

**Department of Radiology
& Radiological Science
Research Study Policy
*Changes Effective July 1, 2010***

PURPOSE:

The purpose of this policy is to define the process to be used when departments require Radiology services, which are provided by the Medical University Hospital Authority (MUHA) and the University Medical Associates (Radiology Department), for formal research protocols.

PRICING/QUOTE PROCEDURE:

1. Study coordinators should contact Romeka Washington at 792-2172 or e-mail at washiros@musc.edu, to set up a new research study account.
2. A Radiology Research Information Form will be e-mailed to the coordinator. This form will need to be completed and either faxed (792-4006) or e-mailed backed to Romeka. The preferred method is e-mail.
3. A copy of the protocol must be attached in order to receive a quote. If there are any additional special services needed (i.e. preferred Radiologist interpretation, etc.), that should be indicated on the form as well.
4. The information is then reviewed for pricing and any special imaging protocols that may impact the study.
5. After review and approval, a copy of the information will be e-mailed or faxed back to the study coordinator with an approved pricing quote.
6. If a study does not begin within one year of the quote, the pricing/quote procedure will have to be repeated.

If a protocol has not been written or is not available at the time of request, the Radiology Department will need a statement from the Principal Investigator of what type of scan and/or procedure is needed. Please note that with this method the quote received will be for budgetary purposes only and is subject to change. The turn around time to receive a pricing quote is 3 – 4 business days, if all required information is provided. If the radiology procedure requested is extremely involved, it may take from 3 – 8 business days. Please keep these turn around times in mind when requesting your quotes.

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METHOD FOR DISCOUNT:

Effective July 1, 2010, the Department of Radiology follows MUHA's policy on research rates. This policy standardized research discounts hospital wide and is based on current federal discount rates as determined by the Department of Health & Human Services Hospital Research Patient Care Rate Agreement. The method for discount is review and may change annually.

Please note: Quotes received after July 1, 2010 will have to budget for annual increases based on changes in federal rates and hospital charges. Any quotes received prior to July 1 are grandfathered from this change.

ADDITIONAL COSTS:

The quotes that are given are for radiology procedures only. There are additional costs should the research study require optical disks, films, or special processing. Should you need optical disks, the Radiology Department urges you to provide your own. Otherwise, they may be a separate charge. Please contact Romeka for any special requests.

CONTRASTED STUDIES & NUCLEAR MEDICINE STUDIES:

The cost of **Contrast Agents** and **Radiopharmaceuticals** are **NOT** included in the radiology service quote. There is a separate charge for these items. For contrast agents, Pharmacy Distribution can be contacted at 792 – 4566. For radiopharmaceuticals, Nuclear Pharmacy can be contacted at 792 – 7129. The corresponding pharmacy can give you a price quotes and coordinate billing methods.

SCHEDULING RESEARCH STUDY RADIOLOGY PROCEDURES

Research related scans are requested with the Radiology Research Study/Special Billing Request form. This form is now available on almost all Clinician Order Forms webpage which is accessible on the desktop of all Lynx machines. The web address is <http://www.musc.edu/cce/ORDFRMS/pdf/researchradreq.pdf>. This form can also be found in Practice Partner.

Keep in mind the following:

1. This form **MUST** be used when scheduling a research study radiology procedure. The use of this form ensures that the procedure is scheduled correctly and helps eliminate errors.
2. This form should **ONLY** be used for the research related scans. It is an indicator to the scheduler that the request should be handled differently from other requests. It

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also conveys other important information: The HR #/PR # and whether the exam should be billed to the study (IIT) or the patient (QV).

3. Either Bill IIT **OR** Bill QV Modifier should be clearly marked when completing the request form. This signals the scheduler which exam modifier to use and helps to eliminate errors. If Bill IIT is marked, the department will receive an IIT for the charges. If Bill QV is marked, the patient and/or the patient's insurance will be billed.
4. If specific Radiologist is requested for interpretation, please make sure to enter the Radiologist name on the line provided.
5. Each and every time a radiology procedure is requested; the Radiology Research Study/Special Billing Request form should be completed and faxed to the Scheduling Desk at 792 – 9364. It is suggested that you call Scheduling at 792 – 7929 after faxing the request to ensure that it was received and to clarify any questions they may have. If you choose to use the form in PP, you MUST call Scheduling to inform them.
6. **THE RADIOLOGY RESEARCH STUDY/SPECIAL BILLING REQUEST FORM MUST BE USED FOR ANY RESEARCH STUDY PROCEDURE TO ENSURE ACCURACY. THE RADIOLOGY DEPARTMENT WILL NOT ASSUME RESPONSIBILITY FOR BILLING ERRORS IF THE WRONG REQUEST FORM OR EXAM MODIFIER WAS USED.** However, we will work with the study coordinator to make any necessary corrections. To ensure timely billing, please contact Romeka as soon as an error is found.

