



Physicians Committed
to Quality

monthly memo

mvma ipa

An important announcement from Richard B. Toll, M.D., MVMA President

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Important Update: MVMA Radiology Exemption Program

In the November and December 2004 newsletters we announced the specifics of the radiology exemption program that took effect on January 1, 2005. MVMA has further refined this program based on our data and our subsequent discussions with the primary care physicians originally identified as having a higher frequency of MR and CT scans ordered compared to their peers.

Our discussions with physicians have revealed the following, and validated some of our initial concerns about situations over which the ordering physician has no control:

- 1) Neurosurgical referral requires scans be done and brought with the patient to the appointment.
- 2) Radiologist recommendation for follow-up of an abnormal finding on an imaging study cannot be ignored.
- 3) Medicare primary patients present a different mix of MVP members.
- 4) Emergencies are not supposed to require an authorization number, yet many radiology departments insist on one to schedule the scan.
- 5) There are communication issues between what is discussed in the exam room and what happens at the front desk. Emergencies are delayed to perform full pre-certification before the patient leaves the office, and are handled by non-clinical personnel on both ends of the call.
- 6) Physicians with small numbers of unique members seen could have wide fluctuations in their frequency. There are no other reports available for them due to their small panel size, making it difficult to evaluate their overall practice pattern.
- 7) Midlevel ordering patterns only accounted for a very small number of scans overall. The majority of physicians did order all of the scans on their patient list. However, those few with the very highest frequency had several scans in their list ordered by midlevels.
- 8) Physicians located in very rural areas are more prone to order tests that a specialist may order, due to the age of their population and the distance the patients would have to travel due to lack of local specialists.
- 9) In the majority of cases, a primary care physician's overall efficiency is comparable to his/her peers: ER utilization is low, scripts are appropriately written, problems are being handled without multiple return office visits. While there may be a higher scanning rate, the bigger picture of overall practice patterns does not point to over-utilization in multiple areas.

Based on these conclusions, the MVMA Board of Directors has modified the exemption program, effective immediately, to exempt all existing primary care physicians from pre-certification. Please review the following with your office staff:

- All phone calls for both pre-certification and authorization should be made to the MVP UM Department at **1-800-568-0458**, option 2.
- For existing PCPs (not a new participating physician), the office will need to call MVP for an authorization number only. This should be able to be accomplished through one phone call, speaking with one person.
- New PCPs joining the IPA will be required to go through pre-certification for MR and CT scans they order. This process will remain in place for at least one year, until we have the data to determine ordering patterns compared to peers.
- Scans ordered by midlevel providers working in a PCP office must be pre-certified under that specific ordering provider's name, to ensure that both midlevel and physician data will not be compromised.
- Ordering of the MRs and CTs of the joints will continue to be allowed for specialists only. Joints also include hips and shoulders. The exception to this will be the scan of an extremity where evaluation of a mass is requested.

continued

- *Sinus CTs, and CT scans of the facial bones no longer require pre-certification, or an authorization number.*

We are hopeful that as we retrospectively review the ordering data quarterly, patterns will emerge that will allow us to modify the pre-certification requirement further. As has been the case in the past, MVMA may implement a pre-certification requirement for individual physicians where there are concerns regarding utilization, whether this be for medical imaging, surgical procedures, or other areas.

MVMA IPA Contribution Made to Holiday Hunger Appeal

A \$2000 contribution was made to the Regional Food Bank of Northeastern New York to be utilized for their Holiday Hunger Appeal. The donation was personally delivered in December to feed those in need in the nine-county geographic area of the MVMA physician network. The Regional Food Bank has expressed their sincere appreciation of our donation.

NOTICE OF AMENDMENT – Clarification Re: Unlisted Procedure Code Reimbursement for Mohawk Valley Medical Associates IPA and MVP for MVMA Physicians' Organization

Each year, new procedures are performed for which a specific CPT® code has not been assigned, resulting in claims being submitted with an unlisted procedure code. The fee schedule utilized for payment to IPA physicians is based upon RBRVS methodology. If Medicare has not established a CPT or similar code for a particular service, reimbursement will be based on Ingenix Relative Value Units (RVUs). If one is not established, MVP and MVMA will work together to determine a comparable procedure in time and complexity and assign the reimbursement at that level. When a specific CPT code has been developed and put into effect, the fee is then based on the RVUs assigned to that code going forward.

Annual MVMA Dinner Meeting

Save the date! Our annual dinner meeting will be held on Wednesday evening, March 30, 2005 at Mallozzi's Restaurant. Invitations will be mailed at the end of February. We hope you can join us.