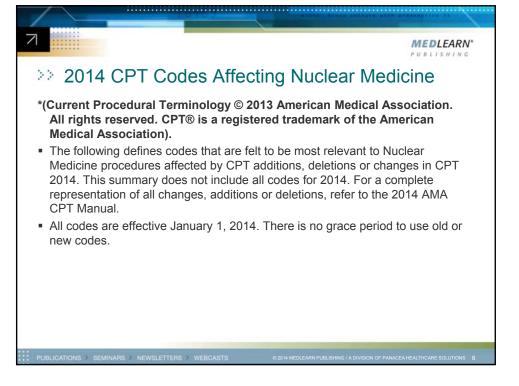
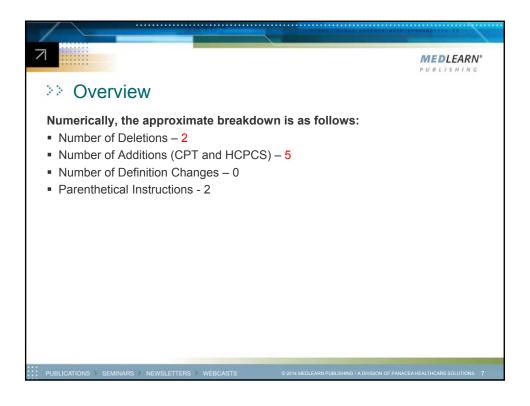


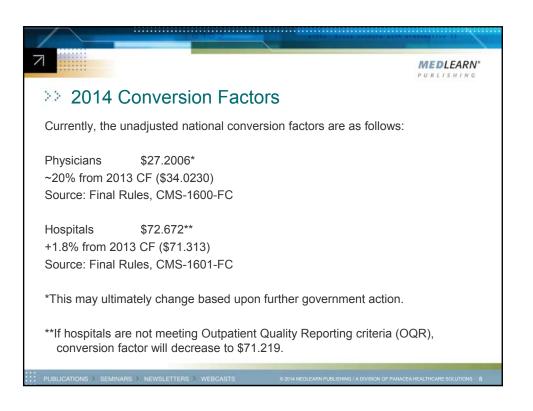




- Credentials: BA, RCC, CPC
- More than 25 years experience in billing, coding and compliance experience, with a primary emphasis on radiology services.
- Accomplished teacher and author.
- She was the past chairperson of the RBMA Coding Education Task Force and also a past RCCB board member.









# 2014 Sustainable Growth Rate (SGR)

Sustainable Growth Rate (SGR) and MPFS conversion factor for CY 2014:

- Under current law, physicians and non-physician practitioners (NPP) will face steep across-the-board reductions in payment rates, based on a formula—the Sustainable Growth Rate (SGR) methodology—which was adopted in the Balanced Budget Act of 1997. Without a change in the law, the conversion factor will be reduced by 20.1 percent for services in 2014. The President's budget calls for averting these cuts and finding a permanent solution to this problem.
- The CY 2014 conversion factor is \$27.2006, which reflects a smaller reduction in the conversion factor than the 24.4 percent reduction that we projected in March 2013. The smaller reduction is due in part to a 4.72 percent adjustment to the conversion factor to offset the decrease in Medicare physician payments that would otherwise have occurred due to the CY 2014 rescaling of the RVUs so that the proportions of total payments for the work, PE, and malpractice RVUs match the proportions in the final revised Medicare Economic Index (MEI) for CY 2014.

PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS © 2014 MEDIE ARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS



### Useful Medicare Reference Web-Sites

### 2014 Final Rule OPPS Fact sheet:

 http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheetsltems/2013-11-27-3.html

### 2014 OPPS Final Rule:

 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1601-FC.html

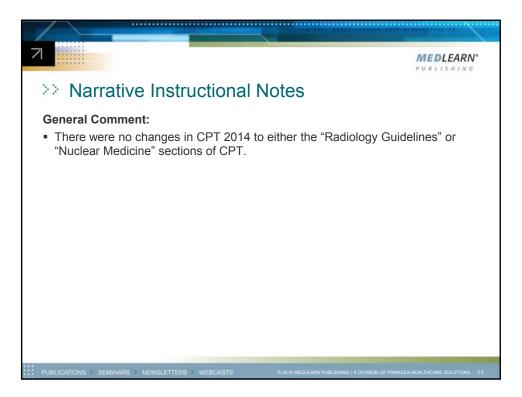
### 2014 MPFS Final Rule Fact sheet:

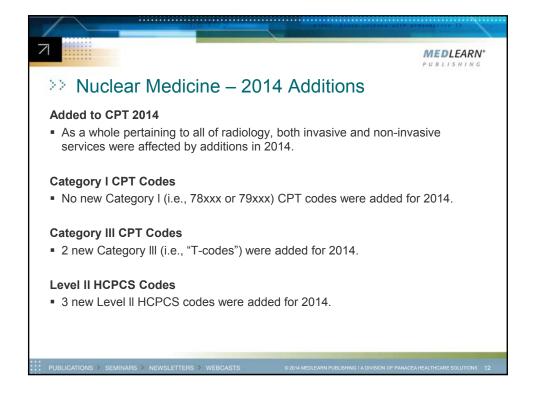
 http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27-2.html?DLPage=1&DLSort=0&DLSortDir=descending

