

# Radiology Administrator's

## Compliance & Reimbursement Insider

DECEMBER 2002

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## Clinical Specialists Can Help Your Radiology Practice

Many radiology practices around the country are adding clinical specialists—such as radiology nurses, nurse practitioners (NPs), and physician assistants (PAs)—to their staffs. Clinical specialists can be a terrific benefit to patients, and they help ease some of the radiologists' burdens, say several radiologists and practice administrators who spoke to the *Insider*. Also, some clinical specialists, like NPs and PAs, may have their own Medicare provider numbers, which means practices can directly bill Medicare, and many other payors, for their services.

But there are some tricky aspects of employing clinical specialists. For example, each state has laws and rules regarding the "scope of practice" of each kind of clinical specialist the state licenses (some states license only NPs and don't recognize PAs, for example). These laws and rules spell out what each kind of clinical specialist can do and how much autonomy the different clinical specialists are permitted in that state. Because these laws and rules vary from state to state, you must be familiar with your state's requirements. And although you may be able to bill Medicare directly under the specialist's own Medicare provider number—assuming she has a provider number and your state's scope of practice law allows it—billing private payors directly for the clinical specialist's services can sometimes be a hassle.

We'll show you how using clinical specialists can help your radiology practice. And we'll tell you how to avoid two common legal and reimbursement problems if you decide to use clinical specialists in your practice.

### Clinical Specialist Can Help Solve Staffing Shortage

Clinical specialists can help solve staffing problems in radiology practices, says Dr. Charles Williams, chair of the American College of Radiology's (ACR) human resources committee. According to Williams, the radiology profession suffers from a shortage of radiologists—he believes there are 3.5 vacant positions available for every radiologist to fill them. Also, as both the number of tests and procedures performed and their complexity increase, patients are forced to wait longer and longer for nonemergency tests and procedures. And there may sometimes be delays in urgent situations, too. The result is that the radiologists and techs who feel this time pressure may not spend as much time as they would like explaining tests and test results to their patients.

But Williams says, the use of clinical specialists to perform some of the tasks that traditionally were performed by radiologists and techs may partially solve this staffing problem. Clinical specialists typically have more clinical training than techs, so they can be especially useful taking patient histories and answering the questions of patients and their families, Williams notes. In inter-

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## CLINICAL SPECIALISTS (continued from p. 1)

ventional practices, clinical specialists may help to administer drugs, monitor patients during and after procedures, assist in procedures, and even do certain procedures if the state's scope of practice rules allows it, he remarks.

In the radiology department of a major midwestern academic medical center, the PAs provide follow-up care to patients after procedures. The administrator believes they are well suited to this task because their nursing training gives them very good skills in communicating with patients and their families.

An administrator of a practice in Topeka, Kans., explains that his practice has an NP to support the interventional radiologists. "She provides pre- and post-procedure evaluation and management (E&M), and we bill for her services under her provider number. It has worked well because it has freed the radiologists to do more procedures or other purely radiological activities," the administrator reports. Plus the clinical specialist is helpful to patients because she typically spends more time with a patient than a radiologist would and she generally does more thorough documentation of the E&M services than the radiologist would, he adds.

Also, you may be able to employ clinical specialists to supervise diagnostic tests. Medicare rules permit clinical specialists to supervise diagnostic tests if the scope of practice law in the state where they practice permits it. One Ohio practice administrator reports that her practice uses a PA to supervise all tests requiring general or direct supervision and that this has been a cost-effective way to ease the burden of the overworked radiologists in her practice.

## Check State Laws Before Hiring Clinical Specialists

Although clinical specialists can help your practice a lot, you must be careful, notes New York health care attorney Jay B. Silverman. Many states have very specific rules about how the various clinical specialists are supposed to operate.

For example, NPs must work "in collaboration" with a physician who must review and approve their clinical decisions, Silverman says. But New York goes further, requiring a written "collaboration agreement" between the physician and the NP and limiting how many NPs one physician may collaborate with at any given time, he says. Similarly, the scope of practice of other types of clinical specialists is usually defined somewhere in the laws or regulations of each state.

Silverman recommends that before you hire a clinical specialist you check with your state's licensing board. It will usually provide complete information about the scope of practice of the various professions in your state.

