CMS Requires Preauthorization For Vein Ablations

Beginning July 1, 2020, CMS will begin requiring preauthorization requests (PAR) for five categories of services and related procedures performed in certain outpatient departments.

- Blepharoplasty
- Botulinum toxin injections
- Panniculectomy
- Rhinoplasty
- Vein ablation

Requests for preauthorization must indicate that the service meets Medicare coverage, coding, and payment rules. CMS sites a higher than expected utilization increase from 2007 through 2017 for these procedures. Vein ablation showed an average increase of 11.1% during the period studied with an increase in individual patients of 9.5%. This increase was significantly higher than the 1.1% average increase for other outpatient services.

As part of the Medicare Hospital Outpatient Final Rule issued in November, there is a process to relieve providers of the preauthorization requests following a 90-day look back period of their claims; however, no review process has been announced. Mechanochemical ablations, radiofrequency ablation, laser ablation, and cyanoacrylate adhesives will all require preauthorization requests when performed in a hospital outpatient department.

Preauthorization requests will be submitted via the Medicare Area Contractor (MAC) for each jurisdiction. For example, Novitas Solutions, MAC for Delaware, Maryland, New Jersey, Pennsylvania, and Washington, DC will allow preauthorization requests via mail, fax, website, or portal. Expedited requests will also be available within 2 business days when it is determined that delay could seriously jeopardize the patient’s life, health, or ability to regain maximum function.

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5 lessons from imaging leaders on tackling Covid-19

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Amid the global coronavirus pandemic, hospital imaging directors are facing some of the biggest challenges they have ever encountered. To help, Advisory Board last week organized and facilitated the first of a series of networking conversations around Covid-19 for hospital imaging directors. Our goal is to allow imaging leaders to discuss, share, and brainstorm solutions to some of the challenges they are currently facing. During these discussions, we found that many imaging leaders are facing the same challenges, but are responding in slightly different ways. Furthermore, we realized that since these organizations are spread throughout the country, and since local spread and stay-at-home orders largely dictate the challenges each organization faces—and when it faces them—one imaging department's solution from last week could help solve a challenge in the coming week for another organization. With this in mind, our team wanted to publish five key takeaways we learned from our discussions:

1. **X-ray Covid-19 patients through glass doors in the ED.** To save personal protective equipment (PPE), reduce time spent cleaning portable X-ray machines, and limit technologist exposure to Covid-19, organizations have started imaging Covid-19 patients via X-rays through glass. These organizations have trained nurses in the ED to position the plates while the tech operates the X-ray from behind the glass. They have found that this method still produces high-quality images. For more information, check out this guide from the University of Utah Health.

2. **Start planning how to build out extended hours and weekend slots now.** Many organizations are planning to extend hours in order to “catch up” on the backlog of scans while still enabling social distancing in imaging centers. If you are planning to add evening or weekend hours, or otherwise change your schedule, reach out to your IT team sooner rather than later. They will need to build and QA test the new schedule, which will take some time.

3. **Set aside times for imaging immunocompromised patients.** As outpatient volumes ramp up, organizations will still need to ensure they are protecting their patients from infection. We heard from one health system that it is planning on setting aside the first hour each morning to image patients who are immunocompromised or otherwise high-risk in order to limit their chance of Covid-19 infection. While programs should try to clean and sanitize between all patients throughout the day, having high-risk patients come first thing in the morning reduces their risk of infection in areas like the waiting room.

4. **Ramp up volumes early by screening your own staff and clinicians.** As programs begin to think about ramping their imaging volumes back up, one patient population is likely ready and available: the organization’s staff and clinicians. Offering imaging to employees early will allow the imaging department to clear some of the appointment backlog even prior to a more widespread ramp up for other appointments.

5. **Consider forming a medical committee to resolve prioritization issues for rescheduled exams.** As programs ramp up outpatient imaging, they will face a significant backlog of postponed exams that will exceed capacity for weeks or months to come. The size of this backlog, combined with the need to allow time for cleaning and space for social distancing, means that organizations are going to have to prioritize exams. This prioritization will likely involve some challenging trade-offs. Ensure you’re accounting for the right factors by assembling an interdisciplinary medical committee. This group can settle disagreements with referring providers on how long a certain patient might need to wait for their exam.

In these unprecedented times, the challenges facing imaging departments will not have straightforward solutions. For this reason, we will continue to hold facilitated networking discussions for imaging leaders over the next few weeks. If you are interested in participating, please email aderhold@advisory.com for more information.

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