



Emmett O. Templeton, M.D.
Chairman, Board of Chancellors
Baptist Medical Center, Montclair
Department of Radiology
800 Montclair Road
Birmingham, AL 35213
(205) 592-5429
(205) 592-5211 Fax

December 13, 1995

Dear ACR Member:

The Health Care Financing Administration has published its new policy on emergency radiology. The new policy will apply only if more than one bill is submitted for radiographs taken in the emergency room. If an emergency physician does not bill for the interpretation, there would be no change from existing policy. If two bills are submitted, Medicare will pay only for the interpretation that contributes directly to the diagnosis and treatment of the patient.

The details of how this policy will work were not published in the rule. Those details will be developed over the next several weeks and published as instructions to Medicare carriers. We are presently working with HCFA to write these instructions.

Rather than address this issue with regulation, HCFA decided to address it in a manual instruction to be sent to the carriers. This allows HCFA flexibility to change or modify the policy in the future without the need to publish changes in the Federal Register. The section from the Federal Register on emergency radiology is attached.

The only regulatory change on emergency radiology made by HCFA in the final rule is to require a written report for payment of a radiology service. Section 415.120: "Conditions for payment: Radiology Services" is amended by the statement: "The carrier pays for interpretations only if there is a written report prepared for inclusion in the patient's medical record maintained by the hospital."

HCFA makes it very clear that the professional component of a diagnostic radiology procedure must include an interpretation and written report. HCFA makes the clear distinction between "interpretation and report" and "review" of a procedure and states that the "review" of an emergency physician is included in their evaluation and management codes. Included in the policy is the following:

"The requirement for a written report of the interpretation of an x-ray or EKG is an integral part of our proposal. We would point out that less extensive "reviews" by emergency room physicians are not separately billable because payment for such reviews is included in the payment for the evaluation and management services rendered in an emergency room."

The HCFA policy addresses only those situations in which both the emergency physician and the radiologist bill for the same interpretation. It is important to note that, in the policy, HCFA states, "If an emergency physician does not bill for the interpretation, there would be no change from existing policy. We (HCFA) would like to stress that if the only bill received is from the radiologist or cardiologist, it is paid on the same basis as current claims."

While HCFA has not defined contemporaneously in hours, they clarify it with the following response: "As set forth in the proposal, we believe that in any case in which the radiologist or cardiologist furnishes the interpretation (a written interpretation or a verbal interpretation that will be written later), the emergency room physician should not bill for the interpretation, and the carrier should pay for the claim submitted by the radiologists or cardiologist. . . . We agree that an interpretation furnished via teleradiology meets the requirement when the interpretation is used in the diagnosis and treatment of the patient."

HCFA will instruct the carriers to pay separately for only one interpretation of an x-ray procedure furnished to an emergency room patient. However, there will be a provision in the manual instruction for payment of a second interpretation under unusual circumstances such as a questionable finding for which the physician performing the initial interpretation believes another physician's expertise is needed.

In order to minimize the carrier's need to make decisions about which claim to pay when multiple claims for the interpretation and report of the same procedure come in, HCFA is encouraging hospitals to work with their medical staffs to ensure that only one claim per interpretation is submitted and advising hospitals that if they allow a physician to perform and bill for a medically necessary service (the interpretation and report) in an emergency room and permit another physician to perform and bill for the same service, the Medicare carrier will not pay two claims.

The policy is effective January 1, 1996. HCFA plans to issue the manual instruction in the next few weeks. A manual instruction will be critical to how carriers enforce the policy.

This policy will affect those locations where two claims are filed for the same emergency radiology interpretation. The ACR would encourage radiology practices to provide as extensive coverage as possible in emergency rooms and to continue to work with their hospital medical staffs to assure that radiologists are the ones recognized as qualified to provide radiology in the hospital.

Sincerely,



Emmett O. Templeton, M.D.
Chairman, ACR Board of Chancellors

attachment

