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## Radiology Trends

### *Did You Know?*

Obese individuals are at higher risk of osteoporosis. MR spectroscopy shows that excess fat in the muscle tissue, liver and blood and higher amounts of fat in bone marrow are risk factors for osteoporosis.

A study in the journal *Radiology* found that mammography call back rates for women needing additional imaging was higher at hospitals than at community office practices.

### Nine Pioneer ACOs Drop Out of Program

Nine of the 32 practices that enrolled in the Pioneer Accountable Care Organization (ACO) will not return to the program for the second year. Two practices will leave the ACO program entirely.

CMS reported that all 32 Pioneer ACOs earned incentive payments for reporting quality measures but only 13 practices

saved enough money to share some of the savings with CMS. Overall, they saved the Medicare program \$33 million. Costs associated with Medicare beneficiaries connected to the Pioneer ACOs only grew 0.3% in 2012 compared to 0.8% for the general population.

Marilyn Tavenner, CMS Administrator stated, "These results show that successful Pio-

neer ACOs have reduced costs for Medicare and improved the quality of care for their patients. The Affordable Care Act has given us a wide range of tools to realign payment incentives in Medicare and Medicaid, and these efforts are already paying off."

Two practices in the Pioneer ACO suffered losses totaling \$4 million, likely the ones dropping out of the program entirely.

### Highmark Announces ACO in PA

Highmark Blue Cross and Blue Shield has announced an Accountable Care Organization (ACO) patterned after the Medicare program. Approximately 500 primary-care physicians from 6 hospitals will be evaluated on 28 quality measures. Participating

hospitals include: Allegheny General, Western Pennsylvania, Allegheny Valley, Canonsburg General, Forbes Regional, and Jefferson Regional. St. Vincent Hospital, which already participates in the patient-centered medical home program, is expected

to join the program next year.

Highmark plans to expand the program to include specialists as well as its entire service area. Their service area includes both West Virginia and Delaware.

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## Coding and Compliance Tips by Lori Shore, CPC, RCC

As if radiologists haven't been bundled to the point of tying one hand behind their backs in recent years, the Relative Value Scale Update Committee (RUC) is suggesting more bundling in 2014. Based on the fact that code pairs for the following procedures were billed together 75% of the time or more, the CPT Editorial Panel for bundling will likely bundle codes for abscess drainage, breast biopsy, embolization and intravascular stent procedures. They are also likely to issue new codes and guidelines for embolization and occlusion procedures creating

"families" of codes similar to the bundling of recent years. New stent revascularization codes are expected for areas not already covered by bundles from recent years. Therapeutic radiology is not exempt, and as is expected to have changes to radiation oncology, as well.

All of this is well and good for those who

*always* perform both the surgical and RS&I portions of these studies, except of course for the financial impact. The issues arise when services are "shared" with a specialist or surgeon and can no longer be split, like we've seen this year with thoracentesis. It's an all or nothing approach, and we want it all!

## Medical Records on the Sidelines

As NFL training camps begin so does the pilot program for 8 teams using iPads with complete medical records for all players. By the start of the 2014 season, all NFL physicians will have a complete medical history of a player when he comes to the sideline with an injury. iPads will be loaded with SCAT-3 software, a Sideline Concussion Assessment Tool used to test neurocognitive function. This is part of the NFL's on-going efforts to improve the way they assess and handle players with concussions.

The iPads will also store x-rays and other imaging studies regardless of where they were done. The information would be portable so if a player is cut, traded or leaves as a free agent, his electronic medical record will follow him to his new team.

The NFL Players Association has some concern about how the medical information will be shared for free agents or for grievance hearings. The league itself is not allowed to have access to the medical records as that would be considered a HIPAA violation.