



Radiology Trends

Medical Billing and Management Services

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Did You Know?

According to the Standard & Poor's Healthcare Economic Indices, Medicare revenue grew at the slowest annual rate in six years during the 12 months that just ended in February.

The Centers for Medicare and Medicaid Services (CMS) has submitted a proposed rule to begin coverage of MRI interpretations for all patients with permanent pacemakers. The previous proposal only allowed for coverage for those MRI patients with pacemakers who were participating in clinical trials.

Stage 2 of Meaningful Use—What Does it Mean for Radiology?

As part of the American Recovery and Reinvestment Act of 2009, CMS implemented an incentive plan for the implementation of electronic health record (EHR) systems. Stage 1 (2011-2012) set the baseline for electronic data capture and sharing. Stage 2, due to be implemented in 2013, is now in the draft stages of development with no mention of imaging in the current version. "The overall view is that the one-size-fits-all tactic

will largely continue to be the case." said Michael Peters, Director of Legislative and Regulatory Affairs for the American College of Radiology.

CMS is proposing some flexibility for specialties, including radiology, that would exclude them from some meaningful use criteria while still maintaining their eligibility for the \$44,000 incentive payment. As established in Stage 1 a practice must report on 20 of 25 meaningful use

objectives, including 15 required core measures.

In addition to CMS, the Office of the National Coordinator of Health Information Technology (ONC) requires that a practice maintain certain EHR technologies whether or not they are used.

The ACR is recommending that practices comply with the ONC requirements by implementing a certified EHR module or electronic medical records software.

HHS to Spend \$1 Billion on Patient Safety

The Department of Health and Human Services (HHS) has initiated 2 programs aimed at saving 60,000 lives over the next 3 years and up to \$50 billion in Medicare costs over the

next decade. Partnership for Patients will focus on patient-safety and preventable errors and harm.

The 2 main goals of the program are to reduce preventable hospital ac-

quired conditions by 40% and reduce preventable complications during care transition by 20% by the close of 2013, as compared to 2010.

In The News

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Coding and Compliance Tips by Lori Shore

The advent of ICD-10-CM is creeping up on us! The biggest documentation challenge, as I see it, is the clinical history section of the radiology report. With the unprecedented specificity required, seemingly insignificant details will become relevant. This will be particularly true when coding traumas and fractures.

Reporting fracture follow-ups will now require coders to know *how* the fracture is healing; routine, delayed, non-union, or mal-union. Coding for initial fracture care will not change

significantly except for *how* it happened.

The familiar "MVA" currently used to establish medical necessity will no longer be sufficient with ICD-10. The current "E" codes for external causes of injuries and poisonings will be incorporated into the main code set in I-10. The new codes will differentiate between driver, passenger, pedestrian, etc. for traffic accidents. I suspect that the techs will wear a new hat, that of investigative reporter! Processes will need to be developed to get their input into the

report.

Co-morbid conditions will be represented by a single code in I-10. Knowing what options exist in ICD-10 will be helpful.

Copies of the new code sets can be viewed or downloaded at www.cdc.gov/nchs/icd/icd10cm.htm.

If you would like a presentation prepared as a collaborative effort between Coding Strategies and the RBMA please contact me at lshore@mbms.net and I will make sure you get a copy.

\$234 Million Paid in PQRS Incentives

CMS announced that it paid more than \$234 million in Physician Quality Reporting System (PQRS) bonuses in 2009. It paid an additional \$148 million in e-prescribing incentives, as well, in the first year of that program.

The average PQRS bonus payment in 2009 was \$1,956 per eligible professional and \$18,525 per practice. The average bonus payment for the e-prescribing incentive was just over \$3,000 per eligible professional and \$14,501 per practice.

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

