostic radiological examinations. Please stress with your hospital that if this is not done, patient care suffers because there is no comprehensive and accurate written report of the diagnostic radiological procedure done

9. Interpreting an x-ray is completely different from quality control, which includes looking at random films to make sure the quality is good and making sure that the technologist is positioning correctly. Interpretation is a direct patient service.