**Insider Says:** Even in states that give clinical specialists a high degree of clinical autonomy, remember that clinical specialists aren't physicians, cautions Silverman. Don't use clinical specialists to screen out candidates for procedures or to recommend procedures to patients. Medical decision making must be left to the physician, Silverman explains. "When a clinical specialist performs E&M services, it should be routine, post-procedure,

follow-up care," he says. What's more, it's fraud to bill for a clinical specialist's services that the clinical specialist isn't licensed to perform, Silverman explains. And a radiologist puts her license to practice medicine in jeopardy if she allows a clinical specialist to perform beyond the state's scope of practice for the clinical specialist's license. The state will hold both the clinical specialist and the physician employer responsible if a scope of practice violation occurs, he cautions.

### Examine Reimbursement Rules Before Hiring Clinical Specialists

According to several administrators who talked to the *Insider*, billing private payors for clinical specialists' services can sometimes be a problem. Generally, practices prefer to bill for clinical specialists' services under their own provider numbers, when

possible. That's because it just cuts down on the hassles associated with billing under the "incident to" rules. But not all private payors will reimburse for services provided by clinical specialists. For example, an administrator of an academic medical center told the *Insider* that although most private payors reimburse for his PA's services, one major payor still refuses to reimburse for the services of clinical specialists.

To avoid any reimbursement problems with your private payors, before you hire a clinical specialist, contact your payors to determine:

- Whether they'll reimburse you for clinical specialist services and if so, at what rate; and
- What restrictions, if any, they place on the use of clinical specialists.

That way you can make a more informed decision about whether

to bring a clinical specialist into your practice.

**Insider Says:** The ACR and several professional associations representing techs have taken notice of the need for support in radiology practices. They are currently considering developing a certification program for clinical specialists, Williams says. The ACR hopes that adopting a formal certification program for clinical specialists in radiology will benefit radiology practices by encouraging people to look into radiology specialty as a career and by offering better opportunities for nonphysician professionals in the radiology field. ■

#### Insider Sources

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## Don't Ignore CMS Program Updates from Carriers and Intermediaries

CMS often issues program memoranda and program transmittals with revisions to its rules and regulations. It's vital for your practice to be up to speed on all of these changes. But CMS usually won't send you copies of the transmittals or memos, or even notify you directly, when it issues them. Instead, it sends them to your carrier or intermediary, and the carrier or intermediary, in turn, is supposed to notify you. Unfortunately, practices don't always pay attention to the updates they get from their carriers and intermediaries.

This can be a big mistake. "Reviewing carrier and intermediary updates that include information from CMS's memos and transmittals can help providers stay on top of changes

to Medicare regulations and rules—particularly those affecting payment and reimbursement," says health care attorney and reimbursement expert Keith Lind. We'll tell you what the program memos and transmittals are all about, and how to get copies through the Internet.

### Why Updates Are Important

To help carriers and intermediaries comply with the law, and to keep them up-to-date on changes and revisions, CMS often publishes revisions, updates, and clarifications to its manuals in the form of program memos and transmittals. While these documents aren't law, they are official communications between CMS and its intermediaries, carriers, and

providers that can offer important information about payment, reimbursement, and compliance. And intermediaries, carriers, and providers must follow them. "Otherwise, you can lose Medicare reimbursement, may be accused of fraud and abuse, and can lose your Medicare or Medicaid provider status," says Lind.

Here's an overview of the role memos and transmittals play:

**Program memos.** Program memos are CMS's official releases for communicating reminders, requests for action, or other important reimbursement or compliance information to carriers, intermediaries, and providers. They can also include explanations of official

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**CMS PROGRAM UPDATES**

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policy changes. CMS sends the memos mainly to Medicare intermediaries, carriers, peer review organizations (PROs), and state Medicaid agencies. Sometimes it also sends copies to Medicare providers and other organizations.

You can tell where CMS sent a memo by looking at its "transmittal number." Memos that have numbers beginning with "A" are directed to the fiscal intermediaries administering claims from Part A institutional providers, such as hospitals. A number beginning with "B" indicates that a memo is directed to carriers administering claims from Part B physicians, suppliers, and Part B institutional providers. An "A/B" prefix means the memo is directed toward both fiscal intermediaries and carriers.

