Radiology Trends

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Meaningful Use Continues to Puzzle

The Centers for Medicare and Medicaid Services (CMS) has just published a Meaningful Use Beginners Guide. It can be found at: http://www.cms.gov/EHRIncentivePrograms/Downloads/Beginners_Guide.pdf

It provides links to certified electronic health record programs that report data in the specified format. It has an eligibility checker and registration tools. What is doesn’t provide are the definitive answers that many radiologists are seeking.

Participation is for individual physicians and the Beginners’ Guide specifically states that hospital-based groups cannot participate. Hospital-based is defined as having 90% or more of professional services performed in place of service 21 (inpatient) or 23 (emergency department).

Those eligible to participate must choose between the Medicare incentive or the Medicaid program but may not participate in both.

HHS Secretary, Kathleen Sebelius, announced that Stage 2 of Meaningful Use would be delayed for one-year to encourage more to participate.

AMA Finds Most Metropolitan Insurance Markets Not Competitive

Researchers from the American Medical Association (AMA) using guidelines issued by the Justice Department and Federal Trade Commission (FTC) issued a report called Competition in Health Insurance: A Comprehensive Study of U.S. Markets. They found that 83% of 368 metropolitan markets studied were highly concentrated markets. In 24 of 48 states studied, the two largest insurers had a 70% or greater market share.

America’s Health Insurance Plans released a statement calling the study, “limited and unreliable.”
Radiology has arguably, had more than its share of bundling in recent years. As if bundling CT abdomen and pelvis (and CTA abdomen and pelvis in 2012) didn’t have enough economic impact, the continued move towards all-inclusive codes in interventional radiology is continuing into 2012.

In 2011, endovascular revascularization codes were put into hierarchies and coded based on territory rather than artery. For 2012, selective and superselective catheter placements into the renal system for angioplasty are being bundled into all-inclusive codes. Codes 36251-36254 include conscious sedation, the puncture, catheterization, fluoroscopy, contrast injection(s), flush aortogram and pressure measurements (when performed), post processing, and supervision and interpretation. Although not specifically included in the code definitions, if an angioseal device is used at the puncture site it will not be separately reportable either.

IVC filter placements will also bundle the supervision and interpretation in 2012 with the newly created code 37191. Similarly, bundled codes have also been created for IVC filter revisions and replacements.

To add insult to injury, in addition to the previously mentioned bundling, there will be a 25% decrease for professional component multiple “high-end” studies performed on the same day. Any CT, MRI or ultrasound performed in combination on the same date of service will be paid at 100% for the first service and 75% for the second service. These no longer need to be contiguous body parts, any study in the aforementioned modalities is subject to the reduction.