

RADIOLOGY TRENDS

October 2019

Medical Groups Aim To Stop Device Tax

The Medical Imaging & Technology Alliance (MITA), the American College of Radiology (ACR), and other industry groups sent a letter to congressional leadership recently asking for a permanent repeal of the 'disastrous' medical device tax. A suspension of the tax is set to expire Jan. 1, 2020. The groups claim in the letter that between 2013 and 2015 this tax led to thousands of jobs lost, research projects abandoned, and treatments denied. The letter is available to view [here](#).

"Congress needs to act now to stop a \$20 billion tax on the medical technology industry from coming back at the end of the year," Kevin Lobo, CEO of the medical technology firm Stryker and board chairman for the Advanced Medical Technology Association, said in a statement. "This tax hurts innovation and development of future treatments and cures," he added. Those signing the letter claimed 21,000 jobs could disappear without action from elected officials. "If this tax is not fully repealed, it will continue to force companies to make difficult decisions on whether to invest in manufacturing operations, research and development, and other important investments in communities across the U.S.," the letter stated.

The tax was first proposed in 2009, and is a 2.3% levy on most medical devices sold in the U.S., including MRI machines and CT scanners. Congress had suspended the tax twice from 2016-2018. Roughly 600 groups signed this latest letter to elected officials, representing patients, physicians, venture capitalists and hospitals.

More ICD-10 Codes For 2020

It was hardly imaginable in 2010 that CMS could have missed any diagnoses with the transition of the code set from ICD-9 to ICD-10 and yet we have 273 new codes for 2020. Detail remains the key. Of note for radiology are 30 new codes for diseases of the circulatory system. We now have separate codes for single or multiple pulmonary embolism(s) without acute cor pulmonale. The atrial fibrillation section has been expanded and now requires that coders know details such as: longstanding, persistent, chronic or permanent. Codes for specific lower extremity veins with phlebitis and thrombophlebitis have also been added to match the existing codes for arteries.

Codes for breast lumps in overlapping quadrants have been added for both left and right breasts. This will be helpful for breast masses at the 3, 6, 9, and 12 o'clock positions. Hopefully these will be added to the National Carrier Determination (NCD) and payable.

Codes for orbital fractures have been expanded to include site detail: orbital roof, medial and lateral orbital wall. These will continue to require the same level of detail as other fractures concerning the level of healing that has occurred.

As a sign of the times, several new codes have been added for legal interventions involving firearms, explosives, and the like. These would be used for police, National Guard, military, etc. when involved with civilians.

And finally, we have several new codes for a patient's latent tuberculosis status. We have a code to indicate that the patient has latent TB, there is a code for testing and a code for personal history.

2020 ICD-10 codes are effective October 1, 2019, through September 30, 2020. Be ready to include the necessary detail in your documentation.

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AI-powered X-ray receives FDA clearance. Are you ready for the rise of AI?

10:15 AM on September 23, 2019 by [Matthew Morrill](#) and Liam Frieswick. The Advisory Board Company is the owner and publisher of this article.

Machine learning and artificial intelligence (AI) have been generating a lot of buzz in recent years. Due to advances in processing power, the availability of broader and deeper data, and advances in the maturity of AI tools, AI has a real opportunity to help improve the efficiency and outcomes of imaging reads. While progressive organizations have started rolling out AI tools, regulatory and legal barriers can delay implementation. However, on September 12th, GE announced that its **Critical Care Suite**, a collection of AI algorithms which can be embedded into a mobile X-Ray, was approved by the FDA. The system automatically scans for signs of suspected pneumothorax, a type of collapsed lung. If this condition is identified, an alert is sent along with the original chest X-Ray to a radiologist via PACS. Due to the rise in urgent imaging orders, it can be challenging for radiologists to identify orders that legitimately require immediate care. The Critical Care Suite allows radiologists to immediately triage collapsed lung cases and ensure patients receive the timely care they need.

What separates the Critical Care Suite?

There are many, many AI solutions available, ranging from algorithms to improve mammography reads to those that reduce unnecessary utilization for specific conditions or gauge follow-up adherence to imaging orders. However, there are two key applications that distinguish GE's Critical Care Suite from other available AI products:

- **Critical Care Suite notifies the radiologist and technologist of critical findings to ensure proper communication and care delivery.** Many AI applications ignore a key player in the imaging equation: the technologist. However, the Critical Care Suite sends notifications to both the radiologist and technologist with any critical findings. Further, the system automatically runs quality algorithms to flag proper protocol and auto-rotates the images on-device for the technologist. This support provided to radiologists and technologists alike can bring care delivery to the next level.
- **On-device installations allows for immediate results without dependency on connection or transfer speed.** Due to on-device integration, critical findings are included when the radiologist reviews the original image, preventing processing delay. This also benefits the technologist, as quality check-ins are received immediately, helping them make the correct decision in the moment.

4 Steps for effective implementation

While there's plenty of buzz around AI's capabilities, there's less guidance on implementation. To ensure successful deployment, imaging programs must have clearly defined goals and measures of success, a deepened focus on workflow and process integration, and consistent monitoring of progress towards strategic outcomes.

Principles to ensure effective implementation

- **Engage all stakeholders in the planning process.** Machine learning has the potential to revolutionize medical imaging. Radiologists can use this technology to make volumes of data actionable, streamline workflow, and ultimately improve patient outcomes. However, machine-learning initiatives can fail if health care organizations do not address existing cultural resistance to new IT systems, or quell the fear that AI will make the radiologist role obsolete.
- **Be mindful of your scope of application and implementation timeline.** Many machine-learning algorithms are narrow in their application, working across select modalities to inform decisions on specific diseases.

Read full article [here](#).



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