### 2014 MPFS Final Rule:

 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1600-FC.html

PUBLICATIONS > SEMINARS > NEWSI ETTERS > WERCASTS 92014 MEDI FARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS





MEDLEARN'
PUBLISHING

# >> Nuclear Medicine - 2014 Additions

### **Category III Codes**

Conceptually, Category III codes allow the AMA to collect data for these new or emerging technologies, services or procedures. When a Category III code exists, an unlisted procedure code should not be used. The codes and full descriptions are as follows:

Code	<u>Description</u>
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT

PUBLICATIONS

EMINARS

> NEWSLETTER

© 2014 MEDLEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS



## >> Nuclear Medicine – 2014 Additions

### **Category III Codes**

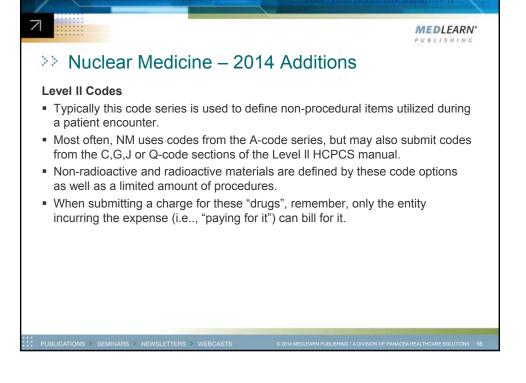
- These codes (0331T or 0332T) should be used to show the difference between currently existing codes 78466, 78468 and 78469 (myocardial infarct avid imaging). Codes 78466-78469 are often times referred to as "Hot-PYP imaging". The difference between these procedures are as follows:
- Code 78466-78469 would be used for imaging after a patient has had a myocardial infarction (MI). In this instance, the infarcted area of the heart is not innervated.
- Codes 0331T and 0332T allows imaging of innervated myocardium. This is important as it allows the ability to predict the prognosis for potential additional cardiac events or cardiac dysfunction.

PUBLICATIONS > SEMINARS > NEWSLETTERS

WERCASTS

© 2014 MEDI FARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 1

# Nuclear Medicine — 2014 Additions Category III Codes The radiopharmaceutical that would be used to perform these studies would be 123 I (123 I mIBG). The current level II HCPCS code defining 123 I mIBG is A9582. Code 0331T defines planar only imaging Code 0332T defines planar and SPECT imaging



MEDLEARN'
PUBLISHING

## >> Nuclear Medicine - 2014 Additions

### **Level II Codes**

One HCPCS code for Adenosine was deleted and one was added.

Deleted:

CodeDescriptionJ0152Injection, adenosine for diagnostic use, 30 mg (not to be used

to report any adenosine phosphate compounds; instead

use A9270)

Added:

J0151 Injection, adenosine for diagnostic use, 1 mg (not to be used to

report any adenosine phosphate compounds, instead use

A9270)

One new HCPCS code for new PET Beta-Amyloid radiopharmaceuticals was

added:

A9599 Radiopharmaceutical, diagnostic, for beta-amyloid positron

emission tomography (pet) imaging, per study dose

PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCAS

© 2014 MEDLEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 1.

MEDLEARN\*

## >> Nuclear Medicine – 2014 Additions

### **Level II Codes**

The final new code added for 2014 is a Level II HCPCS code defining a radiopharmaceutical. The code and full description are as follows:

<u>Code</u> <u>Description</u>

A9520 Technetium tc-99m tilmanocept, diagnostic, up to 0.5

millicuries

- This may also be referred to as "LymphoSeek".
- Based upon recent conversations there appears to be an error in the description of this code. (i.e.., where is "per study dose"?).
- We recommend close monitoring of CMS information relative to the ultimate correction of the code definition and billing instructions.
- In 2013 this was defined by Level II HCPCS code C1204.

PLIBLICATIONS > SEMINARS > NEWSLETTERS > WERCASTS © 2014 MEDI FARN PUBLIS

© 2014 MEDI FARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 1

MEDLEARN\*

# >> Nuclear Medicine – 2014 Parenthetical Updates

### **Parenthetical Updates**

- Two new notes were added to the Nuclear Medicine section of the 2014 CPT manual.
- The first note can be found after code 78268.
- Code 78267 & 78268 define Urea breath testing and analysis using <sup>14</sup>C.
- This new note directs the user to CPT code 91065 if breath hydrogen or methane testing and analysis is performed.
- The definition of code 91065 is as follows:

<u>CPT</u> <u>Description</u>

91065 Breath hydrogen or methane test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro –

cecal gastrointestinal transit)

Continue to use CPT 78268 for radioactive H. pylori breath test analysis.

Nuclear Medicine – 2014 Parenthetical Updates

Parenthetical Updates

The second note is found after CPT code 78469 and simply directs the user to the Category III codes previously defined (0331T or 0332T) if myocardial sympathetic innervation imaging is performed.

10



# MEDI FARN'

# Nuclear Medicine – 2014 Information from **OPPS Final Rules**

### The OPPS Final Rules were released on November 27, 2013.

The information listed below in no way represents all of the information from this document, but the following is deemed to be important to Nuclear Medicine departments.

