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Healthcare  
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# The Future of Nuclear Cardiology: Reimbursement Challenges

March 1, 2014

**Presented by: Denise A. Merlino, MBA, CNMT, CPC**

President, Merlino Healthcare Consulting Corp. SNM Coding Advisor

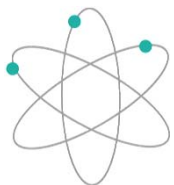
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# Topics - Medicare

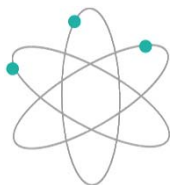
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- Utilization Medicare Physician Fee Schedule
- 2014 Hospital Outpatient Rates & Policies (HOPPS)
  - Packaging/Bundling – Averaging
- 2014 Physician Office and IDTF Rates & Policies (MPFS)
- PET MPI National Coverage Policies

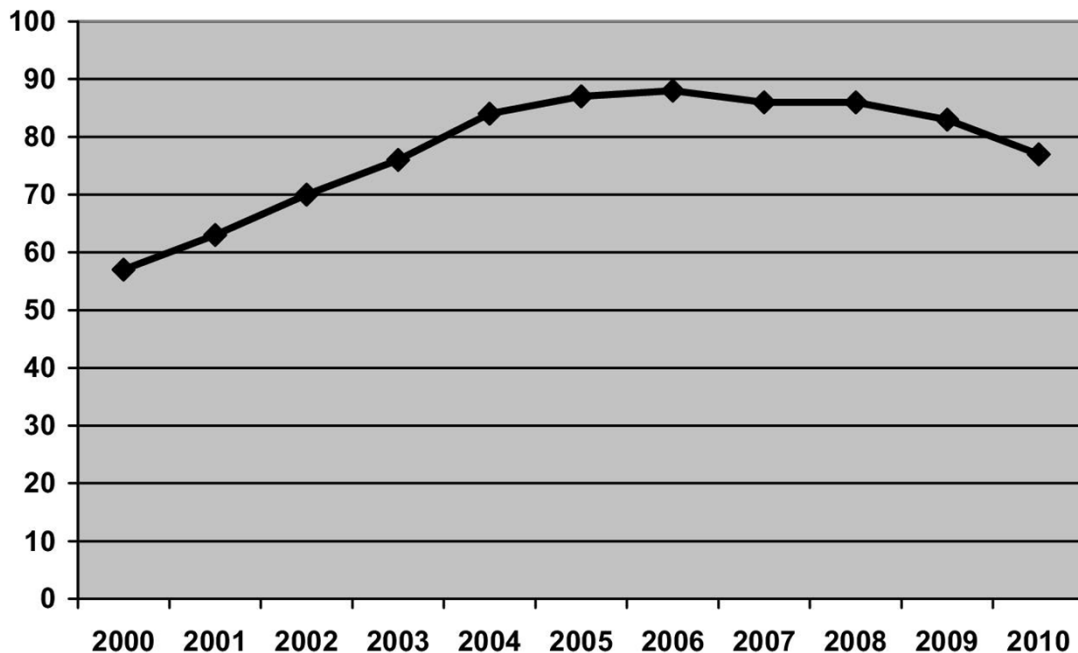


**Abbreviations:** APC, Ambulatory Payment Classifications; DRG, Diagnosis-Related Groups; HOPPS, Hospital Outpatient Prospective Payment System; IPPS, Inpatient Prospective Payment System; MPFS, Medicare Physician Fee Schedule; RBRVS, Resource-Based Relative Value System, NPI, national provider identifier, IDTF, Independent Diagnostic Testing Facilities

	<b>Hospital Inpatient IPPS/DRG</b>	<b>Hospital Outpatient HOPPS/APC</b>	<b>Imaging Centers (IDTF) RBRVS/MPFS</b>	<b>Physician Services RBRVS/MPFS</b>
<b>Medicare program dollars</b>	<b>Part A</b>	<b>Part B</b>		
<b>Local Medicare contractors or administrators of the policies</b>	<b>Fiscal Intermediaries</b>		<b>Carriers</b>	
	<b>Medicare Administrative Contractors (MAC)</b> <a href="http://www.cms.hhs.gov/medicarecontractingreform/">www.cms.hhs.gov/medicarecontractingreform/</a>			

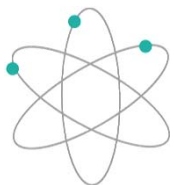


# MPI Medicare Utilization Rate 2000 to 2010



The overall MPI utilization rate rose from 2000 through 2004, followed by a period of stabilization from 2005 to 2008. A peak was reached in 2006. In 2009 and 2010, a decline occurred, with the rate dropping by 13%.