RESEARCH STUDY CHANGES/TERMINATION PROCEDURES

Please inform Romeka of any changes to the Research Study. Changes should be made in writing (preferably by e-mail). The most notable changes are in requested procedures, study end date, study termination and Study Coordinators. Once a quarter, the Department will remove pricing quotes for research studies that are scheduled to end in that quarter. In order to avoid possible price renegotiation, the Department has to receive notice that the study has been extended. This can be done by sending Romeka an e-mail.

RESEARCH COMPLIANCE:

From time to time the Department will require all Study Coordinators, to send Radiology a list of all study patients who had radiology procedures performed during a specified month. The list should include the HR #/PR #, date of service (DOS), type of procedure, patient last name and MRN. The list should include whether the procedure should have an IIT (bill to study) or QV (bill to patient/insurance) modifier. Below is an example:

MRN #	Last Name	DOS	Procedure	HR #	IIT/QV
123456	Smith	01/07/07	Chest X-ray	11250	IIT

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This list should be sent to Romeka either by preferred method of e-mail (washiros@musc.edu) or by fax (792-4006). **This information is for auditing purposes to ensure accuracy of scheduling and billing.**

BILLING AND PAYMENT OF SERVICES PROCEDURES:

The Radiology Department will process Research Study billing on a quarterly basis. The billing schedule is below. However, if you have a study that will be ending and need to be billed by a certain date, please contact Romeka Washington via e-mail at least three (3) weeks prior to the end date to make arrangements.

Covered Period	Invoiced Month
January – March	April
April – June	July
July – September	October
October – December	January

Each billing cycle a report is run from Imagecast based on the IIT modifier. This report should include all radiology procedures that should be billed to the research study. The procedures are then referenced back to the indicated HR #/PR #. Quoted radiology procedures are checked against this listing. If the procedures listed on the IIT billing report were quoted, the billing procedure is as follows:

1. The bill is calculated for the billing cycle based on the IIT report & radiology procedure quote.
2. The bill is then processed by IITs (internal) or invoice (external) through UMS (billing system). Most Radiology procedures have a Professional and Technical Fee. Therefore, you may receive IITs or invoices in pairs, one for the Technical Fee and one for the Professional fee. Unfortunately, the Department's billing system does not allow billing these fees together.
3. The IIT or invoice is then sent out along with a patient listing and services provided. Please take a moment to review this information for accuracy. If there is a billing or patient error, please contact Romeka at 792 – 2172.
4. Once the IIT or invoice has been verified for accuracy, payment should be remitted. If an IIT is received, please complete the Receiving Department information (on right hand side). Once you have entered your billing information on the IIT provided, please sign and return the Accounting & Servicing Department Copies back to

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Radiology. The Requesting Department copy is for your records. If an invoice is received, please make checks payable to MUSC, Department of Radiology and reference the invoice number. Payment is due within 30 days. Prompt payment is requested and appreciated.

5. Payments should be returned to the following address:

Internally

Romeka Washington
211R CSB
MSC 323

Externally

Department of Radiology
& Radiological Science
Attn. Romeka Washington
96 Jonathan Lucas St, MSC 323
Charleston, SC 29425

6. Please note that the patient listing is provided for your convenience and does not need to be returned.
7. Payment will be appropriately posted as received. IITs will be posted into Smartstream and checks will be deposited with the Cashier's Office.
8. If payment is not received after 60 days, a second notice IIT or invoice will be sent. Second notice IIT/invoice payments are required within 15 days of receipt.

ERROR CORRECTIONS

As soon as an error has been detected, please contact Romeka **ASAP**. Doing so will ensure prompt correction of charges and re-billing. You will need to provide Romeka the following information:

1. Medical Record Number (MRN)
2. Patient's Last Name
3. Date of Service
4. Accession Number, if known
5. Type of Exam
6. Who should be billed
7. Whether the Radiology Research Study/Special Billing Request Form was use