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Radiology Trends

Medical Billing and Management Services

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Did You Know?

The Medicare Fee Schedule Final Rule for 2013 has been released and includes a 25% Multiple Procedure Payment Reduction (MPPR) for the professional component of "high-end" imaging services. The reduction will be applied by practice NPI rather than individual NPIs.

A researcher at the University of Missouri has discovered that the compound Resveratrol, found in grape skin and red wine, makes tumor cells more receptive to radiation therapy and increases the chances of a full recovery from all types of prostate cancers. Previous studies found this effect in chemotherapy but the new study confirmed the effects in radiation therapy.

OIG Work Plan for 2013

The Office of the Inspector General (OIG) has released its work plan for 2013. Once again, on the list for scrutiny on the Part B side of the Medicare program, is medical necessity of high-cost diagnostic imaging tests. The OIG will be comparing referral rates for high-cost imaging studies of primary care physicians and specialists for the same treatment. They will also continue to look at imaging utilization rates and compare them to industry standards. Particular attention will be paid to the practice expense component for selected studies.

The error rate for "incident to" services performed by non-physicians is a new item on the work plan. A 2009 OIG study found many issues in this area and Medicare will also be looking at its own ability to properly monitor this issue.

Place of Service errors continue to make the list again this year for services performed in Ambulatory Surgical Centers and hospital Outpatient departments. Services performed in a non-facility setting are paid at a higher rate than those in a facility setting.

Other issues that made the 2013 list are studies of modifier use during global surgical periods and erroneously paid claims with "G" modifiers.

Physicians Push Back Over GAO Report

The Government Accountability Office (GAO) released a report stating that in 2010 providers who self-referred advanced imaging studies, namely MRI and CT, made approximately 400,000 more referrals than they would have if they had not had a financial interest in the imaging equipment. The study estimated that this cost Medicare an additional $109 million.

The American Medical Group Association (AMGA) urged lawmakers not to "rush to judgment," citing many of their members use clinical decision-making tools prior to ordering studies. The American Association of Orthopaedic Surgeons issued its own news release stating that in-office imaging leads to greater patient compliance with treatment plans and improved outcomes.

ICD-10 Corner

The American Medical Association (AMA) continued its crusade against the adoption of ICD-10-CM and ICD-10-PCS. They are investigating the feasibility of transitioning directly to ICD-11, expected in 2015.

The AMA House of Delegates, as well as several state delegations, have adopted resolutions to skip ICD-10. The Florida delegation cited the $80,000 cost per-physician of ICD-10 and the fact that it does not include genomic codes. The American College of Rheumatology has also called for a direct transition to ICD-11.

The AMA House of Delegates adopted an amended version of the Florida delegation's resolution and reiterated its concerns to CMS that ICD-10 would force small practices to close.

The AMA Board of Trustees is expected to release a feasibility report of going directly to ICD-11 at its annual meeting in June, 2013.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

Modifier usage is the way in which we provide the insurance carriers with additional information about a claim. Common modifiers in radiology are 26 to indicate that we are billing for the professional component only, 76 when the same doctor repeats the same study on the same day, and 77 when a different doctor reads the same study on the same day. Our billing system assists us in modifier assignment by highlighting any line item on the claim with the same date of service to see if a modifier is appropriate. It is also helpful to have previous films on the same date of service referenced in the dictation. This helps to avoid confusion about duplicate reports.

Less common modifiers for radiology are 78 and 79. Both modifiers are used during global surgical periods for an unplanned related procedure (78), usually a complication or an unrelated procedure (79). The more information you can provide in your dictation, the easier it makes the assignment of these modifiers on the front end. Most often these modifiers are applied on the back end after receiving a denial.

Finally, modifier 59 tells the insurance that the study was not part of another study. For example, modifier 59 would be applied to a chest x-ray done on the same day separate from an obstruction series. This modifier is used to by-pass the CCI edits, ***when medically necessary.***

While there are other modifiers we use, these are the most common.

Happy Holidays and a Happy and Healthy 2013