[Journal of the American College of Radiology 2013; 10:198-201](#)



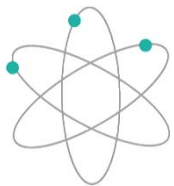
CPT Code	Medicare Physician Fee Schedule Global Plus Professional Utilization by Year		
	2010	2011	2012
78452 SPECT Multiple MPI	2,547,580	2,462,915	2,307,970
Percentage Change		<b>-3.32%</b>	<b>-6.29</b>

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**FINAL 2014**

**Hospital Outpatient Prospective  
Payment System (HOPPS)**





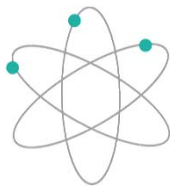
# Packaging Expands for Nuclear Medicine in CY 2014

**Stress Agents (J0151 & J2785) & Ancillary Services (93017)  
Finalized Packaged for CY 2014:**

## **Myocardial Perfusion Imaging (MPI)**

*p.311 of the final rule; CMS states, “78452 is the highest cost nuclear medicine procedure in the OPPS, with total payments exceeding \$800 million in CY 2012.” OPPS payments for the two separately payable stress agents totaled approx. \$111 million in CY 2012.*

- **96 percent of MPI is billed with 78452**
- **96 percent of MPI is performed under stress 93017** p. 370





# Packaging Expands for Nuclear Medicine in CY 2014

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- **Stress Agents HCPCS codes J0151 (replacing J0152) and J2785** are finalized to be unconditionally packaged. CMS is treating these agents as functioning as supplies, therefore packaged into the primary procedure.
- **CPT code 93017** (Cardiovascular stress test...) finalized for conditional packaging since it is often performed as a part of myocardial perfusion imaging (MPI). CMS believes that, because stress testing is both integral and ancillary to MPI, it should be packaged into MPI when a stress test accompanies MPI.



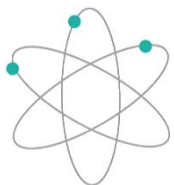


# HOPPS Expanded Packaging Policy

CMS proposed to package an additional 7 different categories of services that it believes to be “*integral, ancillary, supportive, dependent, or adjunctive*” to other services.

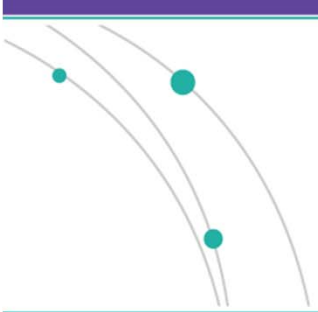
CMS modified its proposal and finalized 5 of the 7 categories for CY 2014 – Addendum P lists specific CPT codes

1. Drugs, biologicals, and radiopharmaceuticals that function as supplies in a diagnostic test or procedure; **“Stress Agents”**
2. Drugs and biologicals that function as supplies or devices in a surgical procedure; “Skin Substitutes”
3. Certain clinical laboratory tests
4. Certain procedures described by add-on codes; and
5. Device removal procedures



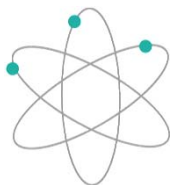
- CMS is updating its list of OPSS packaged items and services in 42 CFR 419.2(b)





