Did You Know?
The Medicare Part B deductible will remain $147.00 for 2014.

Wishing you and Yours a Very Happy Holiday Season and a Happy and Healthy New Year!

CT as Accurate as Invasive Tests for Heart Blockages

In an international study of 381 patients with no history of coronary artery disease, CT accurately ruled out blockages in 91% that would have required invasive procedures. The study participants had two types of CT scans. The first was a CT angiography to assess whether or not there were blockages and if so, where. The second was a CT perfusion study where medication was given to dilate the blood vessels and increase blood flow to the heart, similar to a stress test. According to researchers, the combined radiation exposure from both the CTA and CTP is still less than that of the widely used 64-detector CT scanner.

Senior author of the study, Joao A. C. Lima, MD, professor of medicine and radiology at Johns Hopkins School of Medicine said, “The study findings would apply to people who have chest pain but not a heart attack based on EKG and other evidence. Many people in that situation are sent to a cardiac catheterization laboratory for further evaluation with angiography, an invasive test to look for blockages in the coronary arteries using dye and special X-rays. About 30% of people who have such catheterizations are found to have minimal disease or no blockage requiring an intervention to open the vessel with a stent or bypass the vessel through surgery.”

Lymphoma in Bone Marrow Better Diagnosed by PET/CT

In a study published in The Journal of Nuclear Medicine, French researchers have found that bone marrow involvement in newly diagnosed large B-cell lymphoma patients is better diagnosed with PET/CT than biopsy. The retrospective study from June 2005 to October 2011 looked at patients who had undergone a bone marrow biopsy of the iliac crest and a whole body 18F-FDG PET/CT.

Of the 33 patients that were shown to have bone marrow involvement, 32 were diagnosed using PET/CT, while only 8 were diagnosed using the bone marrow biopsy method. 42% of the patients with positive PET/CT and negative biopsy had their lymphoma upgraded to stage IV and their course of treatment changed.
MR Spectroscopy Shows Brain Differences in Preemies

Researchers at Children’s Hospital Los Angeles have found differences between the brains of full-term and pre-mature infants using MR Spectroscopy that may account for developmental issues later in life. Lead study author, Stefan Blüml, PhD, associate professor of research radiology at the University of Southern California, and his team, have been studying the white matter in the brains of pre-mature infants. The structural findings on MRI were the same between full-term and pre-mature infants but when the MR Spectroscopy was done, biochemical differences suggested a disruption in timing and synchronization of white and gray matter.

Researchers theorized that pre-term infants’ brains, used to a low oxygen environment may not be ready for the sudden change to an oxygen-rich environment. “Our research points to the need to better understand the impact of prematurity on the timing of critical maturational processes and to develop therapies aimed at regulating brain development.”

Coding and Compliance Tips by Lori Shore, CPC,RCC

I have had several inquiries regarding the new E/M codes for 2014 for inter-professional telephone/internet consultations. The codes 99446-99449 are to be used when a physician requires the expert opinion of another specialty physician without that physician needing to see the patient face-to-face. These codes will primarily be used for complex and urgent cases where it may not be geographically feasible for the consultant to see the patient in person. It is not appropriate to report these codes if a transfer of care is made; however, you may report one of the codes if the decision to transfer care cannot be made until after the initial inter-professional consultation.

Just like any consultation, the consult request must be documented in the patient’s medical record and the consulting physician must provide a verbal and written opinion. These codes may be used for new or established patients, but cannot be reported for a patient with whom the consulting physician has had, or will have, a face-to-face encounter within 14 days.

If more than one telephone/internet session is needed to complete the consultation, the time is added together and only 1 code with the cumulative time is reported.