



# Radiology

# Trends

## MACRA Implementation Possibly Delayed Says Senate

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

Blood pressure of type II treatment-resistant hypertension diabetes patients can significantly drop by applying 20 minutes of ultrasound to the forearm.

The Centers for Medicare & Medicaid Services (CMS) might be open to delaying the implementation of parts of the SGR repeal law dealing with physician payment, CMS acting administrator Andy Slavitt told the Senate Finance Committee recently. "Every physician in the country needs to feel like they're set up for success" when it comes to working under the physician payment reforms in the Medicare Access and CHIP Reauthorization Act (MACRA), Slavitt said at a hearing on the topic of MACRA implementation. "We remain open to multiple approaches. Some things on the table include alternative start dates, looking at whether shorter [reporting] periods could be used, and finding other ways for physicians [to get used to] the program before the impact really hits them."

Several committee members expressed concerns about how MACRA will impact small and rural practices. "We recognized the inherent challenges of these types of practices when we crafted MACRA," said committee chairman Orrin Hatch (R-Utah). "I know CMS is aware of the issue but we need to make sure ... these practice settings remain viable options for Medicare beneficiaries."

CMS is looking at issues such as "How do we compare the performance of small physician practices? How do we lessen the burden?" Slavitt continued. The agency is looking at possible reporting alternatives such as "virtual groups" and "we will continue to seek input in this area."

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

### **Just When You Didn't Think ICD-10 Could Get Anymore Specific...**

The moratorium on new codes will be ending on October 1, 2016 and with that comes almost 2,000 new codes along with revisions and deletions to the previous ICD-10-CM code set. One obvious addition is a code for Zika virus. The diabetes section has had many codes added, many having to do with macular edema. Codes for lesions of sciatic, femoral, popliteal and plantar nerves have been added. Cerebral infarctions will now have an option for bilateral arteries and several new manifestations codes. Aneurysm codes are being added for pre-cerebral and vertebral arteries and dissection codes added for pre-cerebral and both upper and lower extremities. There are several codes added for post-op hematomas and seromas. There are many updates to the gastroin-

testinal section. These include more specific codes for intestinal ischemia, enterocolitis, and pancreatitis. An entire block of codes has been added for TMJ disorders. Codes for cervical disc disorders will now require the exact disc level. Numerous fracture codes have been added, specifically for occipital, facial, physeal, calcaneal, femoral, metatarsal fractures. Both the male and female genital systems have added codes. In the male system codes have been added for prostate dysplasia and neoplasia as well as testicular or scrotal pain, and erectile dysfunction following prostate cancer treatment, type of treatment specified of course. The female system has codes added for follicular ovarian cysts as well as corpus luteum cysts, acquired atrophy of several sites, and site specific torsion. Ectopic pregnan-

cy codes have been expanded to specify where the pregnancy occurred and whether or not there is an intrauterine pregnancy as well. The OB section has added several conditions complicating pregnancy, childbirth and puerperium. Codes have been added to correspond to the National Institutes of Health Stroke Scale (NIHSS) score from 0-42. Glasgow Coma Scale scores have also been added when measured in the field, EMR, at hospital admission and 24+ hours. All of these new codes are debuting at the same time that the "grace period" for not reporting the highest level of specificity is expiring. Work on your templates now, it's going to be an interesting fourth quarter!

## 2017 Proposed Medicare Fee Schedule

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- **CMS estimates a CY 2017 conversion factor of \$35.7551**

This number reflects the 0.5% update specified by the Medicare Access and CHIP Reauthorization Act, a budget neutrality adjustment, and an adjustment due to the non-budget neutral 5% multiple procedure payment reduction for the professional component of imaging services. Overall, this is a slight decrease from the current conversion factor of \$35.8043. CMS estimates an overall impact of the MPFS proposed changes to radiology to be a 1% decrease, while interventional radiology would see an aggregate decrease of 7%, due to changes to coding structure and RVU inputs. Radiation oncology and nuclear medicine would see no change if the provisions within the proposed rule are finalized.

- **Multiple Procedure Payment Reduction (MPPR) and Reimbursement for Radiography**

After intense lobbying by the ACR and RBMA for more than four years, Congress included provisions within H.R. 2029 to lower the existing **25%** PC MPPR to **5%** effective 2017. CMS acknowledges this mandate in the proposed rule and plans to move forward with implementation on January 1, 2017. This is an update to the December 2015 H.R. 2029 enactment titled 'Consolidated Appropriations Act of 2016'. This bipartisan legislation provided funding for the government's 2017 fiscal year which runs from October 1, 2015-September 30, 2016. Comments will be accepted on the proposed rule until September 6, 2016. The proposed rule can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection>.

- **Appropriate Use Criteria/Clinical Decision Support**

In this year's proposed rule, CMS is contemplating an implementation date of January 1, 2018.

- **Mammography with Computer Aided Detection (CAD)**

Three new mammography codes will be implemented in 2017 which bundle mammography with CAD when performed. These codes will be structured similarly to the existing mammography codes, with a code for unilateral diagnostic mammography, a code for bilateral diagnostic mammography and screening mammography. With the implementation of these new bundled codes, CMS proposes to delete the current codes used to report mammography (77055-77057) and CAD (77051 and 77052). CMS proposes to accept the Relative (Value) Update Committee (RUC)-recommended work RVUs for the new codes, which translates to an increase in value for both diagnostic mammography codes and maintaining the current value for screening mammography.

- **Phase-In of Significant RVU Reductions**

For 2017, CMS is proposing that every service is newly evaluated each year and any applicable phase-in is limited to a decrease of 19%. For example, a code faced with a 50% RVU reduction would be limited to a decrease of 19% in total RVUs each year. In an attempt to incentivize facilities that provide X-ray services to purchase digital radiography equipment, H.R. 2029 also outlined a gradual series of reimbursement reductions to both analog/film radiography and computed radiography. Reimbursement for X-rays taken with plain film will be reduced by 20% in 2017 and all subsequent years. Reimbursement for computed radiography will be reduced by 7% between 2018 and 2022, followed by a 10% reduction in 2023 and all subsequent years. To implement the plain film X-ray reduction, CMS is proposing to establish a new modifier (modifier "XX") to be used on applicable claims.