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# Radiology Trends

## **Did You Know?**

Adding tomosynthesis to digital mammography for breast cancer screening reduces recall rates by 37%, with the technique recording better performance for certain types of breast abnormalities.

## **Nonsolid Lung Nodules Found On CT Harbor Few Cancers**

Nonsolid nodules detected with CT lung cancer screening are often indolent, and even when they do harbor cancer, the long lead times before such nodules develop make it safe to follow them up less often.

The study of more than 57,000 screening participants in the International Early Lung Cancer Action Program (I-ELCAP) -- some of whom have been followed for more than 10 years -- reveal generous lead times and very few cancers over time among nonsolid lesions, especially larger ones, reported lead investigator Dr. Claudia Henschke, PhD, from Weill Cornell Medical College. So although the follow-up of nonsolid nodules remains a topic of controversy, the new data show there's no rush to rescan nonsolid lesions, especially when they appear on annual repeat screening rounds rather than on baseline CT screening, she said. "I think cancers in nonsolid nodules are slow-growing," Henschke said. "Nonsolid nodules of any size can be followed in 12 months."

## **Did You Know?**

Tenosynovitis is detected by magnetic resonance imaging (MRI) in almost 2/3 of patients with early arthritis. Most of the tenosynovitis in early arthritis occurred in patients with early rheumatoid arthritis (RA).

## **89 ACOs Will Join Medicare Shared Savings Program This Month**

One of Medicare's largest attempts to overhaul how hospitals and doctors are paid will expand this month even as federal officials acknowledge the need to modify the program to sustain the interest.

The Medicare Shared Savings Program--a broad test of accountable care launched in 2012 under the health reform law--will add another 89 organizations this month. The additions will help bring the total number of organizations in the program to 405 and help boost the number of Medicare enrollees who get care from doctors in ACOs to 7.2 million up from 4.9 million.

But the program has been met with some criticism from hospitals and doctors who say its rules have limited their efforts to manage the cost and quality of care, the two measures used to determine financial incentives.

More than 200 organizations will decide soon whether to continue in the Shared Savings Program as their initial contracts expire at the end of this year.

Sean Cavanaugh, director of the CMS' Center for Medicare, said he hopes the proposed changes will help "solidify growth" of the program.

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### Stroke Rounds: Post TIA Imaging Predicts Recurrent Stroke Risk

CT evidence of acute ischemia, either alone or in combination with chronic ischemia or microangiopathy, present within 24 hours of a nondisabling stroke can help predict risk of recurrent stroke for up to 90 days.

Patients with transient ischemic attacks (TIA) or nondisabling strokes in a large, prospective, multicenter study who showed evidence of acute and chronic ischemia and microangiopathy had an eight-fold increase in risk for having another stroke over the next 3 months, lead researcher Jason K. Wasserman, MD, PhD, of Ottawa Hospital Health Research Institute, Ontario, and colleagues wrote in the American Heart Association journal *Stroke*.

"The risk of stroke after TIA/nondisabling stroke associated with specific findings on CT has not been reported previously," the researchers wrote. "Acute ischemia is associated with a high risk of stroke after TIA/nondisabling stroke and the risk increases, especially within the first 2 days, with the addition of chronic ischemia and microangiopathy." While the study is one of the largest cohorts ever published examining CT findings following TIA/nondisabling stroke, the small number of events within 2 days meant that the association between acute ischemia and stroke risk did not reach statistical significance.

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

#### Multiple Uses for Modifier 59 Prompts CMS to Create 4 New Modifiers

In order to further define the reason for the use of modifier 59, CMS has created four new modifiers effective January 1, 2015. While modifier 59 will still be recognized, CMS is encouraging the use of modifiers XE, XS, XP and XU for further specification and may selectively require the modifiers for certain high-risk billing areas.

**XE** – Separate Encounter, a service that is distinct because it occurred during a separate encounter

**XS** – Separate Structure, a service that is distinct because it was performed on a separate organ/structure

**XP** – Separate Practitioner, a service that is distinct because it was performed by a different practitioner

**XU** – Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service

Begin using these modifiers to avoid any delays in payment.