### C. Nuclear Medicine Procedure-to-Radiolabeled Product Edits

 Beginning January 1, 2008, CMS implemented OPPS edits that require hospitals to include a HCPCS code for a radiolabeled product when a separately payable nuclear medicine procedure is present on a claim. In the CY 2014 OPPS/ASC proposed rule (78 FR 43612), we proposed to no longer require the nuclear medicine procedure-toradiolabeled product edits. Under this proposal, hospitals would still be expected to adhere to the guidelines of correct coding and append the correct radiolabeled product code to the claim when applicable. However, claims would no longer be returned to providers when HCPCS codes for radiolabeled products do not appear on claims with nuclear medicine procedures.



# **MEDLEARN**

# Nuclear Medicine – 2014 Information from **OPPS Final Rules**

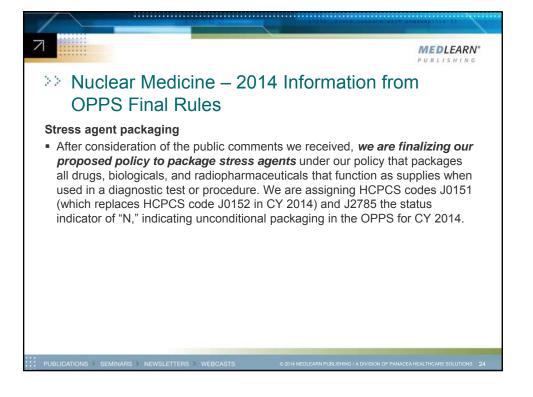
### The OPPS Final Rules were released on November 27, 2013.

 Several commenters indicated that CMS should continue to apply the nuclear medicine procedure-to-radiolabeled product edits to ensure that all packaged costs are included on nuclear medicine claims in order to establish appropriate payment rates in the future.

### Response:

We do not agree with commenters that we should continue the nuclear medicine procedure-to-radiolabeled product edits. We believe that hospitals have now had several years of experience reporting procedures involving radiolabeled products and have grown accustomed to ensuring that they code and report charges so that their claims fully and appropriately reflect the costs of those radiolabeled products. As with all other items and services recognized under the OPPS, we expect hospitals to code and report their costs appropriately, regardless of whether there are claims processing edits in place.

# Nuclear Medicine — 2014 Information from OPPS Final Rules • After consideration of the public comments we received, we are finalizing our proposal to no longer require the nuclear medicine procedure-to-radiolabeled product edits. Hospitals will still be expected to adhere to the guidelines of correct coding and append the correct radiolabeled product code to the claim when applicable.



# >> Nuclear Medicine – 2014 Information from OPPS Final Rules 2. Drugs and Biologicals with Expiring Pass-Through Status in CY 2013 In the CY 2014 OPPS/ASC proposed rule (78 ER 43598), we proposed that

■ In the CY 2014 OPPS/ASC proposed rule (78 FR 43598), we proposed that the pass-through status of 15 drugs and biologicals would expire on December 31, 2013, as listed in Table 19 of the proposed rule (78 FR 43599). All of these drugs and biologicals will have received OPPS pass-through payment for at least 2 years and no more than 3 years by December 31, 2013. These drugs and biologicals were approved for pass through status on or before January 1, 2012.

BUDUCATIONS & SEMINADS & NEWSLETTEDS & WEBCAS

© 2014 MEDLEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 2

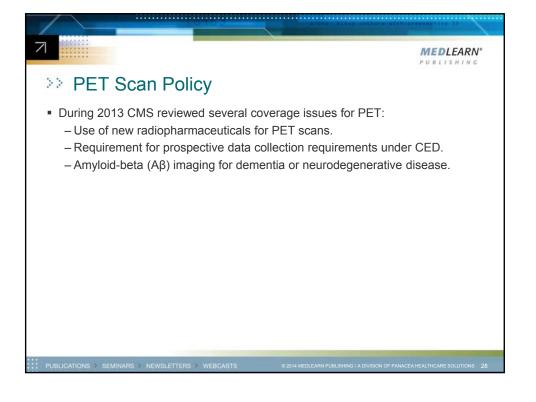


### 2. Drugs and Biologicals with Expiring Pass-Through Status in CY 2013

With the exception of those groups of drugs and biologicals that are always packaged when they do not have pass-through status, specifically diagnostic radiopharmaceuticals, contrast agents, anesthesia drugs, and our new groups of policy packaged products described in section II.A.3. of the proposed rule, namely drugs, biologicals, and radiopharmaceuticals that function as supplies when used in a diagnostic test or procedure and drugs and biologicals that function as supplies when used in a surgical procedure, our standard methodology for providing payment for drugs and biologicals with expiring pass-through status in an upcoming calendar year is to determine the product's estimated per day cost and compare it with the OPPS drug packaging threshold for that calendar year (which is \$90 for CY 2014), as discussed further in section V.B.2. of this final rule with comment period.

