

# Radiology

# Trends

## ***Did You Know?***

A new discovery could lead to a new PET imaging method of identifying cancer patients that express high levels of an enzyme and are more likely to respond to cancer treatments.

## **Medicare Outlines CT Lung Screening Payment Rules**

Nearly a year passed between the announcement by the U.S. Centers for Medicare and Medicaid Services (CMS) that Medicare coverage would be available for low-dose CT (LDCT) lung cancer screening and issuance of the regulations that would allow claims to be submitted. The patient eligibility requirements and details for performing the exam were announced in February 2015, but it took the rest of the year before the billing and reimbursement particulars were known. Finally, Medicare will pay for LDCT procedures performed on and after February 5, 2015, beginning in 2016.

A 43-page decision memo from CMS defines in great detail the criteria that must be met by patients, physicians, and imaging centers for the scans to be eligible for reimbursement. Requirements include that patients must be between 55 and 77 years of age; they must be asymptomatic, showing no signs or symptoms of lung cancer; they must have a smoking history of at least 30 pack-years; and they must be a current smoker or have quit smoking within the past 15 years. The initial CT screening must be ordered in writing by a qualified health professional following a visit that includes lung cancer screening counseling and shared decision-making. For more details on the ruling, please visit: <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>

## **Better Hospital Financial Performance Doesn't Produce Better Patient Outcomes**

Researchers assessed the relationship between financial performance from more than 250 hospitals against their 30-day mortality and readmission rates for heart attacks, congestive heart failure, and pneumonia -- three key conditions for which outcomes are publicly reported by the Centers for Medicare and Medicaid Services (CMS). Strong hospital financial performance was not associated with improved publicly reported outcomes for mortality and readmissions for any of those conditions. "This finding suggests hospitals that are financially well off do not necessarily do better on these publicly reported outcomes than hospitals with worse financial performance," said study lead author

Dr. Oanh Nguyen, Assistant Professor of Internal Medicine and Clinical Sciences at UT Southwestern. "We also found that improved performance on these outcome metrics was not associated with a subsequent loss in revenue, which has been a major concern in policy circles," noted senior author Dr. Anil Makam, Assistant Professor of Internal Medicine and Clinical Sciences at UT Southwestern. Hospital care accounts for the single largest category of U.S. health care expenditures, totaling \$936.9 billion in 2013, according to the study. Because reimbursement for services provided creates incentives for hospitals to prioritize high-volume over high-quality care to maximize profits, re-

searchers wanted to examine the relationship between hospital financial performance and quality patient outcomes. The few existing studies had suggested a limited correlation between improved hospital financial performance and better quality, patient safety, and lower readmission rates, but had important limitations, resulting in the need for the new, updated study. The study appears in the *Journal of Hospital Medicine*.

## CMS Banks On Medicare Value-Based Insurance Tests To Lower Costs, Improve Quality

The Center For Medicare & Medicaid Services (CMS) is so invested in a demonstration designed to encourage use of clinically valuable services as a way to lower out-of-pocket costs for enrollees that it's asking for feedback on ways to improve the program before it launches. This demonstration is part of the Affordable Care Act's push to lower healthcare costs as well as improve clinical quality in the Medicare program. The Medicare Advantage Value-Based Insurance Design Model kicks off Jan. 1, 2017 and will run for five years.

This model refers to health plans that waive or lower out-of-pocket costs for healthcare and prescription drugs that are proven effective for patients with chronic health conditions. An example is lowering copayments and other cost-sharing for diabetes exams and drugs, with the hope of lowering the long-term health costs for these patients. The states participating in the initiative are Arizona, Indiana, Iowa, Massachusetts, Oregon, Pennsylvania and Tennessee.

CMS is looking for feedback on ways to promote quality of care and reduce cost of care for enrollees in the Medicare Advantage Program, and how to update the process for picking plans involved in the demonstration. It is also asking for specific recommendations for additional clinical conditions that CMS should consider including in upcoming years, and whether Medicare Advantage plans should be permitted to propose new conditions as part of the annual application process. Suggestions are due by April 18.

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## Coding and Compliance Tips by Lori Shore, CPC, RCC

### It's Spring And The ICD-10-CM Freeze Is Thawing!

In preparation for the transition to ICD-10-CM, a freeze on new codes has been in effect for the last five years. Just when you thought you were getting the hang of ICD-10-CM, that glacier is going to become a flood! Over 2,600 proposed changes are slated to be implemented to ICD-10-CM on October 1, 2016, just at the same time the more stringent edits go into place for required specificity.

Among the anticipated new codes are nearly 900 new codes in the "Injury" chapter, reportedly the majority of which being additional fracture codes. The final changes will be published on the Center for Disease Control's website in June at <http://www.cdc.gov/nchs/icd/icd10cm.htm>.

Begin monitoring your ICD-10-CM compliance now, if you are not already doing so. Make sure that your data source(s) is providing the most specific data available. Avoid using "unspecified" codes whenever possible. Make sure your facility is aware of the impending changes and has a plan to upgrade their database. It's better to pull out your rain boots than your hip waders!