

## Part B Insider (Multispecialty) Coding Alert

### Part B Coding Coach: Learn How 2007 TC Pay Cuts Will Cramp Your Radiology Budget

**Plus: Get the latest on AAA screening coverage**

Keeping track of payor updates at this time of year is no easy feat. We've created this handy list to cure your information-overload blues and clue you into radiology-specific news.

#### 1. Reduce Your Imaging Payment Expectations

You'll be contending with a modification to the CMS provision on certain multiple diagnostic imaging procedures. Expect full payment for the first procedure but a 25 percent reduction in the technical component (TC) payment for additional imaging procedures (furnished on contiguous body parts during the same session). And CMS now limits TC payment for most imaging procedures to the amount paid under the OPPI.

When your service is subject to both the multiple imaging reduction policy and the outpatient hospital cap, CMS first applies the multiple imaging adjustment and then the outpatient cap.

**Resource:** MLN Matters offers details on the new provisions with SE0665, -Multiple Procedure Reduction on the Technical Component (TC) of Certain Diagnostic Imaging Procedures and Cap on the TC of Imaging Procedures,- available online at [www.cms.hhs.gov/MLNMattersArticles/downloads/SE0665.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0665.pdf).

#### 2. Seek Out Rules on AAA US Screening

For dates of service Jan. 1 and later, Medicare will cover a one-time AAA ultrasound (US) screening for patients who receive a referral due to an initial preventive physical exam, receive the US from an authorized provider, haven't had a previous AAA US screening under Medicare, and either:

- has a family history of abdominal aortic aneurysm or
- is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime or
- is a beneficiary who manifests other risk factors specified by the Secretary of Health and Human Services, through the national coverage determinations process.

Hospitals and physician offices should report the ultrasound exam with G0389 (Ultrasound, B-scan and/or real time with image documentation; for abdominal aortic aneurysm [AAA] screening).

**Resource:** MLN Matters covers the basics in MM5235, -Implementation of an Ultrasound Screening for Abdominal Aortic Aneurysms (AAA)- at [www.cms.hhs.gov/MLNMattersArticles/downloads/MM5235.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5235.pdf).

#### 3. Expect Denials for TC Claims During Inpatient Stay

CMS will install systems edits, effective April 1, to deny claims for the technical component of radiology and laboratory services during an inpatient stay. Note: This change applies to claims with dates of service on or after Jan. 1, in which the claim is received on or after April 1.

**Resource:** See MLN Matters article MM5347, -Common Working File (CWF) Duplicate Claim Edit for the Technical Component (TC) of Radiology and Pathology Laboratory Services Provided to Hospital Patients- for more details ([www.cms.hhs.gov/MLNMattersArticles/downloads/MM5347.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5347.pdf)).

#### **4. Update Your Coverage Info for Intracranial Stenting and Angioplasty**

CMS posted a final decision memo stating, -Treatment of cerebral artery stenosis >50% in patients with intracranial atherosclerotic disease with intracranial percutaneous transluminal angioplasty (PTA) and stenting is reasonable and necessary when furnished in accordance with the Food and Drug Administration (FDA)-approved protocols governing Category B Investigational Device Exemption (IDE) clinical trials. All other indications for PTA with or without stenting to treat obstructive lesions of the vertebral and cerebral arteries remain noncovered.-

**Resource:** You can see the final decision memo e at [www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=177](http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=177).