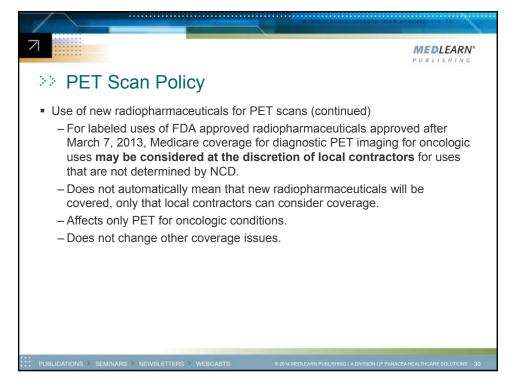
PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS © 2014 MEDIEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 26

# Nuclear Medicine — 2014 Information from OPPS Final Rules 2. Drugs and Biologicals with Expiring Pass-Through Status in CY 2013 If the estimated per day cost for the drug or biological is less than or equal to the applicable OPPS drug packaging threshold, we would package payment for the drug or biological into the payment for the associated procedure in the upcoming calendar year. If the estimated per day cost of the drug or biological is greater than the OPPS drug packaging threshold, we would provide separate payment at the applicable relative ASP-based payment amount (which is ASP+6 percent for CY 2014, as discussed further in section V.B.3. of this final rule with comment period).





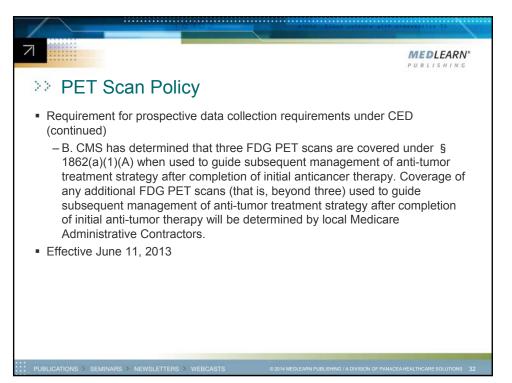
- Use of new radiopharmaceuticals for PET scans
  - Current national coverage exists for PET scans with FDG (2-deoxy-2-[F-18] fluoro-D-Glucose (fluorodeoxyglucose)), NaF-18 (fluorine-18 labeled sodium fluoride), ammonia N-13, and rubidium-82 (Rb-82).
- CAG-00065R2
  - The Centers for Medicare & Medicaid Services (CMS) has determined that, unless there is a specific national coverage determination, local Medicare Administrative Contractors (MACs) may determine coverage within their respective jurisdictions for positron emission tomography (PET) using radiopharmaceuticals for their Food and Drug Administration (FDA) approved labeled indications for oncologic imaging.
  - The effect of this decision is to remove the national noncoverage for FDA approved labeled oncologic uses of radiopharmaceuticals that are not more specifically determined nationally.





- Requirement for prospective data collection requirements under CED
  - Previous NCD allowed coverage for many types of tumor only under Coverage With Evidence Development (CED).
  - NOPR
- CAG-00181R4
  - A. The Centers for Medicare & Medicaid Services (CMS) is ending the requirement for coverage with evidence development (CED) under § 1862(a)(1)(E) of the Social Security Act (the "Act") for 18F fluorodeoxyglucose positron emission tomography (FDG PET) for oncologic indications which are contained in section 220.6.17 of the Medicare National Coverage Determinations Manual. This removes the requirement for prospective data collection by the National Oncologic PET Registry (NOPR) for those cancers or cancer types that had been covered under CED (as listed in Appendix A).

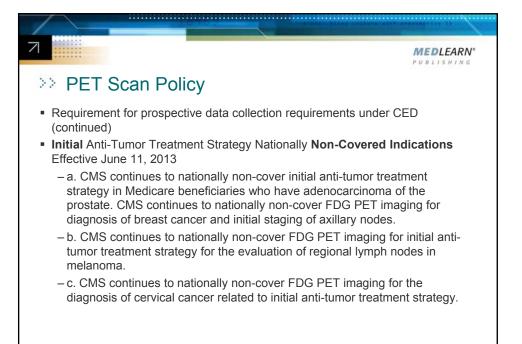
PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS © 2014 MEDICARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS

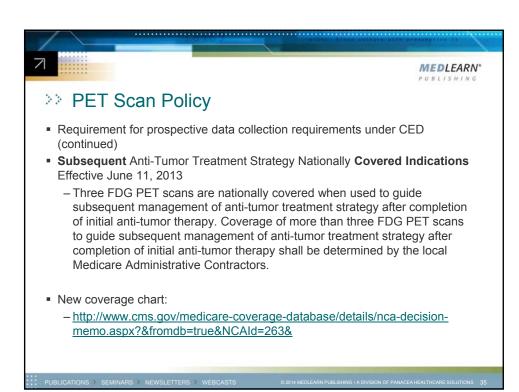




- Requirement for prospective data collection requirements under CED (continued)
- Initial Anti-Tumor Treatment Strategy Nationally Covered Indications Effective June 11, 2013
  - -a. CMS continues to nationally cover FDG PET imaging for the initial antitumor treatment strategy for male and female breast cancer only when used in staging distant metastasis.
  - b. CMS continues to nationally cover FDG PET to determine initial antitumor treatment strategy for melanoma other than for the evaluation of regional lymph nodes.
  - c. CMS continues to nationally cover FDG PET imaging for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers.

