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April, 2013  
Volume 3, Issue 4

## Radiology Trends

### *Did You Know?*

The FDA has approved Lymphoseek (technetium Tc 99m tilmanocept) injection for locating lymph nodes in breast cancer and melanoma patients having the lymph nodes removed.

Third Man Records in Nashville recently released a limited-edition new single on a disc made out of old x-rays. The images remain on the disc and were released as part of a 7 inch single by Gibby Haynes. The discs are being called flexi-rays.

### CMS Vacillates on Meaningful Use Phase 2 Edits

Several weeks ago CMS confirmed that Meaningful Use Phase 2 Edits would affect both the technical and professional component for radiology. This means that edits would be applied for all referring and ordering physicians to ensure that they have current Medicare enrollment records on file or the claim will be denied. CMS recently revised their decision and announced that the edits would only affect global claims and not hospital based claims. The technical component will be affected for all sites.

What does this mean for your practice? If you are an imaging center or IDTF, you should check the database for your top referring physicians to make sure that they are enrolled so that your claims will not be denied.

According to CMS the edits are based on the first four letters of the providers last name and the first letter of the first name. Middle initials and suffixes are not considered. Again, these edits are based on individual NPI numbers, not group numbers.

CMS has been providing

informational denials to assist in resolving many of these issues.

The CMS website provides a file listing all individual providers (not groups) at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareOrderingandReferring.html>

### Sequestration Cuts Begin in April

As part of the Budget Control Act of 2011 and the inaction of Congress on the budget, the 2% sequestration, mandatory across the board

cuts in Federal spending, went into effect on March 1, 2013. The adjustments will be applied after deductibles and co-insurances are calcu-

lated, so as not to increase the cost to patients. The reductions will begin with dates of service or dates of discharge on or after April 1, 2013.

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### 2013 Technical Component Cuts in Radiology by Jason Cavallaro, MBA, CPC

In the 2013 Medicare Physician Fee Schedule final rule, Centers for Medicare and Medicaid Services (CMS) released the relative value unit (RVU) information for new, existing and revised CPT® codes. There were increases as well as decreases in the payment rates for radiology services.

Per CMS, Several types of providers are projected to see decreases in Medicare Physician Fee Schedule payments, mainly as a result of the potentially miss-valued codes initiative.

The Physician Practice Information Survey (PPIS) was conducted in 2007 and replaced the AMA's Socioeconomic Monitoring System (SMS) that collected trend information on medical practice characteristics and is used as part of the calculation of the technical component fee. The PPIS data was flawed and not representative of outpatient radiology practices.

Despite multiple efforts by advocacy associations (ACR, RBMA) to contest the use of this seriously flawed survey, CMS decided to use the data from the PPIS, which has also played a part in decreasing TC payments.

The Relative Value Update Committee (RUC) accepted inputs were forwarded to CMS, which is the final arbiter on the Fee Schedule. Despite extensive comments for the extremity MRI codes, CMS decided to decrease the equipment time by half, which contributed to a significantly decreased TC payment rate.

These reductions were implemented over four years, with 2013 being the final, fully transitioned year. Therefore, the CY 2013 PE RVUs are developed based entirely on the PPIS data, except when noted. CMS also recently adjusted the interest rate assumption in the Medicare payment formula, which also negatively impacts the TC payment.

Advocacy efforts were successful in maintaining the physician work RVU at the same level.

Significant cuts per the 2013 physician Fee Schedule in Technical portion of:

- \* MRI Joint Upper/Lower Extremities (73221 & 73721), 36.3% reduction
- \* Transvaginal Non-OB Ultrasound (76830), 55.4% reduction

### Coding and Compliance Tips by Lori Shore, CPC,RCC

As part of my responsibilities I research and correct any PQRS issues that are flagged by our clearinghouse. Ironically, there is one code that is continually flagged across multiple practices, 74230 - swallowing function with cine or video-radiography. This qualifies for Measure # 145— Fluoro exposure time. Maybe because there is so much activity with the various food consistencies or having the speech pathologist present, but even the most diligent radiologists usually fail to report fluoro time for this study.

The new bundled head and neck CPT codes involving the carotid arteries (36222—36224) also qualify for Measure #195—Stenosis Measurement in Carotid

Imaging Reports. Adding a statement about NAS-CET criteria to your templates is a good way to make sure you don't miss this measure.

Unfortunately, "under maximum sterile conditions" is not enough to qualify for Measure #76—Prevention of Catheter-Related Bloodstream Infections— Central Venous Catheter Insertion Protocol. Again a template will make sure you don't miss any ele-

ments of the "maximum sterile barrier technique including cap, mask, sterile gown and gloves, large sterile sheet, hand hygiene and 2% chlorhexidine for cutaneous anti-sepsis." As silly as it may sound, we must report a modifier IP if **all** of the elements are not reported.

2015 will be here before you know it. Perfect your PQRS templates before they begin reducing your payments!