

POLICY/ PROCEDURE	ISSUE	BILLABLE STATUS	SCENARIO	PROCESS
<p>1. Curbside Consult Policy (attached)</p>	<p>Legal Issue</p>	<p>Not billable</p>	<p>Physician to Physician curbside consult when the patient is NOT a MWHC patients; therefore, no report exists to amend. Requesting physician may be from a different healthcare system with the report having been read by a different practice. Requesting physician may document the discussion he/she had with our RAF physician within their patient's medical record. The purpose of this policy is to create a record of the conversation on our end if needed for future reference.</p>	<ul style="list-style-type: none"> • Radiologist will document the consultation via a message in Primordial to the RAF Physician Concierge or Office Assistant. • RAF Physician Concierge or Office Assistant will then transcribe the provided information into the Curbside Consult shell. • Radiologist signs off on the completed consult. • RAF Physician Concierge or Office Assistant will fax a copy of the signed document to the physician who requested the consult. • The RAF Physician Concierge follows the process for saving documentation as noted in the policy.
<p>2. NON-TPO Courtesy Consult Policy (attached)</p>	<p>HIPAA/ Ethical Issue</p>	<p>Not billable</p>	<p>If a friend (physician or non-physician) contacts a RAF Physician and requests a "courtesy" consult for a family member, consent from the family member is required. Consent can be either written or verbal and must be documented as outlined in the policy.</p>	<ul style="list-style-type: none"> • Radiologist obtains consent. • Courtesy consult is performed. • Radiologist messages the RAF Physician Concierge or Office Assistant via Primordial with patient demographics, type of consent obtained, and any details. • RAF Physician Concierge or Office Assistant inputs the information into the Courtesy Consult shell. • Radiologist signs off on the document. • The RAF Physician Concierge follows the process for saving documentation as noted in the policy.
<p>3. Patient Request for Second Opinion - Procedure (attached)</p>	<p>Legal/ HIPAA issue</p>	<p>Billable</p>	<p>A patient contacts RAF and requests a RAF Physician provide a written 2nd opinion read of a study performed at an outside facility.</p>	<ul style="list-style-type: none"> • RAF Concierge works with the patient to obtain a completed ABN form, Medical Release Form, and copy of the patient's insurance card and ID. • RAF Physician Concierge contacts radiologist in Primordial when the study has been uploaded and is ready to be read. • Radiologist completes the read. • RAF Physician Concierge or Office Assistant transcribes the report. • Radiologists signs off on the completed report. • RAF Physician Concierge or Office Assistant sends documentation to the billing company for submission to the insurance carrier. • RAF Physician Concierge or Office Assistant sends 2nd opinion report to patient as requested and saves paperwork as noted in the procedure details.

Radiologic Associates of Fredericksburg, Ltd.

Policies and Procedures for Curbside Consults

Created: February 2018

Approved: CEO

Policy:

It is the policy of RAF/MIM to implement and maintain appropriate and reasonable safeguards for our physicians who are asked to consult on a patient who is not currently under our physician's care and/or may be unknown to our physician. These types of consultations will be further noted as "Curbside Consultations" in this policy.

Scope:

Consulting physicians who render an opinion on a patient without examining them are all participating in a physician-patient relationship. While all physicians need to be cautious, it increases knowledge between physicians and may be highly beneficial in the overall care and treatment of patients.

Background:

Liability greatly increases when you participate in a curbside consultation when the following conditions exist:

1. It is a complex situation.
2. The questions being asked are specific in nature versus general.
3. If you need to examine the patient to give good advice.
4. You know your advice is being used to make or confirm a diagnosis, admission, or discharge decision.

Purpose:

The purpose of this policy is to establish guidance on curbside consultations with other physicians and to ensure that the patient's medical record is updated appropriately with the physician's consultation notes.

Procedure:

The following procedures will be followed when a curbside consultation is requested:

1. The physician will conduct the consultation.
2. The physician will send a Primordial message to the RAF Concierge or the RAF Office Assistant requesting a “conversation shell” with a note that is to include all information to be transcribed within the shell.
3. The RAF Concierge or RAF Office Assistant will create the shell in the RAF PACS system and transcribe the note within the conversation shell.
4. The RAF Concierge or RAF Office Assistant will notify the physician once this has been completed.
5. The physician will review and sign the dictation in the RAF PACS system.
6. A copy of Curbside Consultation notes will be faxed to the referring physician’s office to be scanned into the patient’s medical record.

Radiologic Associates of Fredericksburg, Ltd.

