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Radiology Trends

Did You Know?

According to new research out of Canada, it may now be possible to identify which first-stage Parkinson's disease (PD) patients who will go on to develop dementia.

Did You Know?

Protecting Access to Medicare Act of 2014 includes a delay in ICD-10 implementation by one year to October 1, 2015.

SGR Ruling Passed

On March 31st, the Senate approved by a vote of 64-35 the "Protecting Access to Medicare Act of 2014," that will again delay the 24% cut to Medicare physicians. It will instead provide a 0.5% increase through calendar year 2014 and freeze the final rates through March 31, 2015. The legislation passed the House on March 27th and was signed by the President into law on April 1st. The SGR patch bill delays the consideration of possible offsets for long-term SGR reforms until after the November elections. In summary, while H.R. 4302 averts the SGR cuts for one full year, the 0.5% payment update that has been in effect from January 1 – March 31 is only extended through December 31, 2014. For that

period of January 1, 2015 through March 31, 2015, the legislation provides a 0% update. The conversion factor for the remainder of 2015 and subsequent years would be computed as if the 0% update had not applied.

The Congressional Budget Office (CBO) estimated on a preliminary basis that the one year extension of physician pay rates would cost \$11.2 billion through fiscal year (FY) 2015 and \$15.8 billion over ten years. The legislation also includes several health-related extenders and riders which the CBO estimated would cost \$14.4 billion through FY 2015, but save \$1.2 billion over ten years.

Imaging Admins Concerned About Reimbursement

Continuing the trend of concern over reimbursement, medical imaging administrators reported having "very low confidence" that they will be adequately reimbursed from Medicare. The latest Medical Imaging Confidence Index (MICI)

data showed that medical imaging managers are even more discouraged about reimbursement than this time last year, when the confidence score was 66. The confidence score for the first quarter of 2014 was a mere 57.

The index evaluated the outlooks of 178 hospital imaging directors and managers.

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FDA Approves Neuraceq for PET Imaging of Brain

The U.S. Food and Drug Administration (FDA) announced today its approval for Neuraceq, which is indicated for PET imaging of the brain to estimate beta-amyloid neuritic plaque density in cognitively impaired adult patients being evaluated for Alzheimer's disease or other cognitive decline. There are over seven million new cases of dementia each year worldwide, with Alzheimer's disease accounting for 60 percent to 80 percent of all dementia diagnoses. Studies have shown that Alzheimer's gets incorrectly diagnosed in 10 percent to 30 percent of cases, leaving many patients without appropriate treatment. The Centers for Medicare and Medicaid Services has stated it will cover a beta-amyloid PET scan for patients under Coverage with Evidence Development programs, which aim to assess the impact of beta-amyloid scans on improving patient outcomes or advancing treatment options. Beta-amyloid is the primary indicator of Alzheimer's. Neuraceq is manufactured by Piramal Imaging, a division of Piramal Enterprises, Ltd.



Coding and Compliance Tips by Lori Shore, CPC,RCC

I have had several questions recently regarding the 3-D add-on codes, 76376 and 76377. The confusion about the use of these codes centers on the concurrent supervision requirement. Previously, coders needed to know whether or not the study was performed on an independent workstation.

In 2013 the requirement that the study be performed under the concurrent supervision of the radiologist was added. What exactly is concurrent supervision? This basically means that the radiologist was involved in the selection of the views to be reformatted and that he/she reviewed the reformatted images. Protocols do not meet concurrent supervision as they do not require the radiologist's involvement in the selection of views to be reformatted on an individual basis.

When properly supervised, documented and medically necessary, adding 76376 and 7637 is worth the effort involved. The national Medicare Physician Fee Schedule payment for 3-D reformatted views done on the same workstation is \$10.03, and

\$40.12 when done on an independent workstation. These codes can be added to any tomographic modality, unless already part of the code description. 3-D is already inherent in CTA and MRA, and therefore not separately billable.