



Radiology Trends

Medical Billing and Management Services Not just billing....a business partner

Did You Know?

Implementation date for ICD-10 has been postponed until October 1, 2014. HHS Secretary Kathleen Sebelius cited other initiatives, such as the creation of unique health plan identifiers and other administrative simplification plans for the delay.

CMS announced the creation of 27 Accountable Care Organizations (ACOs) as participants in the first Medicare Shared Savings Program. The ACOs will serve approximately 375,000 beneficiaries and is comprised of 10,000 physicians at 10 hospitals and 13 smaller entities. Five of the 27 ACOs will follow the advanced payment model.

Anthem BC/BS Paying Patients for Cheaper Care

Anthem Blue Cross and Blue Shield has launched its Compass Smart Shopper program in New Hampshire, Connecticut and Indiana. The program offers cash to patients who have procedures done at less expensive facilities. Patients are paid \$50 to \$200 for standard radiology exams such as mammograms and MRIs as well as some surgical procedures such as joint replacements, hernia repair, tonsillectomies and bariatric surgery.

The program works by allowing patients to call a toll-free number or access a website that lists local providers offering lower cost services. If the facility where the doctor referred the patient is not on the list of lower-cost locations the patient can ask to have the referral changed. Once the claim is paid, Anthem cross-checks the records with the telephone/on-line records and sends the patient a

check in the mail within 60 days.

A similar program, Save On, was launched by Pilgrim Health Care in New Hampshire and expanded in Massachusetts.

While these programs are voluntary, the financial incentives to patients, particularly in tough economic times, may cloud their judgment on quality issues.

CMS Releases Stage 2 Quality Measures

The long awaited clinical quality measures for Stage 2 of Meaningful Use have been released by CMS. This now allows technology developers to begin creating solutions that

would allow radiologists to participate. Some of the measures mirror PQRS. To see the list of Stage 2 measures go to:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Eligible-Providers-2014-Proposed-EHR-Incentive-Program-CQM.pdf>

ICD-10 Corner

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Coding and Compliance Tips by Lori Shore, CPC,RCC

The financial incentive for reporting PQRS measures is dwindling but beginning in 2015 not complying with the quality reporting measures will have a negative impact on your bottom line. I have recently been reviewing the PQRS issues that our claim scrubber identifies for resolution. The most common issue is for measure # 145—Exposure Time Reporting for Procedures Using Fluoroscopy. The list of CPT codes associated with this measure is endless, but reporting is simple. If you use fluoroscopy, for any proce-

dures, document the fluoro time in your report.

Templates can be helpful in successfully reporting some of the other measures. A good example of this is Measure #76—Prevention of Catheter-Related Bloodstream Infections—Central Venous Catheter Insertion Protocol. For this measure a statement that maximum sterile barrier conditions were used including wearing cap, mask, and sterile gown and gloves, sterile sheet and that hand hygiene and 2% chlorhexidine was used for cuta-

neous antisepsis. We all know you probably do this anyway and would not ordinarily spell out all of the specific precautions taken, so let a template help you get credit for this measure.

A template may also be helpful with Measure #195—Stenosis Measurement in Carotid Imaging Reports. This measure requires direct or indirect reference to measurements of the distal internal carotid diameter as the denominator for stenosis measurement. Using a NAS-CET statement on all carotid studies will qualify for this measure.

OB coding in ICD-10 will reflect current trimester for some codes. Since CPT codes are also trimester driven you can be sure that edits will be in place to find mismatches.

O41.03x—Oligohydramnios, third trimester

Routine OB care will be coded with Z codes.

Code for a normal study for “size and dates”:

Z36—Encounter for antenatal screening of mother

Code for a suspected problem not confirmed by the study:

Z03.7—Encounter for suspected maternal and fetal conditions ruled out

Separate codes exist for pre-existing maternal conditions.

O24.012—Pre-existing diabetes mellitus, type I, in pregnancy, second trimester

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