PIRI ICATIONS > SEMINARS > NEWSLETTERS > WERCASTS 0.2014 MEDIFARN PURISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS



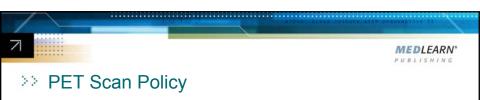




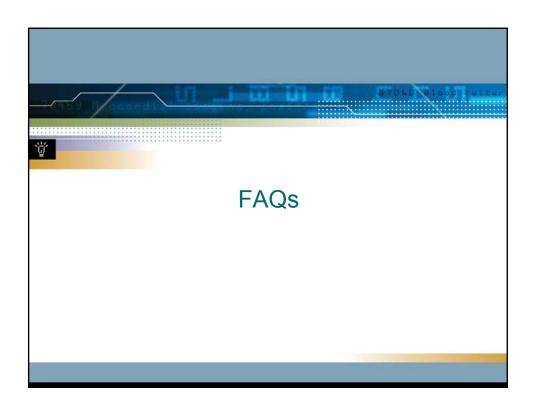
>> PET Scan Policy

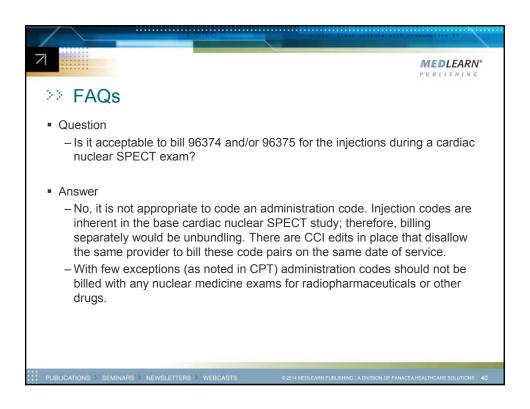
- Amyloid-beta (Aβ) imaging for dementia or neurodegenerative disease
  - CMS is reconsidering Section 220.6 of the National Coverage
     Determination (NCD) Manual pursuant to a request from the Eli Lilly and
     Company that coverage for PET tracers be expanded to include those
     agents that image beta-amyloid plaques in the context of the diagnosis of
     dementia.
- CAG-00431N
  - -09/27/2013
  - A. The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is insufficient to conclude that the use of positron emission tomography (PET) amyloid-beta (Aβ) imaging is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member for Medicare beneficiaries with dementia or neurodegenerative disease, and thus PET Aβ imaging is not covered under § 1862(a)(1)(A) of the Social Security Act ("the Act").

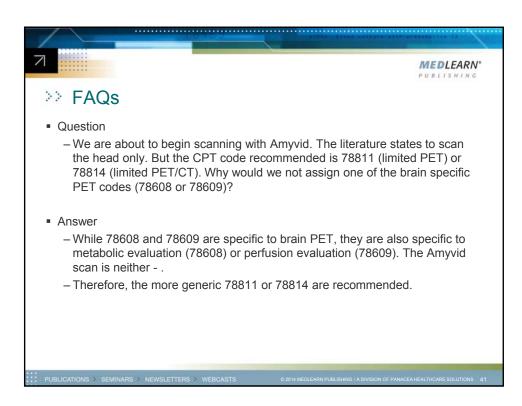
PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS 02014 MEDICARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS

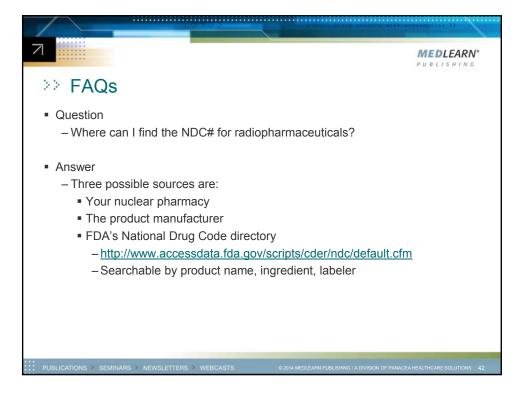


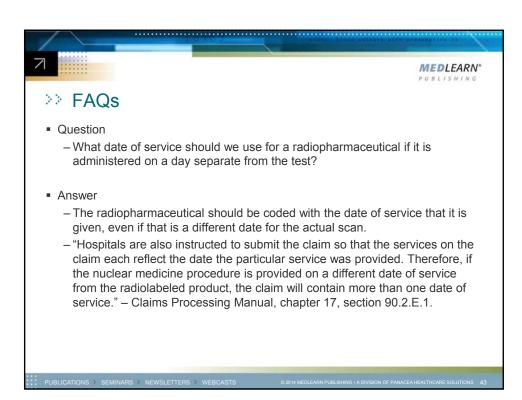
- Amyloid-beta (Aβ) imaging for dementia or neurodegenerative disease (continued)
  - B. However, there is sufficient evidence that the use of PET Aβ imaging is promising in two scenarios: (1) to exclude Alzheimer's disease (AD) in narrowly defined and clinically difficult differential diagnoses, such as AD versus frontotemporal dementia (FTD); and (2) to enrich clinical trials seeking better treatments or prevention strategies for AD, by allowing for selection of patients on the basis of biological as well as clinical and epidemiological factors.
  - CMS will cover one PET Aβ scan per patient through coverage with evidence development (CED), under § 1862(a)(1)(E) of the Act, in clinical studies that meet certain criteria.

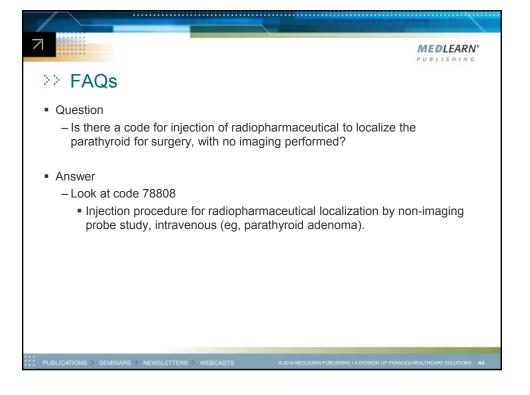


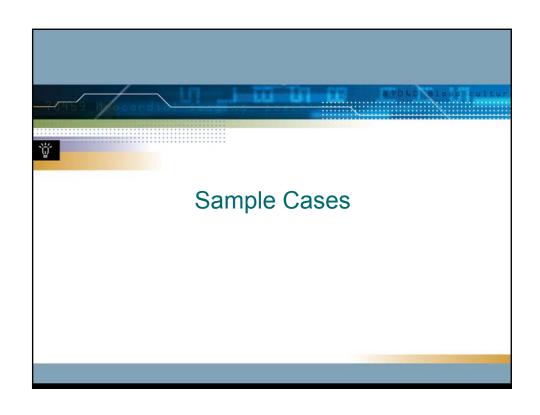


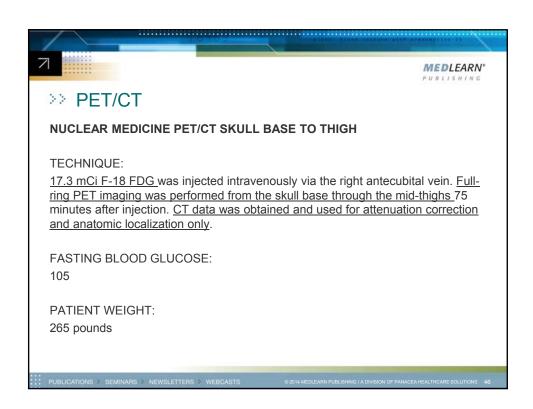


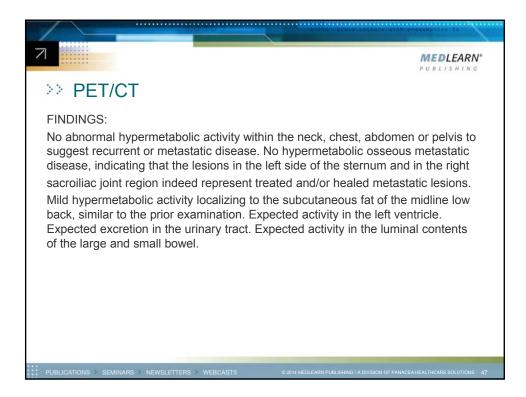


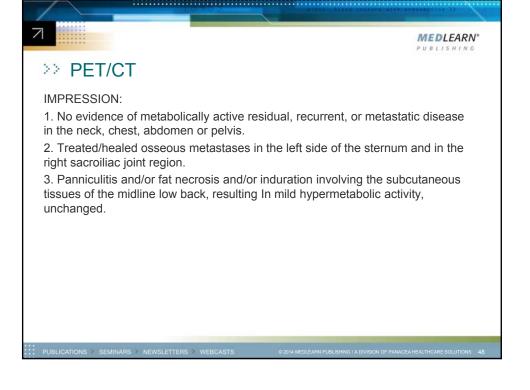


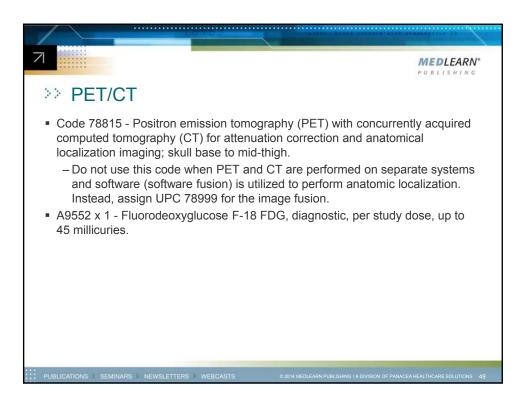


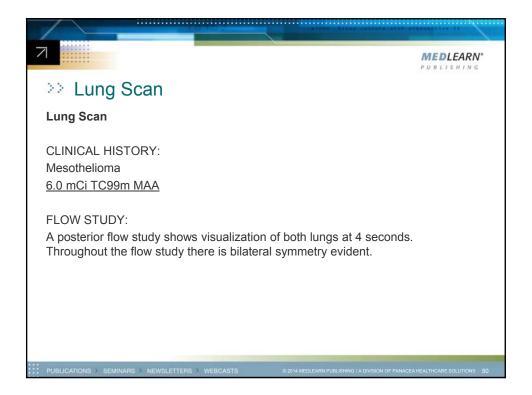














### PERFUSION VIEWS:

Perfusion views are recorded in the usual six projections. The right lobe displays segmental and subsegmental perfusion deficits which are scattered haphazardly throughout the lung fields. There is no specific bronchovascular pulmonary pattern to these deficits. The right upper lobes displays decreased perfusion as compared to the right lower lobe, as well as compared to the left upper lobe.

### **COMPUTER QUANTITATIVE:**

Differential analysis is performed and demonstrates 44% perfusion to the right upper lobe and 55.9% perfusion to the right lower lobe. The left upper lobe displays a 49.1% perfusion and the left lower lobe 50.8%. There is a preferential flow to the left lung of 55.7%.

PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS

© 2014 MEDLEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 5



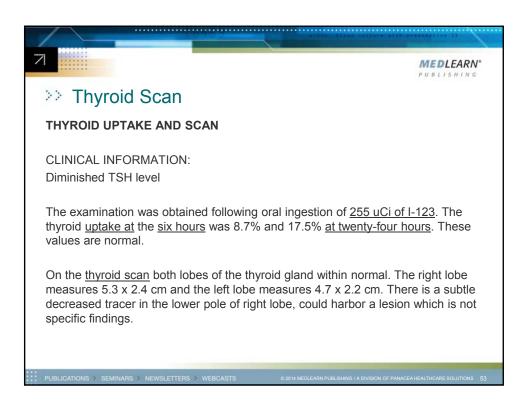
# >> Lung Scan

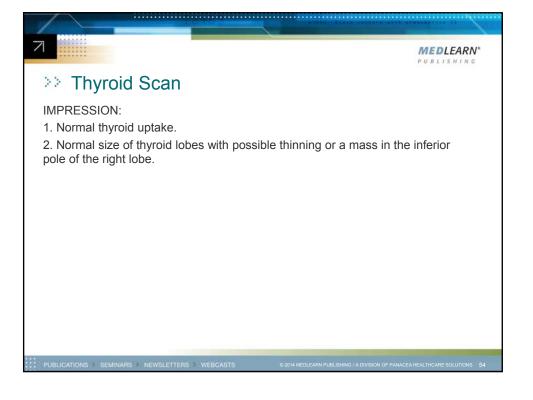
### IMPRESSION:

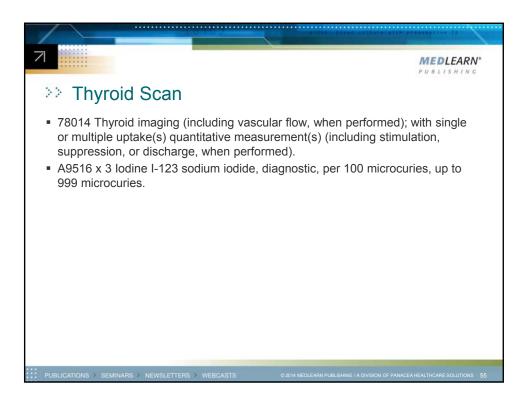
Normal posterior thoracic flow study. Perfusion study of the lungs demonstrates decreased flow to the right upper lobe. Differential analysis showing preferential flow to the right lower lobe with predominant flow to the left lung.

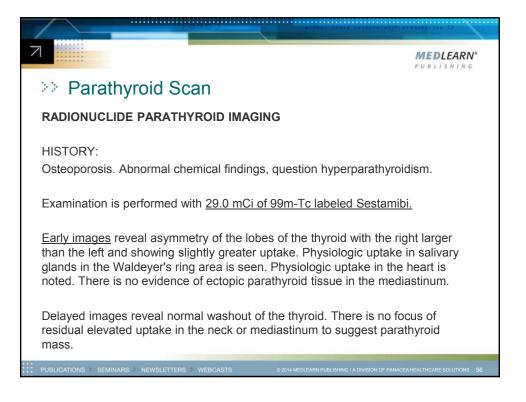
- 78597 Quantitative differential pulmonary perfusion, including imaging when performed.
  - "including imaging when performed" do not also code 78580 assign only one code from the respiratory section (78580-78598). Since quantification was performed 78597 is most appropriate. Radiologist billing for interpretation only would add -26 modifier.
- A9540 x 1 Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries.
  - Not paid under OPPS but should be coded.
  - Paid separately in non-hospital imaging centers and offices.

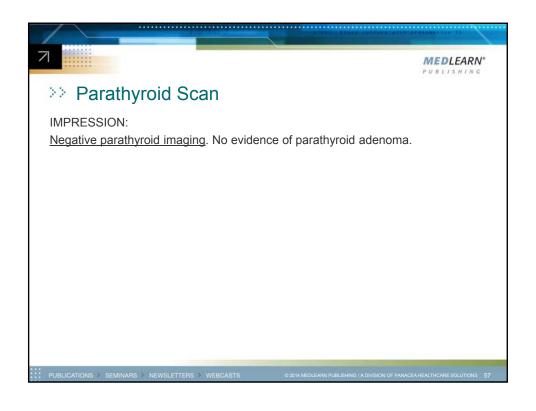
\*\* UPBLICATIONS > SEMINARS > NEWSLETTERS > WERCASTS 92014 MEDLEARN PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 52

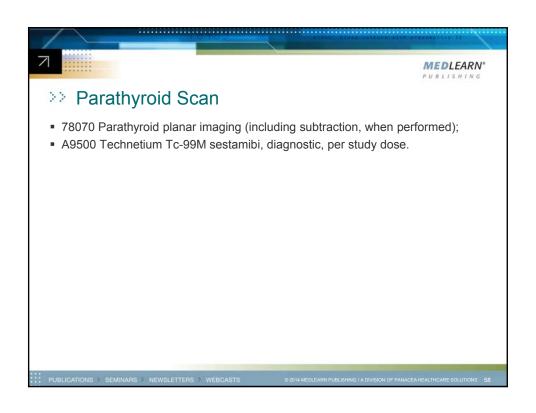


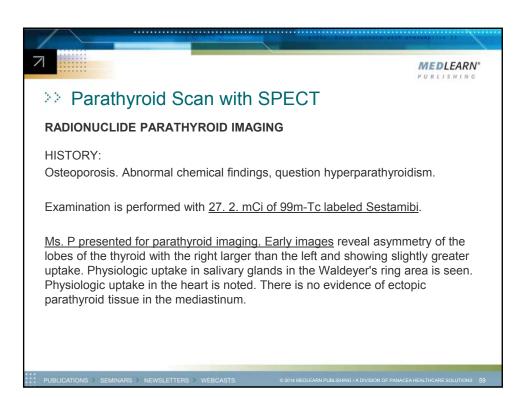


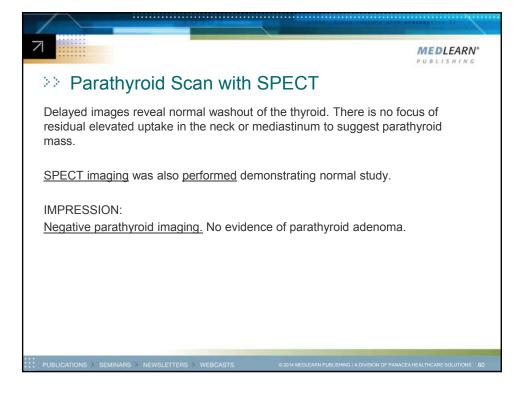


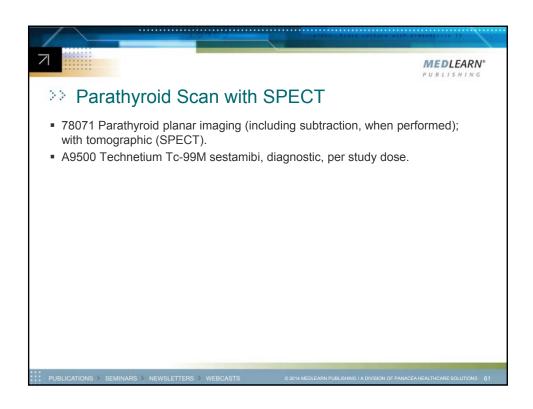


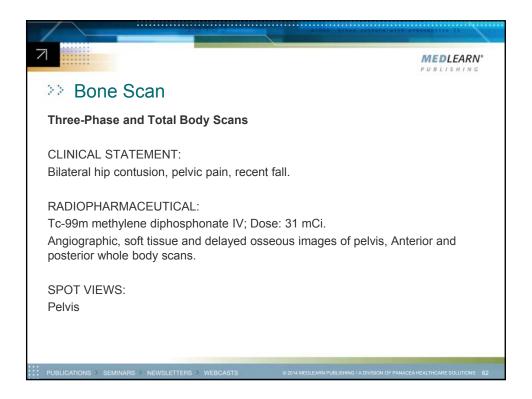














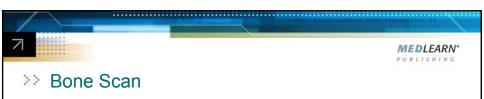
### FINDINGS:

There is normal blood flow in the region of the pelvis. There is mildly increased radiopharmaceutical uptake on the soft tissue phase images, likely representing early osseous uptake. There is increased osseous radiopharmaceutical uptake in the LEFT sacral ala, medial aspect of the LEFT acetabulum, as well as the RIGHT pubic body region. Given clinical history of recent fall, this is likely increased activity due to fractures. Osseous whole body images demonstrate otherwise normal distribution of radiopharmaceutical in the skeleton. There is symmetric activity demonstrated in the shoulders, knees, and ankles, which is likely degenerative in nature. Bilateral hip prostheses are noted without significant periprosthetic activity.

### IMPRESSION:

Intense activity involving the LEFT sacral ala, medial aspect of the LEFT acetabulum, and RIGHT pubic body region. Given the history of a recent fall, these are compatible with fractures.

PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS 0 2014 MEDICARN PUBLISHING / A DIVISION OF PANAGEA HEALTHCARE SOLUTIONS



- 78315 Bone and/or joint imaging; 3 phase study
  - Even though a whole body bone scan was performed, it is included and not separately coded. The static bone scan "phase" can be limited, multiple areas, or whole body.
  - CPT Assistant(January 2002, page 10). Clinical Examples in Radiology Newsletter (Spring 2010, Issue 2, Volume 6, page 9).
  - SNM says that when a whole body scan is performed as part of a 3 phase study code either 78306 OR 78315.
- A9503 x 1 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries.
  - Even though 31 mCi was given, do not code x 2.

PUBLICATIONS > SEMINARS > NEWSLETTERS > WEBCASTS © 2014 MEDIE ARM PUBLISHING / A DIVISION OF PANACEA HEALTHCARE SOLUTIONS 64

