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Radiology Trends

Did You Know?

The American Cancer Society has published guidelines recommending CT screenings for long-term or former smokers.

According to the National Research Council and the Institute of Medicine, American men are last in life expectancy among 17 high-income countries. American women ranked next to last in life expectancy.

New HIPAA Rules Strengthen Penalties

The Department of Health and Human Services (HHS) recently released a 563 page update to the HIPAA privacy rule in the Federal Register. HHS Secretary, Kathleen Sebelius, said, "Much has changed in health care since HIPAA was enacted fifteen years ago. The new rule will help protect patient privacy and safeguard patients' health information in an ever-

expanding digital age."

The new rule defines rules for use of protected health information for marketing and fundraising, and expands liability for business associates.

HIPAA is enforced by the Office of Civil Rights at HHS. Director, Leon Rodriguez said, "These changes not only greatly enhance a patient's privacy rights and protections, but also

strengthen the ability of my office to vigorously enforce the HIPAA privacy and security protections, regardless of whether the information is being held by a health plan, a healthcare provider or one of their business associates."

The effective date of the change is March 26th with compliance expected by September 21, 2013.

Only 24% of Radiologists Qualify for PQRS Bonuses

According to Dr. Richard Duszak, Jr., M.D., CEO of the American College of Radiology's (ACR) Harvey L. Neiman Health Policy Institute, in an article published in the February issue of the *Journal of the*

American College of Radiology, three quarters of radiologists are not meeting PQRS requirements. The good news is that more radiologists are qualifying than other specialties.

Unfortunately, the penalty

phase of PQRS is looming. By 2016, the worst case scenario could mean penalties of more than \$2,500 per radiologist or greater than \$100 million for the profession.

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Coding and Compliance Tips by Lori Shore, CPC,RCC

In this age of bundling, it is important to understand what is not included in bundled codes. For example, the newly bundled codes for thrombolytic therapy, 37211– 37212, can be billed with modifier 50 (bilateral) if a second access site is necessary. You cannot; however, bill for cessation of thrombolytic therapy (37214) when therapy begins and ends on the same date of service. Diagnostic and/or therapeutic interventions during the thrombolytic therapy are separately reportable as is ultrasound guidance (76937).

It is a good idea to build the elements of the ultrasound guidance code 76937 into your templates as this code often lacks the proper documentation needed to report it. Code 76937 requires that you docu-

ment selected vessel patency, concurrent real-time visualization needle entry and must mention that a permanent image was stored in PACS. Ultrasound guidance is also separately reportable with the newly bundled angiography codes of the head and neck 36221-36228.

While vertebroplasty codes include conscious sedation, kyphoplasty codes do not. Conscious sedation codes can be coded with 99144 and

99145, following these documentation rules. The sedation time must be documented as well as the fact that a trained observer assisted in monitoring the patient's level of consciousness and physiological status. Codes involving time must meet at least 50% of the time requirement to be reportable. 99144 is for the first 30 minutes and 99145 is used for each additional 15 minute increments.

Bits and Pieces

- On the recently released 2013 Medicare Physician Fee Schedule (MPFS) the PC/TC indicator for placement of a metallic localization clip during a breast biopsy/aspiration (19295) has been changed to a TC only procedure.
- The American Board of Medical Specialties (ABMS) is now issuing a dual certificate in diagnostic imaging and interventional radiology. This was the result of joint efforts by the Society of Interventional Radiology (SIR) and the American Board of Radiology (ABR). ABMS previously denied the application for a singular interventional radiology certificate in 2009. This new certification now recognizes interventional radiology as a primary specialty as opposed to a sub-specialty.