



## Radiology Views™ Newsletter – September 2011

### HOW DOES YOUR WORK GET BILLED? --- YOU MAY BE SURPRISED!

A common misconception among many hospital-based radiologists is that the codes assigned for “professional” component of the radiologist’s claim come from what the hospital charged for the hospital claim for a given patient. Nothing could be further from the truth! Coding assignments on the “professional” component are required to be solely based on the radiologists’ documentation.

#### BACKGROUND:

A minimum of two codes are submitted on each claim, including at least one CPT code (procedure) and one ICD-9-CM (diagnosis code).

- CPT (procedure/service) codes identify what you did and will determine how much you will get paid.
- ICD-9-CM (diagnosis) codes identify why a procedure was performed, and if you will get paid. These codes tell a payer if medical necessity was met or not.

#### DIFFERENCES IN BILLING BETWEEN THE RADIOLOGIST AND THE HOSPITAL:

Different payment systems exist to determine reimbursement for the radiologist and the hospital. How payments are calculated for each is complex and can vary by payor. In addition, there are a number of government regulations regarding code assignments that have to be followed. Here is a short list of some of the differences:

- Hospitals are reimbursed for items such as labor costs, supplies, and equipment costs.
- Radiologists are reimbursed for the time it took to perform the service, physical effort, mental effort and judgment, and psychological stress.
- Most of the time, codes submitted by the hospital will match the codes submitted by the radiologist, but not always. There are a number of instances when it is inappropriate to have a match.
- In addition to coding assignments, modifiers may be assigned. Modifiers provide a means to report or indicate that a service or procedure was altered by some specific circumstance, but not changed in its definition or code. Some of the modifiers hospitals are permitted to use cannot be used by the radiologist, and vice-versa.

#### POINTS TO REMEMBER:

- Coding assignments are based on your documentation and not from what the hospital assigned.
- What you document, and how you document it, determines what codes will be assigned.
- Your documentation/report is read by a coder in its entirety to ensure accurate code assignments.
- When you are audited, it will be performed by reviewing your finalized radiology report and not from what is generally understood or assumed.
- Your documentation must support each code assigned.

Do you have a topic that you would like to see covered in the newsletter? If so, call or email Wendy Block, at 330.564.2618 or [wblock@prcmedical.com](mailto:wblock@prcmedical.com).