Policies and Procedures for Non-Treatment, Payment, and Health Care Operations Courtesy Consult Requests

Created: June 2016, Updated May 2018, Updated August 2018

Approved: CEO

Purpose:

It is the policy of Radiologic Associates of Fredericksburg (RAF), (hereafter referred to as “The Practice”), to follow our written plans designed to maintain our compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations for healthcare. This policy is designed to assist The Practice physicians in understanding their legal and professional obligations to maintain patient confidentiality specifically for Non-Treatment, Payment, and Healthcare Operations (NON-TPO) Courtesy Consult Requests. It is intended to provide a general overview of the confidentiality requirements under HIPAA and to outline other professional obligations related to patient confidentiality. HIPAA laws do not require consent or authorization for purposes of releasing PHI for Treatment, Payment, and Healthcare Operations (TPO). However, NON-TPO requests require either consent or authorization which is determined by the nature of the request. When The Practice physicians are asked to provide a NON-TPO Courtesy Consult, either written or verbal consent is required. The purpose of this policy is to outline The Practice’s procedure for obtaining consent and documenting NON-TPO Courtesy Consult requests in compliance with HIPAA regulations.

Policy:

The Practice physicians are expected to act in accordance with all legal and professional requirements when discussing clinical patient information and must also use their best judgment to practice medicine in a safe manner. This policy will outline how to maintain HIPAA compliance specifically related to discussing Protected Health Information (PHI) for NON-TPO Courtesy Consult requests in a clinical setting.

Procedure:

The Practice Physician who receives a request to discuss NON-TPO PHI with a family member of a patient must first obtain consent from the patient. Consent can be either written or verbal as detailed below. Once consent has been obtained, The Practice Physician may render the NON-TPO Courtesy Consult followed by documenting the consult as outlined below.

Obtaining written or verbal consent

- A. Written consent from the patient is acceptable.
 1. Patients of MWHC may have a signed *Authorization to Release Information* on file. The RAF Physician Concierge or Office Assistant can be contacted to verify if one is on file. Please note that when reviewing prior consents, *MWHC Authorizations to Release Information* are tied to specific exams/studies and include expiration dates.
 2. If a valid signed authorization is not on file, patients may complete a *RAF Authorization to Release Information* form directly with one of The Practice physicians. A copy of the *RAF Authorization to Release Information* form is attached hereto, available on Primordial, or can be obtained by contacting

the RAF Administrative Office (Physician Concierge, Compliance Coordinator, or Office Assistant).

3. Other forms of written documentation are also acceptable (example is a letter from the patient).

B. Verbal consent from the patient is also acceptable.

1. The Practice Physician may speak with the patient to obtain verbal consent.

Documentation of consult

1. For existing patients and studies within the MWHC system, The Practice Physician will send a Primordial message to the RAF Physician Concierge or Office Assistant with the details of the consult including patient demographics, type of consent obtained, and a link with the exam attached. The RAF Physician Concierge or Office Assistant will input the information into a consult shell for The Practice Physician to sign off on. The completed document will be saved in the RAF RIS System.
2. For existing MWHC patients with outside studies, the study must first be imported into the PACS system so that The Practice Physician can view the image(s). Importing can be done by the file room or by the RAF Physician Concierge or Office Assistant. The Practice Physician will then send a Primordial message to the RAF Physician Concierge or Office Assistant with the details of the consult including patient demographics, type of consent obtained, and a link with the exam attached. The RAF Physician Concierge or Office Assistant will input the information into a consult shell for The Practice Physician to sign off on. The completed document will be saved in the RAF RIS System. The RAF Physician Concierge or Office Assistant will link the outside study to the patient's timeline within the MWHC PACS system.
3. For patients and studies not within the MWHC system, the study must first be imported into the PACS system so that The Practice Physician can view the image(s). Importing can be done by the file room or by the RAF Physician Concierge or Office Assistant. The Practice Physician will then send a Primordial message to the RAF Physician Concierge or Office Assistant with the details of the consult including patient demographics, type of consent obtained, and a link with the exam attached. The completed document will be saved in the RAF RIS System.

NON-TPO Courtesy Consult request examples:

Example #1 A physician or non-physician friend contacts one of The Practice physicians and asks if he/she could review a study that his wife had done at a Medical Imaging of Fredericksburg (MIF) facility, giving the results to the husband instead of his wife, who is the patient. The Practice Physician may respond with an inquiry to the RAF Physician Concierge to see if a valid *Authorized to Release Information* is on file within the MWHC system and if not, follow the steps to obtain one (above), or contact the patient to obtain verbal consent. Once consent is confirmed, The Practice Physician may proceed with providing the courtesy consult followed by documentation as noted above for MWHC Patients.

