CMS Issues Final Rule on Stage 2 Meaningful Use

In its August 23rd announcement the Centers for Medicare and Medicaid Services (CMS) delayed the implementation of Stage 2 Meaningful Use until 2014. It also added new core measures and electronic reporting requirements. In a statement by Secretary of Health and Human Services (HHS), Kathleen Sebelius said, “The changes we’re announcing today will lead to more coordination of patient care, reduced medical errors, elimination of duplicate screenings and tests and greater patient engagement in their own care.”

CMS specifically identified radiology as a “Scope of Practice” hardship exception. The Radiology Business Management Association (RBMA) has learned that CMS will automatically exclude radiologists in PECOS by July 1, 2014, based on their taxonomy code, to avoid the 2015 penalty for non-participation. This hardship exception will likely continue until the statutorily mandated five-year limit on exceptions is reached.

Anesthesiology and Pathology were also specified as hardship exceptions.

Radiologists who still wish to participate in Meaningful Use may do so.

PET Brings Hope to Alzheimer’s Researchers

Every 68 seconds someone in the U.S. develops Alzheimer’s. Until now there has been limited definitive diagnosis since the only way to truly diagnose dementia as Alzheimer’s disease was a brain biopsy or autopsy. PET is now able to track amyloid plaque in the brain. This allows researchers to begin to differentiate Alzheimer’s from dementia and work towards finding causes and treatments. By 2050 the cost of caring for Alzheimer’s patients is estimated to be $1.1 trillion.
The two exceptions previously mentioned are chest and abdominal x-rays. These studies are coded based on the actual views performed. Example:

WRONG: 2 views…
CORRECT: AP and Lateral views …..

Another issue I see quite often which is NOT codeable is the phrase “Multiplanar reconstructions...”. This is NOT considered 3-D by CMS and is therefore not codeable. It is best to just spell out 3-D or MIPS.

Clinical history is always important and will become increasingly important with the advent of ICD-10. It is best to give coders signs and symptoms. “Rule out” is NOT codeable!

If you have any questions about coding or documentation please do not hesitate to contact me at lshore@mbms.net

The injury section in ICD-10 has been expanded so much that it requires two letter sections to cover all the codes. “S” codes will cover injuries to specific body parts. These injuries are now arranged by body part rather than injury type for easier code assignment. “T” codes will be for unspecified body parts, burns, poisonings, and complication codes.

S70 — S70  These sections cover all injuries to the hip and thigh including fractures, dislocations, sprains, etc.

S73.015A — Posterior dislocation of left hip, initial encounter

The poisoning codes incorporate the intent codes from the tables found in ICD-9.

T41.1x2 — Poisoning by intravenous anesthetics, intentional self-harm

Underdosing will also be added as a poisoning category in ICD-10.

T44.4x6 — Underdosing of predominantly alpha-adrenoreceptor agonists

Since it is back to school time I thought it would be a good time to get back to basics of documentation. Diagnostic x-ray, with two exceptions, is billed based on number of views. If the number of views is not documented in the report we are mandated by CMS guidelines to code the lowest number of views for that code series. Example:

WRONG: views of the knee were submitted…. = 73560

CORRECT: Four views of the knee were submitted…. = 73564.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

Look for us at the RBMA Fall Educational Conference in AZ October 7-9