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Radiology Trends

Did You Know?

Researchers at the University of Colorado used functional MRI (fMRI) of the brain to objectively measure pain, both physical and emotional.

President Obama's FY 2014 budget proposal included language that would exclude advanced imaging from the In-Office Ancillary Services (IOAS) exception (aka Stark law) beginning in 2015.

ACR and RBMA on Steerage Programs

The American College of Radiology (ACR) and the Radiology Business Management Association (RBMA) have issued a white paper on Imaging Services Steerage Programs (ISSP). ISSPs come in many forms and are generally defined as either "active" or "passive". Some active steerage programs contact patients and offer gift cards or cash to go to

a less expensive facility for their imaging procedure(s). Passive programs usually offer a cost comparison website with varying co-payments to entice patients to the lowest cost option.

The report sites one website, www.bidonhealth.com, that is similar to airline and hotel booking sites.

Among the issues

raised by this white paper are operating burdens, potential legal issues, referring physician relationships and perceived value. To read this article please go to: http://www.rbma.org/uploadedFiles/RBMA_Web_site/Advocacy/Call_to_Action/Steerage%20FINAL%202013Mar13.pdf.

3-D Printers Future in Medicine

Researchers at Notre Dame are using 3-D printers to make plastic models of skeletal and soft tissue data. The models are more complex and far less expensive than traditional plastic injection molds. Matthew Leevy, head of the lab at Notre

Dame said in an interview, "At Notre Dame there are 100 kids in anatomy class and they have to share five skulls. For 10 to 20 bucks they could each have their own skull to take back to their dorm to study."

Researchers anticipate the use of patient-specific models for surgeons before complex procedures to better understand the patient's individual anatomy.

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Coding and Compliance Tips by Lori Shore, CPC,RCC

The government's dangling carrot has been pulled and we are now nearing the defensive phase of the PQRS program, working to avoid the 1.5% payment reductions in 2015. For calendar year 2013, the penalty in 2015 can still be avoided by submitting one measure for one patient. It is expected that the requirements for 2014 will be stricter.

A group reporting option has been added, known as GPRO. This would calculate the PQRS bonus/penalty based on group NPI number rather than individual NPI numbers. The self-nomination period for this option for 2014 runs from July 15, 2013 to Octo-

ber 15, 2013. This option has a web-based interface. GPRO is a double edged sword in that if the group does not successfully meet the criteria all individual NPIs associated with that group are penalized, not just those who did not qualify.

Additional reporting options have also been added by CMS. The administrative claims option is just for those

wishing to avoid the penalty and does not offer the incentive. The registry option requires a contract with an approved data-manager, which carries a fee.

At MBMS we have been successful using the claims-based method where PQRS codes are assigned to eligible claims.

Doctor Triumphs Over Insurance Company in Court

A Los Angeles jury awarded \$3.8 million dollars in compensatory damages to an urgent-care and family-practice physician who filed suit against Anthem Blue Cross for excluding him from their PPO network in retaliation for being a strong patient advocate. Dr. Jeffrey Nordella often fought Anthem on denied patient claims and medical necessity decisions. Punitive damages are yet to be determined.

Anthem Blue Cross is part of the parent company, Wellpoint. They operate in 13 other states besides California. Anthem is weighing its options on an appeal.