Why is it important to keep up with the information in program memos? Because CMS uses them, for example, when:

- Giving guidance on CPT/HCPCS coding changes;
- Giving guidance on how to draft and use ABNs; and
- Giving guidance on implementing HIPAA.

**Program transmittals.** Program transmittals convey changes to the various Medicare coverage manuals. A program transmittal is a kind of cover memo that summarizes the changes to the manual and gives filing instructions. Often a transmittal will reproduce the relevant manual provisions and highlight or "redline" the changes. Some transmittals also provide background information that may be useful in implementing the instructions.

Transmittals, like memos, are directed to Medicare intermediaries, carriers, PROs, state Medicaid agencies, and Medicare providers. But because transmittals revise and update manuals, such as the hospital provider manuals, Coverage Issues Manuals, and Program Integrity Manuals, they affect a wider range of providers. Check the title line—at the top left of the transmittal—to find out which manual the transmittal updates.

Transmittals contain important information you need to know. For example, CMS may use transmittals to announce changes to its claims submission processes, or to add or delete Medicare coverage for physician services, diagnostic tests, drugs, and so on.

**Get Details from Carrier/ Intermediary Newsletters or Check Web Site**

It's important to read your carrier's and/or intermediary's newsletters because they're essentially repackaged versions of CMS memos and transmittals, says Lind. They may also contain other critical information, such as updates to the intermediary's or carrier's LMRPs.

But you don't have to wait to get the CMS news secondhand. You can go straight to CMS's Web site to read all of CMS's recent memos and transmittals. It's a good idea to do this regularly. "The sooner you have this information, the sooner you can start planning to implement changes in your organization," says Lind. You can access the memo and transmittal site directly at [www.cms.hhs.gov/providerupdate](http://www.cms.hhs.gov/providerupdate). Then click on Table of Contents and look for "Program Memoranda Released This Quarter" and "Manual Transmittals Released This Quarter." ■

**Insider Source:**

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## Boost Your Bottom Line by Getting Plan to Help You Market Your Services

When you contract with plans, you expect to increase your business by getting access to all of the plan's members and to other providers who can refer members. But simply contracting with the plan and getting listed in its provider directory may not tell members and other providers enough about you to boost your business. For instance, your listing in the provider directory may say where you're located and what

your specialty is, but not that you have an important new piece of imaging equipment.

That's why negotiating experts recommend that you ask the plan to help you market your practice, facility, or organization to the plan's members and providers. Plans will often agree to help with your marketing efforts to increase your visibility within the plan, even if you haven't

signed a global capitation contract or don't otherwise have leverage, according to Texas consultant Reed Tinsley. We'll tell you how to go about getting the plan's help.

**Why Plans Will Help**

Why would a plan be willing to help you market yourself? "It's often cheaper for the plan if members use an in-network provider or a new

provider that's reimbursed at a lower rate, and marketing efforts can make the plan look helpful to members," explains Tinsley. "Providers may be pleasantly surprised at how a plan will help them this way. People have been too contentious with each other, instead of trying to work with each other," notes Tennessee consultant Alison Cherney.

Some plans may not want to spend their own money but will let you use their name when you promote a particular service that you offer. For example, they'll let you send your own mailing to plan members and providers. Others may be willing to send out a mailing themselves to promote your services.

For instance, one medical group specializing in infectious diseases got a plan to agree to provide mailing assistance, says Tinsley, who was working with the medical group to negotiate a plan contract. The medical group pointed out to the plan that it had an in-house pharmacy where it handled infusion therapy services, which was news to the plan. The plan had previously been sending all infusion patients to a hospital, which charged substantially more than the medical group did. "The plan then agreed to send a mailing to its members and providers about the medical group's pharmacy," says Tinsley. "The mailing should boost the medical group's visibility and pharmacy business, and the plan should save money because the medical group's infusion therapy services are cheaper than the hospital's," he notes.

As a compromise, a plan may be more willing to help you market your services if it won't give you the reimbursement rates you want. So if you can't get the rates you're looking for, ask the plan to help you with

marketing. This can increase your revenues and profits because of the higher volume the marketing generates, notes Missouri consultant Eric Vanderhoef. "It's in both parties' best interests to do it," he explains.