Example #2 A friend of one of The Practice physicians requests a review of a study (CD) that a relative had done at another facility. The relative is not in the MWHC system. The Practice Physician would respond by confirming consent from the patient (written or verbal as outlined above). Once consent has been confirmed, The Practice Physician may proceed with the courtesy consult and documentation as noted above for patients and studies not within the MWHC system.

**Radiologic Associates of Fredericksburg
10401 Spotsylvania Ave. Ste. 200
Fredericksburg, VA 22408**

(540) 361-1000

Fax (540) 361-7010

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

I understand that under the Health Information Portability and Accountability Act (HIPAA) which became effective April 14, 2003, I have certain rights to privacy regarding my protected health information (PHI). I understand that this information legally can and will be used to:

- Conduct, plan, and direct my treatment and care among multiple providers
- Obtain payment from third party payers
- Conduct normal healthcare operations
- Provide information to referring physicians or medical professionals providing treatment

In addition to the above, an adult individual may authorize that his or her PHI may also be disclosed to family members or others. This authorization permits physicians of Radiologic Associates of Fredericksburg to discuss my Personal Health information (PHI) to **ONLY** those individuals I have listed below:

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____
4. _____ Relationship _____

I may elect to have this authorization expire on a date I specify in the future. The date I have entered below represents the date I wish this authorization to expire:

DATE OF AUTHORIZATION EXPIRATION: _____/_____/_____

However, you do retain the right to revoke this authorization at any time by sending a letter to:

Radiologic Associates of Fredericksburg
Attn: Compliance Coordinator
10401 Spotsylvania Ave. Ste. 200
Fredericksburg, VA 22408

I understand that the revocation will take effect on the date that it is received by the Compliance Coordinator.

I understand that once my PHI is disclosed pursuant to this authorization, the federal privacy protections will no longer apply to the disclosed PHI, and thus, my family member(s) and others to whom my PHI is disclosed may re-disclose that PHI.

NAME (print): _____ DATE: _____

SIGNATURE OF PATIENT: _____

Patient Request for Second Opinion Process
(updated 9/20/18)

- 1) Patient requests a second opinion of their imaging study performed at an outside facility.
- 2) Patient drops off DICOM CD of study with comparison if available and original reports to RAF administration.
- 3) Patient signs ABN form, medical release form, and provides copy of insurance and ID.
- 4) RAF Physician Concierge uploads images/documents into RAF PACS and prepares demographics for interpretation.
- 5) Radiologist is notified via Primordial that the study is ready in RAF PACS.
- 6) Radiologist interprets imaging study in RAF PACS and includes 1 comparison study if available either from outside facility or from our imaging facilities.
- 7) Report is finalized and Radiologist sign off on final report.
- 8) Patient is called by RAF Physician Concierge that report is ready.
- 9) Patient returns to RAF Administration, signs medical release form (to release report). DICOM CD and reports are released back to the patient.
- 10) All documents will reside in RAF RIS.
- 11) Report, copy of insurance, ID, and signed ABN forms are sent to Change Healthcare for billing.

Radiologic Associates of Fredericksburg

Commercial Insurance: ADVANCE BENEFICIARY NOTICE (ABN)

DATE: _____ PATIENT: _____

COMMERCIAL INSURANCE: _____

- You are receiving this notice because your insurance company may not pay for all of the services you receive during your visit to our office.

WHAT YOU NEED TO DO NOW:

- Read this notice so you can make an informed decision about your care.
- Ask any questions you may have.

Supplies and Services	Reason Insurance May Not Pay	Estimated Cost
Professional Component Services – Second read of imaging study.	Secondary reads may not be covered.	<p>[\$] will be billed to insurance.</p> <p>If insurance covers, patient's portion will be \$[].</p> <p>If insurance does not cover, the full \$[] will be due from patient.</p>

_____ YES I want to receive these services. If my commercial insurance carrier denies payment, I am completely responsible for payment in full. I understand that I can appeal this decision for nonpayment by my insurance carrier.

_____ NO I have decided not to receive these services.

_____ OTHER Should I decide to request these services in the future, I understand I will be charged and am responsible for payment in full.

By signing this notice you agree to take financial responsibility for the cost of the supplies and services listed above should your insurance company deny coverage for the listed items.

Guarantor Signature:	Date:
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A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D. Services and Supplies** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. Services and Supplies** below.

D. Services and Supplies	E. Reason Medicare May Not Pay:	F. Estimated Cost
Professional Component Services – Second read of imaging study.	Secondary reads may not be covered.	<p>\$[] will be billed to insurance.</p> <p>If insurance covers, patient's portion will be \$[].</p> <p>If insurance does not cover, the full \$[] will be due from patient.</p>

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. Services and Supplies** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the **D. Services and Supplies** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the **D. Services and Supplies** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **D. Services and Supplies** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.