

Radiology

Trends

Did You Know?

The U.S. Food and Drug Administration (FDA) has approved a new PET radiopharmaceutical from Blue Earth Diagnostics for detecting recurring prostate cancer.

House Bill Cuts Pay For Hospitals To Fund Site-Neutral Medicare Pay

Members of the House Ways and Means Committee recently unanimously agreed to cut hospital Medicare payments across the board to pay for allowing hospitals building on-campus outpatient departments. These facilities would continue receiving higher rates than non-hospital clinics. The bill would slightly reduce the increase contained in the Medicare and CHIP Reauthorization Act that is scheduled to go into effect in October 2017.

Ways and Means Health Subcommittee Chairman Pat Tiberi (R-Ohio) said the bill makes sense given hospitals have already invested in outpatient departments with the assumption of being paid at certain rates, not the lower rates put forward by a budget agreement last year. "Nobody likes to think of healthcare as a business, but hospitals have to keep the lights on," he said. Subcommittee Ranking Member Jim McDermott (D-Wash), who introduced the bill with Tiberi said it provides an acceptable compromise and should be passed eventually.

Every major hospital lobbying group including the Federation of American Hospitals endorsed the legislation even as they expressed concern over the cuts. The legislation would also adjust the Medicare Hospital Readmissions Reduction Program to avoid unfairly penalizing hospitals whose patients are disproportionately likely to return to the hospital because of socio-economic factors. That provision would be budget neutral.

PET Imaging With Special Tracer Can Detect, Diagnose Early Alzheimer's Disease

Alzheimer's disease research has taken a big step forward with the use of positron emission tomography (PET) when being used with a special 'tracer.' This tracer binds to the amyloid plaques in the brain that are a characteristic cause of AD.

A paper explaining the use of PET and Pittsburgh Compound B (PiB) to diagnose AD appeared in the current special issue of *Technology and Innovation—Journal of the National Academy of Inventors*, which is devoted to the evolution of neuroimaging.

According to Ann D. Cohen, professor in the department of Psychiatry at the University of Pittsburgh, using biomarkers such as PiB to better understand cognitive defects seen in normal brains, as opposed to those in AD, has become critical since the advent of AD prevention

trials. Her review focuses on the use of PiB-PET across the spectrum of AD from the earliest PiB studies where PiB retention in the brain was higher in patients when amyloid plaques were present.

"Alzheimer's disease is the most common cause of dementia and is pathologically characterized by the presence of amyloid plaques containing amyloid-beta (A β) and neurofibrillary tangles [in the brain]," said the professor. "[PiB] is thioflavin-T (ThT) derivative, a small molecule known to bind to amyloid proteins...imaging AD pathology, using amyloid PET imaging agents such as PiB, has several potential clinical benefits, including preclinical detection of disease and accurately distinguishing AD from non-AD dementia in patients with mild or atypical symptoms" she added. According to Cohen, amyloid imaging, alone or along with other biomarkers, will "likely be critical to the

identification of subjects at risk for AD and future decline." She added that what has become clear from amyloid imaging studies is how early in AD "the full burden of amyloid plaques begins to develop."

ABR To Eliminate 10-Year MOC Recertification Exam

The American Board of Radiology (ABR) has announced plans to eliminate the maintenance of certification (MOC) exam, its controversial requirement that board-certified radiologists undergo testing every 10 years to be credentialed. Instead, the ABR will employ a “continuous assessment” online system that “leverages advances in technology,” they said in an email signed by ABR president Dr. Milton Guiberteau.

The 10-year MOC exam was part of a major change in physician certification and was adopted by the American Board of Internal Medicine (ABIM), the American Board of Medical Specialties (ABMS), and other physician specialty groups like ABR. Under MOC physicians received a 10-year certification that has to be renewed each decade by passing an exam. Diplomates also have other requirements, such as completing practice quality improvement (PQI) projects.

A 2015 study in the *Annals of Internal Medicine* estimated that the MOC program would cost physicians over \$5 billion to meet its requirements over the next decade. How will it work? The ABR is developing an online assessment platform in which ABR diplomates will create practice profiles of subspecialty areas that most closely fit their area of practice. They will then receive weekly emails with links to questions that are relevant to their area of practice. The questions can be answered either in small batches or individually. Radiologists will be given immediate feedback on whether the answers are correct, and will also receive a critique of answers and related educational material. The feedback will help them guide their CME plan for “lifelong learning, an essential component of professional development,” the ABR said in a email. The ABR said it’s changes will not effect the initial certification for diagnostic radiology, radiation oncology, medical physics, interventional radiology, and other subspecialties.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

Radiology Post- MACRA

Now that the MACRA rule has been released how does radiology fit into the plan? MACRA seeks to move all practitioners from fee-for-service payment models to alternative payment models (APMs). The Patient Protection Affordable Care Act (PPACA) created several APMs. Some examples of APMs are Accountable Care Organizations (ACOs), Bundled Payments for Care Improvement Initiative (BPCI), and State Innovation Models Initiative (SIM). The ACR website outlines each of the above mentioned APMs and gives examples of how they have worked in radiology. Please go to: <http://www.acr.org/Advocacy/Economics-Health-Policy/Medicare-Payment-Systems/APMs> Merit-based Incentive Payment System (MIPS) still remains part of our reality. MIPS combines PQRS, Value-based Modifier (VBM), Meaningful Use (MU), and clinical practice improvement. The good news is that the PQRS requirements will be reduced to 6 measures from 9 with the three domain requirements being removed. One of the 6 measures must include an outcome measure. An alternative PQRS reporting method is a Qualified Clinical Data Registry (QCDR). A QCDR offers alternative measures on which to report, often times more relevant to your practice than the PQRS standard measures.

As a push to encourage practitioners to move to APMs, high performers in APMs will be exempt from MIPS.