Radiotherapy Trends
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Congressional Payment Fix - Good News/Bad News

The good news is that Congress has struck a deal to avoid the 27.4% cut to Medicare payments to physicians scheduled for March 1st. The bad news is that once again they failed to find a solution to the sustainable growth-rate (SGR), instead delaying it until the end of the year, after the election. Dr. Peter Carmel, President and CEO of the AMA said, “People outside of Washington question the logic of spending nearly $20 billion to postpone one cut for a higher cut next year, while increasing the cost of a permanent solution by another $25 billion.”

Also beginning March 1st, Medicare payments for DXA scans performed outside of the hospital setting will be severely cut. This is the result of a second round of regulatory reductions. The first was the Deficit Reduction Act of 2006 that limited Part B imaging center payments to those of hospital outpatient rates. This lowered office-based reimbursement by 40% in 2007. Under the Affordable Care Act of 2010, DXA payments increased to 70% of the 2006 Medicare rate. This rate was set to expire at the end of 2011. The second was a change in the way CMS calculated the practice expense and reduced the physician work RVUs for DXA by one-third, as recommended by the AMA’s Relative Value Update Committee.

Payments Forthcoming in United Healthcare Settlement

Physicians involved in the class-action suit against United Healthcare (UHC) should begin seeing their share of $200 million. The American Medical Association (AMA) and others filed suit claiming that UHC was using flawed data, obtained from their subsidiary Ingenix, to pay out-of-network providers. Out-of-network providers were paid less than they billed leaving patients with out-of-pocket expenses.

UHC did not admit guilt in the 2009 settlement but agreed to discontinue use of the Ingenix databases. The creation of FAIR Health, “Fair and Independent Research” was also a product of the settlement. UHC paid $50 million towards the creation of FAIR. The not-for-profit organization reports out-of-network rates to the public.

Did You Know?
The government recovered $4.1 billion in its fraud enforcement efforts in FY 2011. $2.4 billion was recovered in civil cases brought under the False Claims Act.

The Department of Health and Human Services (HHS) Secretary, Kathleen Sebelius, announced the implementation date for ICD-10-CM and ICD-10-PCS will be delayed for certain entities. Which entities and new implementation dates have yet to be announced.

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CPC and Compliance Tips by Lori Shore, CPC, RCC

PQRS has added a new measure related to radiology for 2012, Measure 262—Image Confirmation of Successful Excision of Image-localized Breast Lesion. While the three CPT codes for this measure are only reportable for open procedures, the measure requires that specimen radiographs be performed intraoperatively to confirm that the target lesion(s) were included in the specimen. Code 19125, Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion also requires that a localization wire be placed pre-operatively in order to qualify for the measure. While this measure is not directly reportable by most radiologists, it may have an impact on the volume of wire localizations and specimen radiographs performed.

The following measures are still reportable under the PQRS program:

#10—Stroke/Rehab for CT and MRI
#76—Prevention of Catheter-related bloodstream infections with Central Venous Catheter Insertion Protocol

#145—Exposure time for Fluoroscopy
#146—Inappropriate use of Probably Benign for Screening Mammography
#147—Correlations with Previous Studies for Nuclear Bone Studies
#195—Stenosis Measurements for Carotid Imaging
#225—Reminder System for Mammograms

If you would like information on these or any PQRS measures please contact me at lshore@mbms.net.

Coding for peripheral vascular disease in ICD-10 is like building a code. For atherosclerotic PVD we start in category I70 then begin building. The fourth digit describes the type of vessel; native artery, bypass graft, autologous vein, etc. The fifth digit describes the manifestations; intermittent claudication, rest pain, ulceration, gangrene. The manifestations are built into a hierarchy where one symptom includes lesser symptoms. For example, ulceration includes rest pain and claudication. The sixth digit describes the location; right or left leg, bilateral legs, other extremity.

I70.261—Atherosclerosis of native arteries of extremities with gangrene, right leg.

Based on the hierarchy this code includes ulceration.

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