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Radiology Trends

Did You Know?

Long-term use of both mobile and cordless phones (over 25 years) is associated with an increased risk for glioma. Those who started using the phones before age 20 were also at risk.

Medicare Plans To Cover Lung Cancer Screening

Annual low-dose CT lung cancer screening for high-risk individuals will be covered by Medicare, albeit with restrictions, according to a preliminary decision from the agency. The Centers for Medicare and Medicaid Services (CMS) said that low-dose CT would be reimbursed once per year for beneficiaries who fit the criteria of the pivotal National Lung Screening Trial (NLST): Ages 55-74, at least a 30 pack-year history of smoking, and must be a current smoker or one who quit within 15 years.

For the initial screen, the beneficiary would need a written order obtained during a lung cancer screening counseling and shared decision-making visit from a physician, physician assistant, nurse practitioner, or clinical nurse specialist. On subsequent screens, the written order could be from an annual wellness visit, tobacco cessation counseling session, or other visit. Under the preliminary coverage decision, eligible centers would be required to participate in the NLST or be an accredited diagnostic imaging center with training and experience in low-dose CT lung cancer screening (keeping the effective radiation dose under 1.5 mSv). They would also have to participate in a national registry, and submit data on every screen performed.

Did You Know?

Despite concern that running may be harmful to the knee joint, recreational running at any age does not appear to contribute to the development of osteoarthritis, and might even be protective.

ABUS Plus Mammo Boosts Cancer Detection Rates By Over 30%

Adding automated breast ultrasound (ABUS) to mammography for breast cancer screening increases the detection rate of invasive cancers by more than 30%, according to a study conducted by Dr. Rachel Brem, professor and vice chair of radiology at George Washington University. These findings are encouraging for women with this dense tissue -- in which mammography tends to lose sensitivity -- and dovetail with the fact that more states are passing legislation that requires women to be notified of their breast tissue density Brem says.

Study data came from the 11-center So-moInsight study, conducted between 2009 and 2011 and funded by U-Systems, which is now a subsidiary of GE

Healthcare. The research included more than 15,000 women who presented for screening mammography with heterogeneously or extremely dense breasts but no other known risk factors. All of the women had a mammography exam followed by an ABUS exam. "Adding ABUS to mammography screening addresses a big challenge in breast imaging. Ultrasound is very effective in finding cancers hidden on mammography, and it can be effectively and efficiently used in the screening environment because it's automated" she added.

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CT Contrast Agent Does Not Increase Risk for Kidney Injury

The use of iodinated contrast material in computed tomography (CT) did not increase patient risk for acute kidney injury (AKI), dialysis, or death, even among patients with poor renal function or predisposing comorbidities, according to a recent study.

Robert J. McDonald, MD, PhD, a radiologist in the Department of Radiology, College of Medicine, Mayo Clinic, Rochester, Minnesota, and colleagues compared outcomes for 21,346 patients who received abdominal, pelvic, and thoracic CT scans from 2000 to 2010, half (10,673) of whom received an iodinated contrast agent and half (10,673) of whom were scanned without a contrast agent. The researchers compared the groups for incidence of AKI, emergent dialysis, and 30-day mortality. The research group used propensity matching, which ensured that patients in each group faced a similar risk of developing AKI for any reason. "The toxicity of contrast media to the kidneys is very likely much less than has been previously reported. It's much safer," said Dr. Richard Cohan, professor and associate chair for education in the Department of Radiology, University of Michigan, Ann Arbor who was not involved in the current study.

The use of propensity matching and the large sample size allowed the researchers to compare patients with comorbidities that put them at greater risk for kidney damage. "This paper shows there was no difference in rates of dialysis or death between high-risk patients who got intravenous contrast and those who didn't" Cohan added.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Coding Changes for 2015

While there is some bundling in Interventional Radiology this year, the changes for diagnostic radiology center on breast studies. CPT code 76645 has been deleted for 2015 and has been replaced with two new codes, 76641 for unilateral ultrasound of the breast complete, and 76642 unilateral ultrasound of the breast limited. These new codes may be reported once per breast, per session and include the axilla, when performed. If only the axilla is performed the narrative instructs us to code 76882. Three new codes have been assigned for breast tomosynthesis. 77061 is for Digital breast tomosynthesis unilateral, 77062 for bilateral and the add-on code 77063 is for screening breast tomosynthesis, bilateral.

The DXA vertebral fracture assessment code 77082 has been deleted and replaced with CPT 77085 that specifies axial skeleton for DXA and includes the vertebral fracture assessment. Code 77086 is the new code for vertebral fracture assessment via DXA.

Vertebroplasty and kyphoplasty codes have been bundled to include guidance for 2015, as well as myelography codes. There have also been addi-

tions made to the Radiation Oncology section of CPT. Codes have been added for Teletherapy isodose planning, and Brachytherapy planning.

All CPT changes begin January 1, 2015. Now is a good time to update your RIS/PACS. As always, if you have any questions please feel free to contact me at lshore@mbms.net.