### Take Three Steps

It's best to ask for a plan's marketing help when you're negotiating your contract, rather than waiting until after you sign the contract. "You won't have much leverage then, especially if you're raising the issue as a fallback for not getting the higher fees you want," warns Tinsley. Take these steps to get a plan to agree to help you:

#### Step #1: Assess your services.

Before you approach the plan about marketing, carefully assess which of your services the plan might be willing to help you promote. "Most providers have something that would be of value to the plan to promote," says Tinsley.

**Step #2: Propose several marketing ideas.** To get the discussions started, try to propose several marketing ideas to the plan. What's important for you may not be important to the plan. For example, your radiology practice may want to promote its PET services, but the plan may prefer to promote your mammography services. Also, there's no one "best" way to market particular services. For instance, you and the plan can share the cost of a newsletter to help you attract new patients or a billboard to advertise your affiliation with the plan, suggests Cherney. And while getting the plan to pitch in on cost is obviously better for you, you may want to be prepared with some marketing ideas that cost the plan nothing.

**Step #3: Confirm marketing help in writing.** Once you and the plan agree to some form of market-

ing assistance, make sure you confirm the agreement in writing, recommends Tinsley. Unless you're a very large provider signing a global-type contract with a plan, which may include an overall marketing program, the marketing help will typically be a one-shot deal and not part of the provider contract. So you should confirm the agreement by letter or e-mail with the plan representative who agreed to it. Your confirmation needn't be long, but it should include an understanding of what the plan will do for you, and specify a completion date, if applicable.

**Insider Says:** Review your contract to see if it affects whatever marketing deal you may work out with a plan. For instance, if the contract has general language that says that you and the plan will work cooperatively together, that language may come in handy if the plan later balks at helping you with a joint mailing that it previously agreed to. Or if the plan gives you permission to send out an announcement to all referring providers about your new plan contract, check to see if the contract requires you to notify the plan when you send the announcement, or if the plan has the right to review it before it's mailed, warns Vanderhoef. "A plan will rarely authorize a provider to use the plan's name without plan oversight," he explains. ■

#### Insider Sources

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## HIPAA SECURITY

### 10 Tips for Selecting Good Passwords

Using passwords to verify a user's identity is a common way to enhance computer security. In fact, the proposed HIPAA security regulations mention passwords as one method of entity authentication—that is, a way of verifying a user's identity. But simply requiring computer passwords isn't enough. According to the regulations, you must also provide user education on password management. This includes education on:

- How to create passwords;
- How often they must be changed; and
- The need to keep them confidential.

But what makes a good password? And how should you train your staff on the best way to select one? A good password is one that's easy for the user to remember but hard for others to figure out, explains security consultant Matthew Brown. If a password is too hard to remember, the user will probably write it down and keep the paper near the computer. That's a serious computer security risk, since someone else may find it and gain unauthorized access to the computer system, he points out. But if a password is easy to remember (such as the user's name, birth date, or spouse's name), the risk is that it will be just as easy for someone else to figure out, he warns. Also, there's the added threat of software programs that are used to crack passwords and gain unauthorized access to computer systems, he says.

To help you reduce these risks, we've put together a Model Memo (see at right) that you can adapt and give to your staff. The Model Memo lists 10 tips your staff can follow to create good passwords. It also reminds

your staff that creating a good password is only one part of good password security, and that once selected, a password must remain a secret.

**Insider Says:** For more information on password management, go to the University of Texas Health Sci-

ence Center's Web site, [www.uthscsa.edu/computing/news/bulletin/bulletin001.html](http://www.uthscsa.edu/computing/news/bulletin/bulletin001.html). ■

#### Insider Source

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## MODEL MEMO

### Give Your Staff Tips on How to Select Good Passwords

This Model Memo contains tips for selecting a good password. Distribute it to your staff members, and ask them to refer to it whenever they need to create a new password.

#### TIPS FOR SELECTING A GOOD PASSWORD

TO: All Staff

As part of our efforts to maintain the privacy and security of our health information, it's essential that we implement effective password management. This includes creating good passwords, changing those passwords regularly, and keeping them confidential. To help you create a good password—one that's easy for you to remember but hard for someone else to guess—please refer to the tips below each time you must create a new password. For better password security, combine several of the tips below when creating your passwords. NOTE: Please do not use any of the password examples given in the tips below.

