

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Interventional Radiologists May Be Punished by Stark Crackdown

SIR 'caught in the middle' between treating docs, radiologists

The law of unintended consequences is alive and well in Radiology today.

The **American College of Radiology** wants the **Centers for Medicare for Medicare Services** to narrow its exceptions in the Stark II self-referral law to make it harder for physicians to operate their own diagnostic imaging tests (see PBI, 5.24). But this move would make it impossible for interventional radiologists to treat patients and also order scans, warns the **Society for Interventional Radiology**.

That's because no physician could be on both the referring and receiving end of imaging referrals, explains SIR Senior Manager for Reimbursement **Dawn Hopkins**. If the ACR gets its way, you could have one doctor who treats patients and one who performs diagnostic imaging tests, but these couldn't be the same person.

"We're very concerned," she says. Right now, interventional radiologists can treat patients and also perform radiology tests on them, but a self-referral squeeze would force them to choose one role or another.

Nightmare Scenario

In one nightmare scenario, radiologists would be forced to go back to a referring physician, such as a surgeon, for approval of every test they want to perform, adds Hopkins. This restriction wouldn't affect diagnostic radiologists, who don't order tests themselves and can't self-generate referrals for X-rays or MR scans.

Interventional radiologists have ties to both the treating physician and radiologist communities, and feel caught in the middle. "There seems to be a huge schism," adds Hopkins. "We're kind of caught between a rock and a hard place."