



DEPARTMENT OF HEALTH & HUMAN SERVICES

SEP 14 2005

FAH-II

Robert E. Sutter, DO, MHA, FACEP
President
American College of Emergency Physicians
Suite 325
2121 K Street, NW.
Washington, D.C. 20037

Dear Dr. Sutter:

Administrator Mark McClellan asked me to thank you for your letter regarding the timely interpretation of diagnostic tests performed on hospital emergency department patients. Specifically, you are concerned that these interpretations are sometimes not contemporaneous with the emergency room visit. You describe situations where interpretations are performed hours or even days after medical decision-making has occurred, and yet payment is made; by Medicare. You are concerned that this removes any incentive for "contemporaneous interpretations that are in the best interest of the quality-and safety of care provided to emergency department patients." I regret the delay in this reply.

Our policy in this regard is contained in the Medicare Claims Processing Manual in Chapter 13, Section 100; <http://www.cms.hhs.gov/manuals/l04claims/clm104c13.pdf> Carriers should distinguish between an "interpretation and report" of an x-ray and/or electrocardiogram and a "review" of the procedure. Billing for interpretations without a complete, written report similar to that which would be prepared by a specialist in the field does not meet the conditions for separate payment of the service. When two claims are received for the same interpretation, payment should be made for the interpretation that directly contributed to the diagnosis and treatment of the individual patient.

We appreciate your bringing this issue to our attention. We intend to explore steps we can take to reemphasize that our policy is to pay for services provided to the patient rather than after-the-fact reviews that are actually quality control measures.

Sincerely,

A handwritten signature in black ink that reads "Herb B. Kuhn".

Herbert B. Kuhn
Director, Center for Medicare Management