1. Make sure your password contains at least [*insert #, e.g., eight*] characters. The longer the password, the tougher it will be to crack.
2. Try to combine both letters and numerals in a password, but avoid using a numeral as the first or last character in your password. [*Insert the following if your system permits: Include both upper- and lower-case letters.*]
3. [*Insert the following if your system permits: You can also include special characters in your password, e.g., \* or #.*]
4. Consider using the first letter of each word in a common phrase or expression. Example: agtmctae (all good things must come to an end).
5. Try using a combination of numerals and letters that produce a sentence. Examples: get2work (get to work); My2dogsRgr8! (My two dogs are great!).
6. Don't use a word straight from the dictionary. There are password-cracking software programs that will run through every word in the dictionary.
7. Replace a letter in the password with a similar-looking numeral. Examples: danger0us (replaces the letter "o" with the numeral "0"); trave1er (replaces the letter "l" with the numeral "1").
8. Use obscure personal facts about yourself. Examples: first car (VW72Beetle); your father's school and year of graduation (Penn65State); your first street address (MapleAve17B).
9. Remove all the vowels from a common word or phrase. Examples: nwspprrt (newspaper route); grtgrndfthr (great-grandfather).
10. Deliberately misspell a word. Examples: fotografz (photographs); kalendar (calendar).

## Set Up Log to Track Your Handling of Government Information Requests

Getting a request from a government agency (or carrier or intermediary) for billing records or other information can be one the most traumatic experiences a practice ever faces. It may mean that the government agency suspects that you have a problem in your billing system or compliance program. What's worse, if you inadvertently fail to comply promptly and thoroughly with the request, you may face even greater scrutiny.

We spoke to health care consultant Jennifer Small of Deloitte & Touche to find out how practices can make sure they respond promptly to a government request for information. Her suggestion: Set up a log that documents all government requests you get and your responses to them. With Small's help, we've prepared a Model Form that you can adapt and use to create the pages of your log (see p. 8).

### How a Log Helps

If your response to a government request for records or information is quick and thorough, it often will satisfy the government's concerns and head off a deeper investigation. Setting up a system to track these requests can help you make sure you stay on top of them, Small advises. Small says keeping a log of all government requests for records or information can help you in two important ways:

#### Promote coordinated response.

"One of the benefits of keeping a separate log of government requests is that it helps you coordinate your response," Small says. If, in one central location, you have a brief summary of the request and the action taken by your practice, you'll be able to tell at a glance the status of your compliance with any of the requests. That is,

you'll be able to learn quickly and easily which requests have been disposed of and which need further attention. You'll also have a concise record of the chain of events surrounding each request so that if something goes wrong and a request isn't answered, you'll be able to determine where the problem occurred and correct it quickly.

#### Reveal patterns of requests.

Another advantage of using a government request log is that it can help you discover any patterns in the requests you're getting from government agencies. "If you see you're getting a lot of requests for the same kind of information, it's a red flag that something may be wrong," Small says.

### How to Set Up Log

Setting up your government request log doesn't have to be complicated or costly. All you need to do is to create a log page that contains a summary of the basic information for each government request and a brief description of the action your practice has taken to comply with the request. You can arrange the log in a number of ways, such as chronologically or alphabetically by agency. Also, depending on your resources, you can set up the log pages on paper and store them in a binder or use a computer spreadsheet program. Designate one person, such as your compliance officer or office manager, as a "gatekeeper" to oversee the process and fill out the log pages.

Small says each log page should include the following information:

**Date of request.** First, your gatekeeper should note the date of the request—that is, the date on the letter or other document from the government agency requesting the information [Form, #1]. That will help make sure that the request gets answered on time.

**Date request received.** Next, the gatekeeper should note the date the request was received [Form, #2]. This information will be on the request if your practice's mail is automatically stamped with the date of receipt. Otherwise, make sure the person the request was addressed to knows to add it. In fact, it's a good idea if everyone in your practice knows to do this. This information will be helpful if, say, the request was delayed in the mail and the government has had to follow up. It can help you identify where the lapse was if a request isn't handled on time. If you know where the problem occurred, you can take steps to correct it.

**Recipient of request.** Have the person who received the request be responsible for forwarding it to your gatekeeper, who should then enter that person's name [Form, #3]. The gatekeeper should receive copies of all document and information requests and be responsible for deciding who's in the best position to fulfill each request.

