



# Radiology Trends

## Medical Billing and Management Services

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### Did You Know?

For dates of service April 18, 2011 and forward Medical Assistance of New York will require pre-authorization of CT, CTA, MRI, MRA Cardiac Nuclear and PET procedures through the RadConsult program.

The AMA is offering a free coding app on iTunes for use on Apple iPhones, iPads and iTouch devices. The app is designed to help doctors assign the appropriate E/M CPT codes.

### Accountable Care Organizations in the News

Accountable Care Organizations (ACOs) have been a hot topic in Washington as the administration looks for new payment models for Medicare physicians. CMS recently proposed regulations for the ACO model. An ACO is a group of providers who work together to coordinate the care of traditional Medicare beneficiaries. The Federal Trade Commission and the Justice Department have proposed a safe harbor against anti-trust

lawsuits for ACOs that account for 30% of the Medicare fee-for-service business in the local area. Larger ACOs with at least half of the fee-for-service business in a local area must undergo an expedited anti-trust review.

CMS has proposed that an ACO enter into a three-year agreement as a condition of participation and have a formal structure to receive and distribute shared savings to providers. The ACO must also have at

least 5,000 Medicare beneficiaries and include primary care providers. Quality will be measured in patient/caregiver experience of care, care coordination, patient safety, preventative health and at-risk population/frail elderly health.

CMS is hoping to serve up to 5 million beneficiaries through the ACO program and potentially save the Medicare program \$960 million over three years.

### New Method of Determining Pediatric CT Dosage

Kerstin Ledenius, a medical physicist from the Sahlgrenska Academy at the University of Gothenburg, Sweden, and her research team have designed a new method of calcu-

lating radiation dosages for children while maintaining image quality. This new method is already being used at the Queen Silvia Children's Hospital by Ledenius and her team.

4-7 million CT scans are performed on children in the U.S. annually. CTs are responsible for 45% of the collective radiation exposure but make up only 12% of all radiology procedures at a large U.S. hospital.

# In The News

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### Coding and Compliance Tips by Lori Shore

Each year we anxiously await the new, deleted and revised CPT codes, but what is often overlooked are the definition updates and narrative additions. The 2011 edition is a prime example of narrative changes that effect coding. This year "time" for coding purposes has been defined. The code for conscious sedation for each additional 15 minutes, 99145, was previously used if only 1 minute over the original 30 minutes was documented. This year CPT has clarified the use of any time related code stating that at least

50% of the time requirement must be met in order to bill the code. Now in order to bill code 99145 the patient must be under conscious sedation for at least 37.5 minutes. While this may seem like a trivial issue, failure to adhere to this now published guideline can be quite costly in a RAC audit.

Also published in the 2011 CPT narrative are documentation requirements for non-invasive physiologic studies of the upper and lower extremities. For upper extremities the documentation of either a

limited or complete study must specify Doppler determined systolic pressures. For lower extremities the documentation must specify ABIs at distal posterior tibial and anterior tibial/dorsalis pedis arteries. To differentiate a limited and complete study the documentation must now include the number of bidirectional Doppler waveform recordings and analysis; OR volume plethysmography OR transcutaneous oxygen tension measurements. Limited codes are assigned for 1-2 levels and the complete codes for 3 or more levels.

### Two ACR members named to MEDCAC

Robert K. Zeman, MD and Michael D. Mills, PhD, both members of the American College of Radiology have been named by CMS to the Medicare Evidence Development and Coverage Advisory Committee (MEDCAC). CMS only selects up to 100 members for this committee.

### MedPAC Recommends Preauthorization for Top Ordering Docs

The Medicare Payment Advisory Commission (MedPAC) recently voted 15-1 to recommend that Medicare require preauthorization of advanced imaging studies for those physicians whose ordering of advanced imaging studies exceed those of their peers. Providers deemed not to order excessively would be subject to prior notification but not prior authorization procedures.

Look for us in the  
May/June issue of the  
RBMA Bulletin.

