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Radiology Trends

Did You Know?

The humble aspirin tablet could be a worthy method for reducing breast density and, by extension, the risk of breast cancer.

Healthcare Merger & Acquisition Activity Likely To Remain Strong This Year

Analysts expect healthcare merger and acquisition activity to likely remain strong this year, driven by the growth of value-based payment models. Private equity players will continue to scout out primary-care physician practices that have expertise in the managed-care environment. There may be more consolidation of hospital-based medical specialties such as anesthesia, similar to last year's TeamHealth takeover of IPC Healthcare.

Possible constraints to some deals are the federal government's tough antitrust scrutiny and regulatory uncertainty related to the 2016 elections. Slava Girzhel, managing director at KeyBanc, anticipates more provider consolidation because independent provider groups "are just less able to participate in value-based care. If you're going to shrink the pie, you're going to need to take costs out of the system." Girzhel predicted "post-acute care will probably come back in vogue. It has a tremendous impact because it has a major referral pattern."

On the financial side, about 71% of healthcare chief financial officers who responded to TD Bank's annual survey said they don't expect a rate increase to affect their borrowing. About two-thirds expect to increase their capital expenditures in 2016, though 23% said the increase is likely to be modest. Caution among dealmakers is likely to grow as the November elections approach.

Health-Law Tax-Credit Payments To Insurers Questioned

The Obama administration wasn't able to ensure that all tax-credit payments that were paid to insurers under the health law in 2014 were on behalf of consumers who had paid their premiums, according to a federal oversight agency. However, the agency noted the Obama administration this year is moving to a new automated system that should alleviate potential problems identified in its investigation. The findings raise questions about the oversight of tax-credit payments that went to insurers on behalf of consumers

who qualified for financial assistance.

Nearly \$11 billion in tax credits were paid to insurers in fiscal 2014, according to a report by the Treasury Inspector General for Tax Administration. Centers for Medicare and Medicaid Services (CMS) officials noted that the inspector general didn't conclude that any overpayments were made to insurance companies.

"CMS has already addressed or is addressing the IG's recommendations," said Meaghan

Smith, a spokeswoman for the agency. "Moreover, CMS is implementing a fully automated policy-based payment process beginning this month." Republicans critical of the health law have focused on the tax credits, saying inaccurate payments to consumers occurred—and are a sign that some federal funds were misspent. Obama administration officials say they have implemented rigorous and effective internal controls to ensure accurate payments to insurers of tax credits.

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CMS To Launch RACs For Medicare Advantage

Center for Medicare and Medicaid Services (CMS) is looking to vastly expand audits of Medicare Advantage plans as a way to monitor insurers that may game the system to obtain higher payments.

They recently released a request for information that outlined the expansion of Medicare's Recovery Audit Program, a program that has drawn the ire of hospitals and doctors. In that program, the government hires private companies called recovery audit contractors, or RACs, to comb through medical records at hospitals and doctor offices and find instances of where Medicare is paying too much money. Providers have characterized RACs as administrative burdens and argued auditors have clear incentives to hunt for overpayments even when they may not exist. RACs are paid an amount that is contingent on how much money they recover for the government. CMS presents RACs as a way to ensure taxpayer money is being spent appropriately.

The Affordable Care Act required Medicare's RAC program to be expanded to Medicare Advantage and Part D plans, but that has not happened yet. The CMS document explains how that would be done and the scope of the program, although there is no definitive timeline for when the program would go into effect. "Our ultimate goal is to have all MA contracts subject to either a comprehensive or condition-specific RADV audit for each payment year," the agency said.

Many whistle-blower lawsuits have accused Medicare Advantage insurers of purposefully inflating risk scores to make patients appear sicker than they are with the goal of receiving higher payments. The government is investigating the risk-adjustment practices of Humana and other companies, but no official conclusions from those probes have been made. All comments on the Medicare Advantage RAC program are due by Feb. 1st.

Coding and Compliance Tips by Lori Shore, CPC, RCC Billing Medicare for Low-dose CT Lung Cancer Screenings

The Medicare policy agreeing to pay for Low-dose CT (LDCT) for lung cancer screening is nearly a year old and we finally have a code under which to be paid. There are actually two codes, one for the counseling visit to discuss the need for LDCT lung cancer screening and a second code for the actual test itself. G0296, the counseling code will be billable by physicians and physician extenders who order the scans. G0297 will be billed by radiologists for the actual screening study itself. The policy for payment is effective February 2, 2015 and we can begin to submit claims on January 4, 2016 retroactive to February 5, 2015. Medicare contractors will not go seek out previously submitted claims so it is best to resubmit any 2015 claims in 2016.

The National Coverage Determination (NCD) states that LDCT lung cancer screening is covered for both current and former smokers; however, currently the only ICD-9/10 codes available are for Personal history of nicotine dependence (V15.82 in ICD-9 and Z87.891 in ICD-10). It is anticipated that new diagnosis codes will be forthcoming for current smokers.

To learn more about the billing LDCT lung cancer screenings, go to: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf>