

APS Update

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Documentation is the Key

Although vascular procedures make up a large part of interventional radiology, the interventionalist can perform many other types of procedures to diagnose and treat disease and trauma. Some of the common non-vascular surgical procedures include biopsies, percutaneous placement of urinary, gastric or biliary drainage catheters, arthrocentesis and myelography. In order to ensure compliance and maximize charges, here are some basic coding tips for these procedures:

1. Report the wording of the code description.
2. Document key words, aspiration vs. biopsy or fine needle vs. percutaneous needle.
3. Report appropriate RS&I codes.
4. Document who is performing the procedure. If it's not documented in the report, the CPT for the procedure will not be added to the RS&I or Guidance code.
5. If guidance is used, report whether it was ultrasound, CT or fluoroscopic.
6. If the tubes or catheters are placed bilaterally or the diagnostic studies performed on both sides of the body document appropriately, appropriate modifier (modifier 50 or RT and LT) can be added.
7. CPT guidelines and bundling edits should be reviewed since many procedures are considered component elements to higher complex interventions.
8. Document clinical diagnosis and final impression to support medical necessity.
9. When a procedure is discontinued due to extenuating circumstances or those that threaten the well being of the patient, document and append modifier -53.
10. DOCUMENT, DOCUMENT, DOCUMENT

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ICD-10 Update

The Department of Health and Human Services (HHS), with the approval from the Office of Management and Budget (OMB), finalized and approved the ruling on the implementation date for ICD-10-CM to October 1, 2013. The proposed date had been October 1, 2011. ICD-9-CM codes will not be able to be used to report services after this date. The additional two years is allowing everyone the appropriate time to train coders, physicians and auxiliary personnel as well as update or install new systems. There will be crosswalks, mapping and guidelines made available that will help entities move from ICD-9-CM to ICD-10-CM to avoid from having to maintain the capacity to work with both coding system on and after this date.

There will be two websites that will provide a mapping program through this process. They are:

Centers for Disease Control Web page:
www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

CMS Web page:
www.cms.hhs.gov/ICD10/02_ICD-10-PCS.asp

Federal Budget: \$634 Billion for Healthcare Reform Over 10 Years, Details Sketchy

The administration's budget, recently submitted to Congress contains a bolus of funding to support reform efforts. Like the healthcare IT funding noted in the article on the stimulus details are not presented as the funding is described as a down payment on the reform efforts to be taken.

There are three main areas to be addressed by the reform efforts. First, the administration will be supporting legislation to reform the health insurance industry to insure that reasonably priced, portable health insurance will be available to everyone, possibly by creating a Medicare-like program for those under 65. Second, the health care system must be "modernized" in order to take advantage of quality promoting and cost reducing technologies and service delivery patterns. Interestingly, one of the concepts for this process is the appointment of an industry overseer board which will be involved in the review and approval of new health care technologies and treatments, thus controlling costs by controlling access to and use of newer applications. Finally, an emphasis on prevention programs will be included in the administration's plans.

Interestingly, the budget remains silent on Physician Payment Reform, and in particular the Sustainable Growth Factor formula which has been an issue requiring Congressional action in each of the past eight years. The budget does address the issue but not in a financial way. Specifically the budget contains the statement "while the baseline reflects our best estimate of what the Congress has done in recent years, we are not suggesting that should be the future policy. As part of health care reform, the Administration would support comprehensive, but fiscally responsible, reforms to the payment formula." Clearly this is not the last word on what the current administration's plans are for physician payment.

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Many of the provisions of the budget as it pertains to health care are seen as the previous HHS secretary nominee's and their survival and the form of implementation may vary dramatically from those envisioned in the budget. Of particular concern to radiology, as one of the most technologically dependent medical specialties will be the controls and dissemination of technology related advances in care and their impact on the earnings and practice of radiology in the coming years. With the nomination of Governor Sibelius to be Secretary of HHS we may begin to see some specificity to these proposals over the next few months.

Stimulus Bill Includes \$20 Billion for Healthcare IT

While it is too early to tell what the actual use of the funds will be, many in healthcare are interested to see that the stimulus bill has a substantial amount of money to be used to "kick-start" stalled electronic medical records and healthcare IT integration efforts. At this point there are no details of how such an amount is to be distributed and what specific initiatives will be favored.

The administration indicated that the money will be used to "computerize health records to cut costs and reduce medical errors." This would seem to favor EMR/EHR efforts but the final word will most likely have to wait until a new HHS secretary is nominated and approved by the Senate. This disruption means that all health care initiatives will be held back a bit while the administration fills the vacancy.