# Service Areas Not Finalized for CY2014 Packaging

- CMS did **not** finalize conditional packaging (status indicator of Q1) for 425 ancillary codes due to concerns raised by commenters.
  - The following codes WILL continue to be separately payable in CY 2014:
    - Surgery range such as remove nasal foreign body code (30300)
    - Numerous imaging codes such as chest x-rays (71021–71035)
    - Radiation oncology codes such as radiation therapy dose plan (77300)
    - Blood bank codes such as fresh frozen plasma (96927)
    - Pathology codes such as tissue exam by pathologists (88302–88309)
    - Respiratory & pulmonary codes such as pulmonary stress tests (94620 & 94621)
- **CMS also did not finalize the packaging of diagnostic tests for CY 2014, but plans to continue studying these services for future packaging.**



*Exception: CMS DID finalize conditional packaging of CPT 93017 Stress Test*

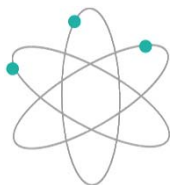
# HOPPS CMS Packaging Policy

## CMS Example

### CY 2013 SEPARATE PAYMENT VS CY 2014 FINAL PAYMENT MPI

Service or Supply	CY 2013 Separate Payment for MPI Components	CY 2013 Separate Payment for MPI Components	CY 2013 Separate Payment for MPI Components	CY 2013 Separate Payment for MPI Components	CY 2014 Final Packaged Payment for MPI
78452**	\$680	\$680	\$680	\$680	\$1,154
93017	\$177	\$177	\$177	\$177	P€
Exercise or Stress Agent‡	Exercise-\$0	J1245-P	J2785-\$215	J0152-\$219*	P
Radiopharmaceutical	P	P	P	P	P
<b>Total</b>	<b>\$857</b>	<b>\$857</b>	<b>\$1,072</b>	<b>\$1,076</b>	<b>\$1,154</b>
<b>% diff compared to CY 2014</b>	<b>35%</b>	<b>35%</b>	<b>8%</b>	<b>7%</b>	

P = Packaged. € The stress test described by CPT code 93017 is conditionally packaged as a result of the final rule. ‡April 2013 ASP Drug Pricing File. \*70 kg patient.



**Cost center changes have impacted the payments, CMS states 17 percent for APC 0377**

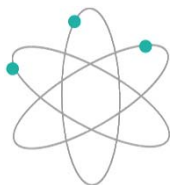
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# Looking Ahead...Expect More Packaging

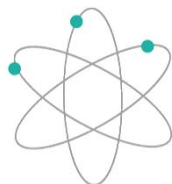
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- CMS says the packaging finalized here is not “exhaustive” and that it will continue analyzing other services
- It is likely that for CY 2015, we’ll see more packaging proposals possibly for the areas that CMS did not finalize for CY 2014 **including the packaging of imaging services with associated surgical procedures in CY 2015.**
- Comprehensive APCs coming in 2015
- Beyond 2015...even more bundles, packaging, and comprehensive style APCs...



# Use of New Cost Centers to Calculate APC Relative Weights

1	2	3	4	5	6	7
APC	APC Description	4Q 2013 APC Rate	Table 3 % Change from New Standard Cost Center CCR	1Q 2014 APC Rate	% Total Change Final includes all policy changes	\$ Change in APC Rate
0378	Level II Pulmonary Imaging	\$336.40	15.2%	\$430.87	28.1%	\$94.47
0396	Bone Imaging	\$261.68	15.5%	\$323.94	23.8%	\$62.26
0390	Level I Endocrine Imaging	\$150.04	15.8%	\$183.40	22.2%	\$33.36
0395	GI Tract Imaging	\$256.76	16.2%	\$323.78	26.1%	\$67.02
0402	Level II Nervous System Imaging	\$458.34	16.2%	\$533.18	16.3%	\$74.84
0398	Level I Cardiac Imaging	\$308.99	16.3%	\$383.10	24.0%	\$74.11
0377	Level II Cardiac Imaging	<b>\$679.68</b>	<b>17.0%</b>	<b>\$1,153.62</b>	<b>69.7%</b>	<b>\$473.94</b>
0406	Level I Tumor/Infection Imaging	\$300.09	17.4%	\$382.77	27.6%	\$82.68
0403	Level I Nervous System Imaging	\$264.09	18.9%	\$162.68	<b>-38.4%</b>	<b>-\$101.41</b>

