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Radiology Trends

CMS Offers Provider Options For MACRA

Recently the Center for Medicare & Medicaid Services (CMS) announced their response to requests from lawmakers and stakeholders across the healthcare sector that they provide added flexibility to physicians prior to the new requirements imposed by the Medicare Access and CHIP Reauthorization Act (MACRA). It was set to go into effect January 2017 and is intended to promote quality patient care over volume. Now CMS has detailed a four option approach aimed to give doctors more flexibility towards those who are less prepared to meet the date reporting requirements. “In recognition of the wide diversity of physician practices, we intend for the Quality Payment Program to allow physicians to pick their pace of participation for the first performance period that begins January 1, 2017,” said CMS Acting Administrator Andy Slavitt. Eligible physicians will be given four options to comply with new payment schemes such as the Merit-based Incentive Payment System (MIPS) or an alternative payment model (APMs) such as accountable care organizations (ACOs). “Choosing one of the options would ensure you do not receive a negative payment adjustment in 2019,” Slavitt added.
The originally proposed MIPS would have resulted in a significant percentage of physicians, and particularly radiologists, receiving a 4% penalty applied to their 2019 Medicare payments. In some of the early CMS presentations, an estimated 49% of all radiologists would receive a negative adjustment up to 4%. The changes announced Thursday are significant in that with a small amount of effort, radiologists can avoid a negative adjustment in 2019.

Given that radiology, pathology, anesthesiology and interventional radiology have an exemption from the Meaningful Use Program (Advancing Care Information (ACI) under MIPS), the 25% allocated to ACI will be reweighted to Quality. The Quality score, primarily PQRS, will be now worth 75% through performance year 2019. The remaining 25% = 15% clinical practice improvement and 10% for cost. The options and details are expected to be outlined in the final rule to be released in November. The title of Slavitt's article is "Plans for the Quality Payment Program in 2017: Pick Your Pace."https://blog.cms.gov/2016/09/08/qualitypaymentprogram-pickyourpace/

First Option: Test the Quality Payment Program.
With this option, as long as you submit some data to the Quality Payment Program, including data from after January 1, 2017, you will avoid a negative payment adjustment. This option is designed to ensure your system is working, and you are prepared for broader participation in 2018 and 2019.

Second Option: Participate for part of the calendar year.
You may choose to submit Quality Payment Program information for a reduced number of days. This means your first performance period could begin later than January 1, 2017 and your practice could still qualify for a small positive payment adjustment. You could select from the list of quality measures and improvement activities available under the Quality Payment Program.
Third Option: Participate for the full calendar year.
For practices that are ready to go on January 1, 2017, you may choose to submit Quality Payment Program information for a full calendar year. This means your first performance period would begin on January 1, 2017. CMS has seen physician practices of various sizes successfully submit a full year's quality data.
Fourth Option: Participate in an Advanced Alternative Payment Model in 2017.
Instead of reporting quality data and other information, the law allows you to participate in the Quality Payment Program by joining an Advanced Alternative Payment Model, such as Medicare Shared Savings Track 2 or 3 in 2017. If you receive enough of your Medicare payments or see enough of your Medicare patients through the Advanced Alternative Payment Model in 2017, then you would qualify for a 5 percent incentive payment in 2019.

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Did You Know?

One of the largest studies to date showed no association between vasectomy and fatal prostate cancer.

Mixed Reactions To CMS Tool Predicting Impact of MACRA On Providers

CMS is considering unveiling a new web-based tool that helps clinicians assess the potential impact of merit-based incentive payment systems (MIPS) on their reimbursement. It will also help them evaluate their performance under the system and provide tips to improve scores. The tool could help ease concerns about the risk undertaken in the new payment models. The tool should make it easier for individual providers to improve performance and for provider executives to set their strategy under MACRA, Rivka Friedman, practice manager, research at the Advisory Board said in response to the news. Chet Speed, vice president of public policy at American Medical Group Association said the tool should help small practices without strong technology. Others are concerned that actual performance data won't be available until 18 months after a physician sees a patient. Anders Gilberg, senior vice president of government affairs at the Medical Group Management Association said that would provide only a "theoretical estimate." "This move amounts to releasing a crib sheet that will help doctors game the MIPS payment system, the medical equivalent of teaching to the test," said Dr. David Himmelstein, professor of public health, City University of New York at Hunter College and co-founder of the single-payer advocacy group Physicians for a National Health Program. Himmelstein also argues that the tool will divert doctors' focus from caring for patients to caring for the documentation.
The numbers have shown an uptick in the amount of physicians dropping out of government programs because of the increased administrative burden, even though the overall participation in Medicare remains high. So far this year, a total of 19,543 physicians aren't participating in Medicare, according to federal data. That number is up from 3,700 in 2009.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Waiting For 2017 CPT Updates

Just as we begin addressing the nearly 2,000 new ICD-10-CM codes for 2017 it is time to anticipate the CPT changes soon to be released. As has become the norm, bundling of codes is expected to continue. Expect new codes for mammography that include CAD, bundled AV dialysis graft codes as well as percutaneous transluminal angioplasty codes, according to the American College of Radiology (ACR). We can also expect a new ultrasound code for AAA screening to replace the Category III code currently being reported.

The ACR is also anticipating a change in the global value of fluoroscopic guidance codes 77002 and 77003 from stand-alone codes to add-on codes. This will change the global value indicator to ZZZ bundling it with the global service. Currently, the global value indicator is XXX where the global concept does not apply. This change will affect the ability for radiologists to report fluoroscopic guidance provided to another specialist.

The epidural injection section is expected to undergo an overhaul with revision, deletions and renumbering of codes. Expect some new codes that include imaging guidance. New codes are also expected for Mechanochemical (MOCA) Vein Ablations as well as additional options for additional veins treated with radiofrequency and laser ablation.