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# Radiology Trends

## *Did You Know?*

That PQRS measure #10 Stroke and Stroke Rehabilitation: CT or MRI Reports has been retired effective January 1, 2013.

Kelsey-Seybold Clinic is the first accountable care organization (ACO) to be accredited by the National Committee for Quality Assurance (NCQA). Kelsey-Seybold is comprised of 350 doctors in 20 locations and is located in Houston, TX.

## Another SGR Band-Aid

In an eleventh (or twelfth) hour session, the House approved the Senate's package that temporarily averted the "fiscal cliff." The good news is that the 26.5% reduction in the Medicare Physician Fee Schedule (MPFS) was averted. The current MPFS will remain in place until December 31, 2013. Funding for MPFS will be paid for by reductions in payments to hospitals, pharmacies, dialysis clinics and other

Medicare providers.

More physician members of Congress voted against the "fiscal-cliff" bill than voted for the bill.

Hidden in the bill is an increase in the utilization rate for advanced imaging effective January 1, 2014 from 75% to 90%. The bill also increases the time limit to recover overpayments from three years to five.

President and CEO of the MGMA-ACMPE, Dr.

Susan Turney, said in a statement, "Without action to permanently repeal the sustainable growth rate formula, Congress will replay this fiscally irresponsible scenario again and again, with even larger cuts awaiting practices in the near future."

See page two for more of what's included in the bill.

## UVA Health System Tests Older Doctors

The University of Virginia Health System is one of a few that have begun testing older doctors, both body and mind, at the age of 70. At age 75 the evaluations become an annual event. According

to the American Medical Association (AMA) 21% of American physicians are still practicing beyond the standard retirement age. Retired Internal Medicine physician, Dr. Christopher Alexander said, "One of

the hardest things for physicians to do is quit. When they reach a point where their performance may endanger patients, then somebody has to step in and say now look."

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## The American Taxpayer Relief Act of 2012

- Avoids the sustainable growth rate (SGR) cut to the Medicare Physician Fee Schedule (MPFS) for one year. Still may be payment rate adjustments due to conversion factor adjustments and relative value unit (RVU) changes
- Delays the automatic sequestration cuts, including a 2% across the board cut for all Medicare providers, for two months
- Continues the Medicare 1.0 work RVU geographic practice cost indices (GPCI) through the remainder of 2013
- Reduces future payments by increasing the Part B utilization assumption from 75% to 90% for advanced imaging services in 2014 and forward



## Coding and Compliance Tips by Lori Shore, CPC,RCC

Beginning April 1, 2013 new place of service reporting guidelines will be implemented by the Centers for Medicare and Medicaid Services (CMS). Transmittal 2563 was issued by CMS on October 11, 2012 but left as many questions as answers. In an effort to clarify this issue, the American College of Radiology (ACR) and the Radiology Business Management Association (RBMA) have jointly issued guidance on the subject.

Why does the place of service (POS) matter? Under the Medicare Physician Fee Schedule (MPFS) different rates are paid for facility and non-facility claims. For professional component services, the POS code determines which rate is paid. The facility rate is always paid for a hospital

inpatient (POS 21) or hospital outpatient department (POS 22).

Often times the professional (PC) and technical (TC) components of radiology services are provided in different locations. Usually the POS billed for the professional component is where the technical component of the service was rendered. The POS issue comes into play when the PC and TC are performed in two different payment localities. In this case, global billing is pro-

hibited by transmittal 2563 and the PC and TC must be billed separately. To further complicate matters, if the PC and TC were performed in separate Medicare Area Contractor (MAC) jurisdictions, the group would need to enroll in both jurisdictions and payment for each component would be based on the fee schedule for that MAC.