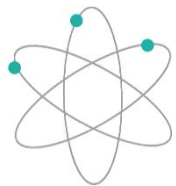


**Column 4: AFFECTED BY USE OF THE NEW STANDARD COST CENTER CCRs IN THE CMS FORM 2552-10 COST REPORTS**



# Diagnostic Nuclear Cardiology HOPPS National Rates

APC	Status	Description	4Q 2012	4Q 2013	1Q 2014
0398	S	Level I Cardiac Imaging 78414, 78428, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78494, 78499	\$297.85 Incl Dx Rp	\$308.99 Incl Dx RP	\$383.10 Incl Dx RP
0377	S	Level II Cardiac Imaging 0331T, 0332T, <u>75563</u> , 78451, 78452, 78453, 78454, <u>78483</u>	\$673.07 Incl Dx Rp, WM & EF	\$679.68 Incl Dx Rp, WM & EF	\$1,153.62 Incl DX Rp, WM, EF, 93017, Stress Agent
0100	X	Cardiac Stress Test 93017+ (Q1-packaged)	\$178.37	\$176.82	\$244.21 or \$0.00 (if not conditionally packaged)



†This is the **ONLY** cardiac stress code which is **Technical only**. Therefore, it is the only cardiac stress code used by hospitals on the UB 92/UB04 claim form.

APC rates will vary geographically. Figures are National hospital payment rates.

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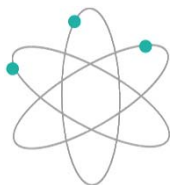
# HOPPS CY 2013 Compared to CY 2014

## Other Services & Stress Agents

HCPCS Code	S.I.	Descriptor	4Q 2013	1Q 2014	Percent Difference
93017	X / Q1 Conditional	Stress Test	\$176.82	\$244.21 conditionally packaged	38% or -100%
J0151	N	Adenosine, <u>1mg</u>	New Code	Packaged	-100%
J0152	D	Adenosine, 30 mg	\$109.38	*Discontinued	Deleted
J2785	N	Regadenoson, <u>.1 mg</u>	\$53.43	Packaged	-100%

Prior units for J0152 were 1, 2 or 3 based on vial size and drug administered.

\*J0152 replaced by J0151, **Charge Master Alert!**

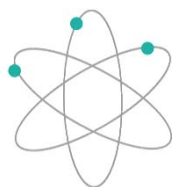


APC rates will vary geographically. Figures are National hospital payment rates.

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# Diagnostic– Cardiac & Non-Cardiac PET HOPPS National Rates

APC	Status	Description	4Q 2012	4Q 2013	1Q 2014
0307	S	Myocardial Positron Emission Tomography (PET) imaging 78459, 78491, 78492	N/A ( <i>could have been \$809.00</i> ) (CMS combined into 0308 see below)	NA	NA
0308	S	Positron Emission Tomography (PET) Imaging 78459, 78491, 78492, 78608, 78811, 78812, 78813, 78814, 78815, 78816	\$1,037.87 Incl Dx Rp	\$1,056.12 Incl Dx RP	\$1,310.60 Incl DX Rp, WM, EF, 93017, Stress Agent
0100	X / Q1	Cardiac Stress Tests 93017+ (Q1-packaged)	\$178.37	\$176.82	\$244.21 or \$0.00 (if not conditionally packaged)

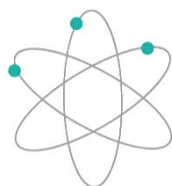


†This is the **ONLY** cardiac stress code which is **Technical only**. Therefore, it is the only cardiac stress code used by hospitals on the UB 92/UB04 claim form. APC rates will vary geographically. Figures are National hospital payment rates. CPT® is a registered trademark of the American Medical Association

# AMA CPT® Category III Codes New July 1, 2013

*CPT Category III	APC Assigned	S.I.	Descriptor	July 1, 2013 / Proposed 2014 Payment Rate	1Q CY 2014
● 0331T	0398/ 0377	S	<b>Myocardial sympathetic innervation</b> , imaging, <u>planar</u> qualitative and quantitative assessment;	<b>\$308.99 / \$391.36</b>	<b>\$1,153.62</b>
● 0332T	0398/ 0377	S	<b>Myocardial sympathetic innervation</b> , imaging, <u>planar</u> qualitative and quantitative assessment; with tomographic <b>SPECT</b>		
A9582	---	N	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	<b>Packaged</b>	<b>Packaged</b>

**Final Rule CY 2014 using 2012 Medicare Claims Data:  
A9582 mean cost \$1,331.73; median cost is \$1,160.71.**



APC rates will vary geographically. Figures are National hospital payment rates.