**Response assigned to.** The gatekeeper should enter the name and title of the person responsible for fulfilling the request [Form, #4]. For example, if the government requests records or information about the coding of a particular procedure, your gatekeeper could assign your coder or billing service to respond to the

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**SET UP LOG** (continued from p. 7)

request. "It's important to have the right person respond to the request," Small says. You want the person most likely to provide the government with all the information it needs at the first request. Then it may not make any additional requests, which improves the odds of resolving the matter quickly and efficiently.

**Agency requesting information.** The gatekeeper should also note the government agency that's requesting the information, such as the OIG, CMS, the U.S. Attorney's Office, OSHA, a state or local agency, or your carrier or intermediary. The gatekeeper should also note the name of the official within the agency that's requesting the information. For example, if you get a request from the U.S. Attorney's Office, the gatekeeper might write: "John A. Jones, Esq., Assistant U.S. Attorney, Northern Dist. NY." That way, you'll have the name of the contact person in a convenient place if your practice has any questions about the request. The gatekeeper should also note the government official's address, phone number, fax number, e-mail address, and other contact information [Form, #5].

**Information requested.** Next, the gatekeeper should give a description of the information requested [Form, #6]. It's important to include all applicable information. For example, if the government requests information on a particular claim, the gatekeeper should write down the patient name, the date of the claim, and the claim number (for example, "records requested for claim filed for John A. Smith, 09/02/02, Claim #12345").

**Action taken.** Next, the gatekeeper should write a detailed description of the action you took in response to

**MODEL FORM****Fill in Log Page for Each Government Request and Your Practice's Response**

Here's a Model Form that you can use to help you keep track of government requests for information and your practice's responses to those requests. The form is a logbook page that you could use for tracking one request. It asks for such information as when the government sent the request, when you got it, what's requested, who's handling the request, the action taken, and any follow-up changes your practice made as a result. The *Insider* developed this form with the help of health care consultant Jennifer Small. Show it to your attorney before using it.

**GOVERNMENT REQUEST FOR RECORDS**

1. Date of Request: \_\_\_\_\_
2. Date Request Received: \_\_\_\_\_
3. Recipient of Request: \_\_\_\_\_
4. Response Assigned to: \_\_\_\_\_
5. Agency Requesting Records or Information (include name, address, and other contact information of agency official making request):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Records or Information Requested (be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Action Taken in Response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Government Response: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Reply to Government Response (if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Follow-Up Actions (e.g., changes made in billing practices):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

the request [Form, #7]. For example, if the government is looking into a particular coding problem, the person assigned to respond may have to send copies of certain claims and patient records. If that's the case, the gatekeeper should find out and note which ones were submitted (by claim number) and describe any correspondence you included with the response.

**Government response.** The gatekeeper should also describe any correspondence received from the government in reply to your practice's response [Form, #8]. Sometimes, your first response will cause the government to contact you with additional questions or to request additional records. If that's the case, make sure you summarize the additional request.

You may want to use a new log page to record this additional request, especially if it's extensive. But make sure you cross-reference the

requests, both on the new page and on the page for the original request. That way, you'll know the two requests are related, whichever one you're looking at. You should also record government responses, if any, that close the inquiry.

**Reply to government response.** Briefly describe any further actions that your practice must take as a result of the government's reply to your response to its request [Form, #9]. For example, if the government asks for more records to address its concerns, note that and what was done to comply with the request. Or if you've started a new log page for the follow-up request, note that.

**Follow-up actions.** Finally, the gatekeeper should record any changes your practice makes in response to the government's concerns [Form, #10]. "For example, if you need to make a change to your billing practices, you should note here what action your

practice took and who was responsible for it," Small says. That way, you'll have a complete picture of the government's concerns and your response to them.

