August 2014
Volume 4, Issue 8

MBMS

Not just billing... a business partner.

Radiology Trends

Did You Know?

Researchers have found that using PET brain imaging with florbetapir and FDG can differentiate cardiovascular disease from symptoms of mild cognitive impairment or Alzheimer disease. The combination can also detect amyloid plaques in patients with cardiovascular disease.

New Bill Would Boost Colon Cancer Screening For Medicare

New legislation has been introduced that would remove cost barriers to colon cancer screening for Medicare patients.

Rep. Charlie Dent (R-PA) and Sen. Sherrod Brown (D-OH) have crafted the Removing Barriers to Colorectal Cancer Screening Act (HR 1070 and S 2348) to offer Medicare beneficiaries the same benefits as those with private insurance, who are not typically required to pay a co-pay for a routine colonoscopy if a polyp is removed during the procedure. Currently, a colonoscopy screening is classified as a routine procedure for seniors on Medicare. However, if a physician detects a polyp during the procedure and removes it, the procedure is immediately classified as "therapeutic," which could result in unexpected charges for the patient.

For more information, please visit http://www.ascassociation.org/govtadvocacy/legislation/removingbarrierstocolorectalcancerscreeningact

Did You Know?

A proposal that would make it easier for physicians to get medical licenses across state lines could potentially boost access to care in underserved areas and stimulate the growth of telemedicine, according to a column published online in the Journal of the *American Medical Association*.

Federal Bill Would Mandate Breast Density Notification

A bill introducing a minimum federal standard for notifying women if they have dense breast tissue was introduced to the Senate in late July. The Breast Density and Mammography Reporting Act, introduced by Senators Dianne Feinstein (D-Calif.) and Kelly Ayotte (R-N.H.), would require that mammogram reports include whether a woman has dense breast tissue.

Several states have already passed legislation requiring notification of dense breast tissue, but this is the first attempt at a federal mandate. Rep. Rosa DeLauro (D-Conn.) introduced similar legislation in the House of Representatives. The bill would set a federal minimum standard, as designated by the Secretary of Health and Human Services (HHS), for notification of breast density and recommend women discuss with their doctors whether additional screening is necessary. The bill also calls for research on improved screening options for women with dense tissue.

The state mandates of breast density notification have caused controversy because of variations in the text of the notification sent to women. While the federal bill does not outline specific text for the notification, it proposes the following information to be included, as specified by the Secretary: information about breast density, the effect of breast density on masking the presence of breast cancer on mammography, and communicate that individuals with dense breasts should consult with their physicians about questions or concerns and whether the patient would benefit from additional tests.

CMS Issues its CY 2015 Medicare Physician Fee Schedule Proposed Rule

MBMS

111 Continental Drive
Suite 315
Newark, DE 19713

Phone: 1-888-625-4753
Fax: 302-731-2498
E-mail:
mostrum@mbms.net

VISIT US ON THE WEB!

WWW.MBMS.NET

The Centers for Medicare & Medicaid Services (CMS) published its Notice of Proposed Rulemaking (NPRM) for the Calendar Year (CY) 2015 Medicare Physician Fee Schedule (MPFS) in the July 11, 2014 *Federal Register*. The following are some of the highlights:

- 60-day period for public comments that closes on September 2, 2014. Final Rule published in November.
- No expansion or modification of CMS' multiple procedure payment reduction (MPPR) policy
- Estimated 2015 conversion factor of $35.7977 (35.8228 current) that takes into account: The zero-percent update through March 31, 2015 as provided for by *The Protecting Access to Medicare Act of 2014* and budget neutrality adjustments necessary from proposed policy changes for CY 2015
- If Congress does not act prior to April 1, 2015 to avert cuts attributed to the sustainable growth rate (SGR), the Medicare conversion factor for the balance of CY 2015 would be subject to a 20.9 percent reduction
- Deleting the G-codes for digital mammography (G0202, G0204, and G0206) so that all mammography (digital or analog) is reported using CPT codes 77055, 77056, and 77057. The relative values for the G-codes would be applied to the CPT codes.
- Tomosynthesis would have the same values as a mammogram performed with typical digital or analog technology. This suggests that payment would be inclusive of screening payment. [March 2014 Hologic's application for a CPT code was accepted by the AMA]
- Several radiology and interventional radiology codes representing high Medicare expenditures are targeted as being potentially misvalued
- Bundling of fluoroscopic guidance with epidural injections
- Proposal to practice expense relative values
- New malpractice relative values based on more current liability premium data

Coding and Compliance Tips by Lori Shore, CPC, RCC

The Centers for Medicare and Medicaid Services (CMS) have been trying to make reimbursement for reconstruction views disappear for several years now. The RBMA, among other organizations, worked to save reimbursement for 3-D reconstructed images a couple years ago due to the extra work involved in creating and interpreting those images. That is when the code 76376 and 76377 were created. Last year CMS added the narrative that required that the work be done under the concurrent supervision of a physician. What exactly is "concurrent supervision"? This was not a familiar supervision term, such as direct or personal supervision, that had previously been defined. We now know that concurrent supervision means that the physician must individually supervise the reconstruction view selection for each case, not based on protocol, and review the images. This is rarely the practice and therefore reduces the legitimate reporting of code 76376 or 76377.

This week Novitas Solutions, the Part B Medicare carrier, issued an LCD for Pennsylvania further limiting the use of codes 76376 and 76377 to a handful of diagnosis. Medicare also expects that not more than 20% of CT and MR cases to be reported with these add-on codes and may deny claims where the data gained could have been gained from another modality already provided. To see the full LCD please go to: http://www.novitas-solutions.com/LCDSearchResults/faces/spaces/search/page/lcd.jspx?Jurisdiction=JL&medicareType=Part+B&_afrWindowMode=0&lcdID=L34709&_afrLoop=993799076031000&State=Pennsylvania&_adf.ctrl-state=3fh35eys5_4