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## SEQUESTRATION – – MPFS & HOPPS

Effects on Medicare Payments

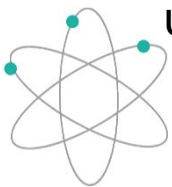
***CMS Article PE201303-02***

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Medicare Fee-for-Service (FFS) program (i.e., Part A and Part B). In general, Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013, will incur a two (2) percent reduction in Medicare payment.

The claims payment adjustment shall be applied to all claims **after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.**

- Beneficiary payments for deductibles and coinsurance are not subject to the two (2) percent payment reduction, Medicare's payment to beneficiaries for unassigned claims is subject to the two (2) percent reduction.





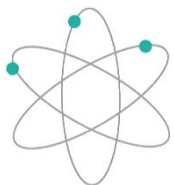
# Device & RP to Procedure Edits Are Eliminated For CY 2014

- **From CMS:**

*“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.*

*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.”*



# MPI, SPECT, Multiple Studies

## HOPPS Rates

### CY 2009 - CY 2014

	4Q 2009	4Q 2010	4Q 2011	4Q 2012	4Q 2013	1Q 2014
78452	New Code	\$773.20	\$759.90	<u>\$673.07</u>	\$679.68	\$1,153.62
78465	\$774.13	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued
Dx Rp	Packaged	Packaged	Packaged	Packaged	Packaged	Packaged
78478 WM	Packaged using claims	Included in code	Included in code	Included in code	Included in code	Included in code
78480 EF	Packaged using claims	Included in code	Included in code	Included in code	Included in code	Included in code
93017 Stress Test (Technical)	\$170.09	\$175.74	\$178.42	\$178.37	\$176.82	Conditionally Packaged, paid <u>separately</u> \$244.21 on different DOS
Pharm Stress Agent (depends on agent used)	104% ASP or Packaged	104% ASP or Packaged	105% ASP or Packaged	104% ASP or Packaged	106% ASP or Packaged	Packaged

APC rates will vary geographically. Figures are National hospital payment rates.

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# Basics of a Charge Description Master (CDM)

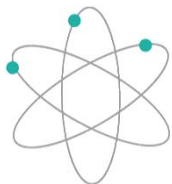
## Was your CDM Updated for MPI in January 2010?

- Department # -specific to dept.
- Item # - specific to site
- Short / Limited Description
- CPT/HCPCS Code (previous and new)
- Revenue Code (RC) (hospitals only)
- Price (develop based on your facility costs)

Dept #	Item #	Limited Description	CPT/HCPC	RC	Price	Active Code	Deactivation / Date
302	18490	MPI wall motion	78478-TC	0341	\$300.00	N	1/1/2010
302	18491	MPI ejection fraction	78480-TC	0341	\$200.00	N	1/1/2010
302	55401	MPI, SPECT, Multiple	78465-TC	0341	\$1,500.00	N	1/ 1/2010
302	55423	MPI SPECT Multiple WM&EF	78452-TC	0341	\$2,000.00	Y	New
302	40325	99mTc MIBI, PSD	A9500	0343	\$120.00	Y	
302	40330	201Thallium, Per mCi	A9505	0343	30.00	Y	
302	60235	Inj, regadenoson, per 0.1 mg	J2785	0636	\$80.00	Y	
302	36751	Stress test	93017	0341	\$350.00	Y	

PSD = per study dose

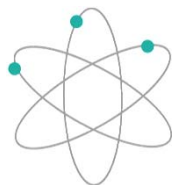
Price = example to show math and not derived from actual data



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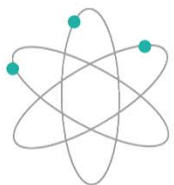
**FINAL 2014**  
**Medicare Physician Fee Schedule**  
**(MPFS)**



