Did You Know?
RAC auditors will begin auditing Medicaid claims in January, 2012.

Medicare’s newly released final rule on Accountable Care Organizations (ACOs) contains some significant changes. Based on more than 1200 comments, the quality measures have been reduced from 65 to 33. Also of note is the fact that providers will now share in all savings, not just those over 2%.

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Move to Repeal SGR
In a vote of 15-2, the Medicare Payment Advisory Commission (MedPAC) proposed a plan to Congress that would allow the repeal of the sustainable growth rate (SGR) for provider payments. Proposed physician reimbursement would be cut by 5.9% for the next three years for all but primary-care physicians. Rates would remain frozen for the following seven years. This is slated to save $100 billion versus SGR costs over the next ten years. $220 billion in savings is slated to come from non-physician savings. Allyson Schwartz (D-PA) sent a letter to the Joint Select Committee on Deficit Reduction, containing signatures of 92 Democrats and 21 Republicans, backing the repeal of the SGR. Representative Dr. Phil Roe (R-Tenn.), who also signed Schwartz’s letter, sent his own letter last month to the Joint Committee last month to disband the Independent Payment Advisory Board created by the Patient Protection and Affordable Care Act.

If no action is taken, a 29.5% cut in physician reimbursement is scheduled to take place in January. President Obama postponed the 25% decrease scheduled for 2011 for one year.

AMA Weighs In on Liability Reform
The American Medical Association sent a letter to the Joint Select Committee on Deficit Reduction asking them to include medical liability reform in its legislative proposal. The AMA is asking for a cap of $250,000 on non-economic damages and protections for physicians providing emergency or disaster care, among other issues. These reforms have been successful in California and Texas and the Congressional Budget Office estimates that implementing these reforms nationally could reduce the federal deficit by $62.4 billion over ten years.
Recently released CPT changes for 2012, effective January 1st, show the continued bundling trend. Interventional radiology will be significantly impacted by the bundling of renal angiography codes into four all-inclusive selections. Codes 36251-36254 will represent selective first order unilateral and bilateral and superselective unilateral and bilateral bundles. IVC filter studies have also been bundled into three all-inclusive codes representing insertion, repositioning and removal.

Facet joint injection codes have been changed, again, to include either fluoro or CT guidance and re-ordered to list cervical or thoracic before lumbar or sacral.

Abdominal paracentesis codes have been changed to either 49082—without imaging guidance or 49083—with imaging guidance. 49084 now represents peritoneal lavage with imaging guidance.

Pulmonary nuclear medicine codes have been condensed into 4 codes: 78579—Pulmonary ventilation imaging, 78582—Pulmonary ventilation and perfusion, 78597—Quantitative differential pulmonary perfusion and 78598—Quantitative differential pulmonary perfusion and ventilation.

Code 78223 was also replaced in the nuclear medicine section by codes 78226—Hepatobiliary system, including gallbladder, when present and 78227—with pharmalogic intervention.

Not surprisingly, CTA of the abdomen and pelvis has now also been bundled into code 74174. The individual codes still exist for situations when they are done independently of each other.

See your Regional Vice President for a complete list of updated codes for 2012.