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Radiology Trends

Did You Know?

Half of California's primary care physicians are unaware of the state's breast density notification law, which suggests that the legislation has been unsuccessful in promoting discussions between women and their caregivers about breast cancer risk, according to a new study.

CMS Bends On Reporting Periods For Meaningful Use

CMS announced at the end of January that it is considering proposals to shorten the meaningful use reporting period to 90 days this year, something providers and others have been requesting.

Shortening the period essentially means providers can meet the meaningful use requirements and avoid financial penalties with software in place for less time than is currently required.

The College of Healthcare Information Management Executives, a key advocate for changes in the reporting period, was positive about the announcement. "It is indeed" what the organization was looking for, said Jeff Smith, the organization's vice president of public policy.

CMS is also considering changing reporting periods to the calendar year to "allow eligible hospitals more time to incorporate 2014 Edition software into their work-flows and to better align with other CMS quality programs," and will "modify other aspects of the program" that may lessen providers' reporting burdens.

CMS clarified that the rulemaking on reporting period flexibility will be separate from the upcoming third-stage meaningful-use rule, which may be released in March.

Did You Know?

Ultrasound developer Fujifilm SonoSite and the Floating Doctors (who provide free health services to those in isolated areas) have created a six-part video series titled "Bridging the Gap" to promote the use of handheld ultrasound in remote locations.

PET/MRI Spots Neuron Inflammation From Chronic Back Pain

A recent study using PET/MR images have lead researchers for the first time to confirm evidence of neuroinflammation in key regions of the brain in patients with chronic back pain.

A group from Boston detected elevated levels of translocator protein that is associated with neuroninflammation and is a marker of glial cell activity. By demonstrating glial activation in chronic pain, the findings suggest that glial cells could eventually be used as a therapeutic target and to help develop biomarkers for pain conditions. Previous studies have found a link between glial activation and persistent pain in animal models, but no research had documented glial activation in the brain in humans with chronic pain.

"Until very recently, we thoughts chronic pain conditions arose from dysfunctioning neurons within the pain path networks or the central nervous system" said lead author Marco Loggia, PhD, an assistant professor of neuroscience at Massachusetts General Hospital (MGH). The researchers enrolled 19 patients who had chronic lower back pain for at least two years (aged 29-63 years) and 25 healthy control subjects (aged 28-65 years). The researchers chose this patient population for the study because chronic back pain is such a widespread condition. "The possibility of measuring glial activation may be a step forward in the certification of the biomarker for pain" Loggia said.

MBMS

111 Continental Drive
Suite 315
Newark, DE 19713

Phone: 1-888-625-4753

Fax: 302-731-2498

E-mail:

mostrum@mbms.net

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THE WEB!

WWW.MBMS.NET



Major Providers and Insurers Plan Push To New Payment Models

Several of the nation's largest health systems and insurers are joining together in a new task force with the goal of shifting 75% of their business to contracts with incentives for quality and lower-cost healthcare. The Health Care Transformation Task Force includes:

- Some of the largest US health systems including : Ascension and Trinity Health
- Insurance giants Aetna and Health Care Service Corp.
- Employers Caesars Entertainment and Pacific Business Group on Health
- Regional giants Partners HealthCare and Advocate Health Care.

The task force members said they would reach their target by 2020. The group will seek to develop policy proposals and private-sector initiatives. Initial efforts will focus on accountable care, bundled payments and management of cost and quality of care for high-cost patients (such as those with multiple chronic conditions and near end of life). "We want to align the way we provide care and pay for care in order to achieve the triple aim outcomes," said Dr. Tim Ferris, Partners' senior vice president for population health. He is referring to the three widely cited goals of health-policy makers and industry initiatives: improved health, a lower cost and a better overall patient experience.

The group's announcement comes days after federal health officials unveiled a plan to shift half of their spending not devoted to managed care into accountable care, bundled payments and other contracts with the potential for rewards or penalties based on quality performance and better cost control.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Many Questions Surround New Breast Tomosynthesis Code Use

Much confusion has surrounded the introduction of codes for breast tomosynthesis. A written order for breast tomosynthesis is **not** required as the code falls under the Ordering of Diagnostic Test Rule exception described in the Medicare Benefit Policy Manual, Chapter 15, Section 80.6. The new codes are not dependent on the type of equipment used. Diagnostic studies should be reported using codes 77061 or 77062 or G0279 for Medicare patients. Screening studies should be reported with the add-on code 77063. It is still acceptable to bill for breast tomosynthesis with planar mammography, even if the images were obtained from multiple small exposures of the digital breast tomosynthesis, according to the American College of Radiology (ACR).

The ACR does not subscribe to the vendor's description of breast tomosynthesis as 3D and have avoided using the terms 2D and 3D in describing the procedure. Rather, it is a group of tomograms from conventional tomography viewed in a stacked set.

National Correct Coding Initiative (NCCI) edits had been applied by CMS to the screening digital breast tomosynthesis code when billed with computer-aided detection (CAD). These edits will be deleted in the April 1st release of NCCI. Resubmitting denied claims after April 1 should allow for payment.