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Radiology Trends

Did You Know?

GE Healthcare has begun shipping MAVRIC SL, MRI acquisition and post-processing software for use in patients with metal implants. These patients until now were not candidates for MRI.

Healthcare business analysts at GBI Research in New York City expect the Ultrasound market in China to expand to \$1.7 billion by 2019.

CCTA Cost Effective in Managing Chest Pain

A study in the Journal of the American College of Cardiology showed that using Coronary CT angiography (CCTA) to manage patients with chest pain resulted in shorter emergency room stays and fewer hospital admissions vs. standard care. Chest pain accounts for approximately 6 million emergency department visits per year, costing \$10 billion.

Lead author of the study, Dr. Michael Poon, from Stony Brook Medical Center and his colleagues at William Beaumont Hospital and the University of Toronto studied 9,308 patients diagnosed with chest pain at admission. These patients were compared to a sample group of 894 patients with no history of coronary artery disease, negative tro-

ponin tests and showing no ischemic changes on EKG.

Overall those receiving the standard care were 5.5 times more likely to be admitted than those who had a CCTA. The standard care group was also 5 times more likely to return to the emergency department with chest pain within 30 days.

Post-Mortem Radiology Growing

Minimally invasive autopsies using CT and MR are able to identify causes of death as well as or better than traditional autopsies. "Thus, 3-tesla MRI can visualize chronic, subacute, and acute myocardial in-

farction in situ, and shows a possible source for sudden cardiac death in peracute infarction.", says Dr. Christian Jackowski from the University of Bern, Switzerland.

A London study found that

MR autopsies identified the same cause of death as a full autopsy 92% of the time for fetuses and babies under age 1. The percentage dropped to 54% for children 1 to 16 years of age.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

I recently attended an Interventional Radiology seminar in Chicago given by my colleague, Jeff Majchrzak. Of particular interest to me were the clarifications given on the new and revised CPT codes for 2013. Coding of the newly bundled head and neck angiography codes, for example, is no longer dependent on the vascular access point or anatomic variants, such as a bovine arch. The add-on code for selective catheter placement, external carotid artery, unilateral, with ipsilateral angio of the external circulation (+36227), is billable only once per side. The other new

add-on code in that section (+36228) for selective catheter placement, each intracranial branch of the internal carotids or vertebrals is billable twice per side.

Example: Imaging of selectively catheterized bilateral internal and external carotids would be coded:

36224-LT

36224-RT

+36227

+36227

The new infusion codes are only billable once per extremity, per date of service. Catheter placement and imaging are separately reportable. Follow-up angiography, repositioning or exchange of catheters are all included in the new infusion codes and are not separately reportable.

MR Finds MS Predictor

Dr. Robert Zivadinov, MD, PhD, FAAN, from the Buffalo Neuroimaging Analysis Center at the University at Buffalo, and his colleagues, conducted a two year study on the link between the development of thalamic atrophy and the conversion to clinically definite multiple sclerosis (MS).

Dr. Zivadinov said, "For some time we've been trying to understand MRI biomarkers that predict MS development from the first onset of the disease. In the last couple of years, research has become much more focused on the thalamus."

Using enhanced MRI the group studied 216 patients with clinically isolated syndrome (CIS), a short-term neurologic event experienced by 85% of MS patients. The patients were then studied again at six month, one year and two years. 42.6% of the patients had developed clinically definite MS at the two year follow-up MR.

"Thalamic atrophy may become a hallmark of how we look at the disease and how we develop drugs to treat it.", said Zivadinov.