Radiology Trends

Medical Billing and Management Services

Not just billing….a business partner

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 calculating 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.

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.

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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.