**Insider Says:** Since your response to government requests for information is critical, your gatekeeper (or compliance officer) should seek your attorney's advice before responding to any government request, Small says. Also, your practice should have policies and procedures on responding to government requests for information. Make sure your gatekeeper follows those, as well as your policies and procedures governing disclosure of patients' health information, she adds. ■

#### Insider Source

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## ASK THE INSIDER

RACRI welcomes questions from subscribers. You can 1) send your questions to Brownstone Publishers, Inc., "Ask the Insider," 149 Fifth Ave., 16th Fl., New York, NY 10010-6801; 2) fax (718) 243-2298; 3) call (718) 243-2337, and speak with the editor; or 4) e-mail [jgormley@brownstone.com](mailto:jgormley@brownstone.com)

### Radiologist Can Bill for Supervising Interventional Cardiac Tests

**Q** Our practice's radiologists sometimes work with cardiologists during certain cardiac procedures. Since the patient is getting a cardiac procedure, the cardiologist bills Medicare for it. But our radiologist is performing a valuable service in interpreting the radiological portion of the procedure, and we would like to be compensated for it. Can we bill Medicare for our radiologist's services in this circumstance, even though the cardiologist supervised the study?

**A** Yes, says Virginia health care attorney Thomas W. Greeson. The *Medicare Carrier Manual* lets a radiology practice bill Medicare—using the radiology Supervision and Interpretation codes—when one of its radiologists supervises or interprets the radiological por-

tion of a procedure that's performed by one or more physicians. According to the manual, the radiologist must be physically present—not just available—during the procedure in order to bill for supervising it. Also, when the physicians divide the responsibility for the procedure—for instance, the cardiologist supervises the procedure and the radiologist interprets—each physician should bill using the -52 modifier, indicating a reduced service, Greeson says.

### Special Telemedicine Billing Rules Don't Apply to Teleradiology

**Q** Our practice has been offered an opportunity to perform "nighthawk" services for a hospital in a nearby town. The radiologists would interpret images from our

(continued on p. 10)

**ASK THE INSIDER** (continued from p. 9)

own workstation after hours and on weekends. I know that there are special rules for billing Medicare for telemedicine services, but the hospital says we could bill these interpretation services just as we do services we perform in our office. Is that true?

**A** Yes, says Virginia health care attorney Thomas W. Greeson. The *Medicare Carrier Manual* makes it clear that the interpretation of an image that's transmitted electronically is a covered physician service. Although Medicare has released rules about billing for telemedicine services—and although Medicare will cover telemedicine services only under certain circumstances—radiology services generally don't fall under those rules. That's because there usually isn't any direct contact between the patient and the radiologist, even when the radiologist and the patient are in the same location. So teleradiology services aren't restricted by rules that Medicare imposes on other telemedicine services, Greeson explains. And because the radiologist's services don't significantly differ, whether the patient is in a remote location or where the radiologist interprets the study, the remote interpretation is a covered service under the Medicare program, he adds.

### Surcharge for After-Hours Work

**Q** One of our radiologists wants us to charge an additional fee—he calls it a surcharge—when he reads films for nonemergent cases after regular business hours and on weekends. I've never heard of anyone doing this. Can we add a surcharge to our claims when the radiologists read films after hours?

**A** You can—for self-pay patients and those with private insurance—but nobody's going to pay it, says New Mexico consultant and former radiology administrator Pat Kroken. She recently worked with a practice that had imposed an after-hours surcharge for several years. But an audit of the practice's books revealed that not one payor had paid it. Adding a surcharge may make the radiologist feel better, but even if it does, you can do it only for self-pay patients and those with private insurance, Kroken says. But let the radiologist know that the charge probably won't be paid, you'll eventually need to make an adjustment in the books, and the whole process will add to your practice's administrative costs, she advises.

Don't add this surcharge to claims to Medicare, Medicaid, or other government-funded payors. You won't get paid because those payors assume that physicians provide services at odd hours and, supposedly, have built that contingency into their fee schedules. Adding a surcharge to a claim to a government-funded payor won't get you more money and could lead to unwelcome attention from your carrier, Kroken remarks. ■

#### Insider Sources

**Thomas W. Greeson, Esq.:** Reed Smith LLP, 3110 Fairview Park Dr., Ste. 1400, Falls Church, VA 22042.

**Patricia Kroken, FACMPE:** Healthcare Resource Providers, LLC, 12501 Oakland NE, Albuquerque, NM 87122.

#### SHOW YOUR LAWYER

*For more information about the cases and/or laws referred to in this issue, show your lawyer the legal citations listed below.*

- Medicare Carrier Manual §15022E.
- Medicare Carrier Manual §2020A.