AHRA & Toshiba Announce Patient First Grant Program Winners

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patients and using an automated barcode system to flag patients who may be susceptible to contrast medium complications. The goal is to develop a decision support rule that will alert pharmacists and withhold administration until assessment of renal function.

"We were truly impressed with the quality of entries for the Patient First Grant Program and it demonstrates the dedication these hospitals have to providing the highest levels of patient care and safety in their communities," stated Cathy Wolfe, director, Marketing Services, Toshiba. "Toshiba is committed to developing patient friendly products that improve care and outcomes. Funding programs that inspire innovation in the area of patient care is a natural next step towards putting patients first."

The AHRA and Toshiba Patient First Grant Program seeks to improve patient care and safety in diagnostic imaging through offering grants to fund programs, trainings, and seminars at local hospitals. The winning grant programs were selected by the AHRA selection committee and are dedicated to improving patient care and developing best imaging practices in the areas of CT, MR, ultrasound, and X-ray.

About Toshiba: With headquarters in Tustin, Calif., Toshiba America Medical Systems markets, sells, distributes and services diagnostic imaging systems, and coordinates clinical diagnostic imaging research for all modalities in the United States. Toshiba Medical Systems Corp., an independent group company of Toshiba Corp., is a global leading provider of diagnostic medical imaging systems and comprehensive medical solutions, such as CT, Cath & EP Labs, X-ray, Ultrasound, MRI and information systems. Toshiba Corp. is a leader in information and communications systems, electronic components, consumer products, and power systems. Toshiba has approximately 198,000 employees worldwide and annual sales of $77 billion. For more information, visit www.medical.toshiba.com. ■

RADIOLOGY MANAGEMENT Special Edition Sneak Peek

Look for these feature articles and more in the upcoming January /February issue of Radiology Management*!*

Recent Developments and Key Legal Issues Impacting Diagnostic Imaging Services, Part 1

By Adrienne Dresevic, Esq and Carey F. Kalmowitz, Esq

In recent years, the diagnostic imaging services industry has been intensively scrutinized by the federal government, as evidenced by heightened regulatory action targeting certain diagnostic imaging arrangements. In the first of 2 parts, the authors summarize some of the more significant recent federal Stark regulatory changes and their impact on diagnostic imaging arrangements.

Update: CMS Informally Confirms Modifications to Mobile Testing Enrollment Requirements

The past month has been eventful for mobile imaging providers and physician organizations that contract with these entities. Specifically, through informal guidance, the Centers for Medicare and Medicaid Services (CMS) appears to be poised to significantly relax the IDTF enrollment and direct billing requirements to which mobile testing entities are scheduled to be subject as of January 1, 2009.

Under the 2009 Medicare Final Physician Fee Schedule (the "Final Rule"), entities that lease equipment and technicians to physicians' offices are required to enroll and bill Medicare directly for the technical component (TC) services provided to Medicare patients as of January 1. By contrast, in response to a question posted on the CMS Web site on December 16, 2008, CMS articulated a significantly conflicting, and more liberal, position on the issue: "Companies that lease or contract with a Medicare enrolled provider or supplier to provide: a) diagnostic testing equipment; b) non-physician personnel described in 42 CFR 410.33(c); or c) diagnostic testing equipment and non-physician personnel described in 42 CFR 410.33(c) are not required to enroll as an IDTF."

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Special Edition Sneak Peek

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Although the CMS FAQ does not represent binding authority, Wachler & Associates discussed this issue on December 19 with the CMS regulator charged with oversight for IDTF issues and he confirmed that the CMS FAQ reflects the current view of the agency. Thus, based on the FAQ and the CMS regulator's informal guidance, although the Final Rule is effective January 1, 2009, CMS' interpretation of the Final Rule, in practice, is as follows:

• Companies that furnish non-physician staff and/or equipment to physicians do not need to enroll as an IDTF and do not need to bill Medicare directly for the TC services provided to Medicare beneficiaries. However, if a company furnishes all components of the TC (ie, non-physician staff, equipment, and physician supervision), it must enroll as an IDTF and bill Medicare directly for the TC services provided to Medicare beneficiaries (except for services provided "under arrangements" with a hospital).

• A company that is enrolled as an IDTF for some accounts, but also operates as a leasing entity for other accounts, is NOT required on January 1, 2009 to bill directly for the TC services it provides on the accounts for which it merely acts as a leasing entity.

In summary, effective January 1, 2009, pursuant to the Final Rule, all mobile entities that furnish diagnostic testing services must enroll in the Medicare program and bill directly for the services, unless they are billing "under arrangements" with a hospital. However, CMS' recent guidance (in the form of the FAQ and discussions with the agency) reflects that entities merely leasing equipment and/or non-physician staff are not subject to the Final Rule. We anticipate that CMS will issue formal guidance to clarify its position in the near term, although not necessarily prior to January 1. Please continue to check the Wachler & Associates' Web site for further updates, or call 248-544-0888 or email Andrew Wachler (awachler@wachler.com), Adrienne Dresevic (adresevic@wachler.com), or Carey Kalmowitz (ckalmowitz@wachler.com) with any questions on this important developing issue.

Stay tuned for more information in future issues of *Radiology Management*! ■

Change Is on the Way in 2009

By Ernesto A. Cerdena, MS • **2009 AHRA Annual Meeting Design Team Chair** • Planning & Operations Administrator, Crystal Run Healthcare • Middletown, NY • ecerdena@crystalrunhealthcare.com

No, this article is not about politics. It's to let you know about some big changes that can be expected at AHRA's conferences this year.

CE Credit

The first upcoming change is one that will affect any meeting attendee who needs ARRT continuing education credit. Starting with the spring conference (April 14-16, 2009 in New Orleans, LA), attendees must be **on time** to a session in order to be eligible for CE credit. The 10 minute grace period that was in effect at prior AHRA conferences is no longer applicable. If you arrive at the session after the speaker has started, you will not be eligible to receive credit. This will be applicable to all future educational events.

Handouts at Annual Meeting

Starting with the 2009 AHRA Annual Meeting and Exposition in Las Vegas, NV, printed handouts will not be provided, and there will be no self service printing stations at the conference. Handouts will be posted on AHRA's Web site 2 weeks prior to the conference, so attendees may download or print the handouts and bring them to the conference. The meeting handouts will also be available online after the conference. This change is being implemented to eliminate the large amount of waste that printed handouts have created in the past.

If you have any questions about either of these issues, please contact AHRA at 1-800-334-AHRA or memberservices@ahraonline.org. ■