

# RADIOLOGY

## TRENDS

JANUARY 2019

## ACR Adds Topics To Appropriateness Criteria Guidelines

The American College of Radiology (ACR) has added seven new and 19 revised topics to its ACR Appropriateness Criteria Guidelines. The seven new topics are as follows:

- Abdominal aortic aneurysm follow-up (without repair)
- Acute mental status change, delirium, and new onset psychosis
- Nonatherosclerotic peripheral arterial disease
- Scoliosis in a child
- Suspected appendicitis in a child
- Suspected spine trauma in a child
- Thyroid disease

Each subject features a narrative, an evidence table, and a literature search summary. In addition, there is an appendix with an evidence assessment for all recommendations.

The entire ACR Appropriateness Criteria list now includes 186 diagnostic imaging and interventional radiology topics with 914 clinical variants covering more than 1,600 clinical scenarios.

## New Years' Report Resolutions

**As we begin another New Year many resolve to make improvements in their lives. May I suggest that it is also a time to resolve to make improvements in your documentation.** For some, improving your documentation may also serve to improve your life by decreasing the number of addenda requested. What types of improvements can you make? Make sure that the order matches the documentation. Remember that the person reading your report cannot see the images. Were both pre- and post-contrast images performed? Were 3-D reformatted images obtained and reviewed? 3-D/ MIPS reformatted images are a required element to bill for CT Angiography. "Multiplanar reconstructions" does not count as 3-D in these situations. Be sure to include the laterality of the study. Sometimes we are so focused on the details that specifics like laterality are forgotten. This is especially true with extremity CT and MR studies. We no longer have grace periods so the 2019 CPT codes went into effect Jan. 1st. Make sure that you are ready and know what changes in documentation are required. For example, fine needle aspirations are now coded based on guidance modality used with additional codes for each additional lesion. Update any templates you are using to accommodate coding changes.

Happy New Year!

Lori

Lori Shore, **RCC, CPC**  
*Vice President of Coding & Compliance*

Lori speaks at conferences both regionally and nationally on behalf of numerous organizations, including RBMA.

[lshore@mbms.net](mailto:lshore@mbms.net)





Kim Fell



Jodi Youndt



Rob Carfagno



Larry Buller, Jr.

## The Top 5 Questions On Site-Neutral Payments For Imaging In 2019, Answered

10:15 AM on December 20, 2018 by Matt Morrill and Ty Aderhold. The Advisory Board Company is the owner and publisher of this article.

In 2017, CMS implemented a site-neutral payment provision to reduce payment discrepancies between identical services performed at hospital outpatient departments (HOPDs) and provider-based sites.

Over the years, higher reimbursement rates at HOPD sites, along with physician employment and provider consolidation, led to disproportionate growth in HOPD volumes. This led Congress to address the matter in the Bipartisan Budget Act of 2016. The policy mandates that new HOPDs (opened or acquired after Nov. 1, 2015) farther than 250 yards from a hospital's campus must be paid at a substantially lower rate, which in CY 2018 equaled 40% of the standard OPPS. In the CY 2019 final rule, the agency maintained this 40% rate. Read on to find answers to five important questions on site-neutral payments:

### 1. What sites are affected?

Sites were affected by site-neutral payments as of Jan. 1, 2017 if they were:

- Designated as "off-campus," provider-based sites;
- Located at least 250 yards from hospital's campus; and
- Acquired or built after Nov. 1, 2015, unless the exempted facility is part of a health system merger

In addition to new sites, existing HOPDs can be shifted to site-neutral payment as a result of facility relocation or remodeling. Any change in the address of an off-campus HOPD, including changes as small as a unit or suite number, will cause a facility to move onto the physician fee schedule. This includes both full relocation and an extensive remodeling. However, off-campus HOPDs that must relocate due to "extraordinary circumstances," such as natural disasters, are permitted to keep their billing status. Additionally, a change of ownership results in loss of excepted status. If an off-campus HOPD is acquired directly by another facility, it will lose its ability to bill on the higher HOPPS rate. If the off-campus HOPD is acquired as a result of the acquisition of HOPD's parent entity (i.e. health system), it may remain on the higher fee schedule.

### 2. How are site-neutral payments being implemented?

Under site-neutral payments, impacted HOPDs can no longer bill and be paid on the HOPPS fee schedule, but many HOPDs do not yet have the infrastructure to bill on MPFS. As a result, CMS allows impacted sites to continue using the HOPPS schedule for billing while using a special "PN" modifier on claims.

However, the agency reimburses them at a special rate, called the "non-facility" MPSF rate, "which is set to be equivalent to 40% of the HOPPS rate. In a major update to the site-neutral policy in the 2019 final rule, CMS will now reimburse at the site-neutral rate for G0463, hospital outpatient clinic visits, across all HOPDs, even those that are otherwise exempt from site-neutral payments. Effectively, this service will now receive the site-neutral 40% of HOPPS at any HOPD facility, regardless of status. This change will be rolled out over a two-year period: a 30% cut in 2019 and a full reduction to 40% of HOPPS in 2020. The national average payment rate will go down from \$116 per visit to just \$46.

3. I'm planning to expand my services and am currently excepted from site-neutral payments. Will I be able to continue to bill at the higher HOPPS rate? Off-campus HOPDs that were billing for any service on HOPPS prior to Nov. 1, 2015 can also bill at the higher HOPPS rate for any services added after that date. Read more here.



Interested in learning more about MBMS?  
Please contact Matt at [mostrum@mbms.net](mailto:mostrum@mbms.net)



Matt Ostrum  
Executive Vice President of Sales & Marketing