# Sustainable Growth Rate (SGR) What will happen for CY 2014? MPFS

Absent Legislation  
Doctors will see  
**A 20.1 percent  
Decrease in rates  
April 2014**

Patch for 3 months  
**Check back freeze  
Or .5% update**



# MPI, SPECT, Multiple Studies MPFS Professional National Rates (26) CY 2009 - CY 2014

	4Q 2009 (CF=\$36.0666)	4Q 2010 (CF=\$36.8729)	4Q 2011 (CF=\$33.9764)	4Q 2012 (CF=\$34.0376)	*4Q 2013 (CF=\$34.0230)	**2014 Jan. 1 - Mar 31 (CF=\$35.8228)
<b>78452-26</b>	New Code	<b>\$80.38</b>	<b>\$77.81</b>	<b>\$76.58</b>	<b>\$76.55</b>	<b>\$79.88</b>
<b>78465-26</b>	<b>\$78.99</b>	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued
<b>Dx Rp</b>	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP
78478-26 WM	<b>\$27.41</b>	Included	Included	Included	Included	Included
78480-26 EF	<b>\$17.67</b>	Included	Included	Included	Included	Included
93016 Stress Test (Supervision)	<b>\$24.53</b>	<b>\$24.34</b>	<b>\$23.10</b>	<b>\$22.12</b>	<b>\$21.43</b>	<b>\$22.21</b>
93018 Stress Test (Int & Rpt)	<b>\$16.23</b>	<b>\$16.22</b>	<b>\$15.29</b>	<b>\$14.98</b>	<b>\$14.29</b>	<b>\$14.69</b>
Pharm Stress Agent paid separately	106% ASP	106% ASP	106% ASP	106% ASP	106% ASP	106% ASP

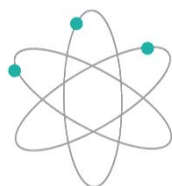
**\*Final rates based upon CF=\$34.0230 (American Taxpayer Relief Act of 2012)**

**\*\*Temporary rates based upon CF=\$35.8228 (Pathway for SGR Reform Act of 2013)**

RBRVS rates will vary geographically. Figures are National payment rates.

# MPI, SPECT, Multiple Studies MPFS Technical National Rates (TC) CY 2009 - CY 2014

	4Q 2009 (CF=\$36.0666)	4Q 2010 (CF=\$36.8729)	4Q 2011 (CF=\$33.9764)	4Q 2012 (CF=\$34.0376)	*4Q 2013 (CF=\$34.0230)	**2014 Jan. 1 - Mar 31 (CF=\$35.8228)
<b>78452-TC</b>	New Code	<b>\$369.10</b>	<b>\$399.90</b>	<b>\$426.83</b>	<b>\$425.63</b>	<b>\$406.59</b>
<b>78465-TC</b>	<b>\$406.11</b>	Discontinued	Discontinued	Discontinued	Discontinued	Discontinued
<b>Dx Rp</b>	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP	Inv or AWP
<b>78478-TC WM</b>	<b>\$32.10</b>	Included	Included	Included	Included	Included
<b>78480-TC EF</b>	<b>\$32.10</b>	Included	Included	Included	Included	Included
<b>93017 Stress Test (Technical)</b>	<b>\$59.51</b>	<b>\$53.83</b>	<b>\$54.02</b>	<b>\$51.40</b>	<b>\$43.89</b>	<b>\$39.05</b>
<b>Stress Agent</b>	<b>106% ASP</b>	<b>106% ASP</b>	<b>106% ASP</b>	<b>106% ASP</b>	<b>106% ASP</b>	<b>106% ASP</b>



**\*Final rates based upon CF=\$34.0230 (American Taxpayer Relief Act of 2012)**

**\*\*Temporary rates based upon CF=\$35.8228 (Pathway for SGR Reform Act of 2013)**

RBRVS rates will vary geographically. Figures are National payment rates.



## Nuclear Medicine - Cardiac PET MPFS Professional National Rates (26)

HCPCS CPT	Status	Description	2013 National PFS Technical *4Q 2013 Rates	2014 National PFS Professional **/**2014 Rates	
				Jan - Mar	No SGR Fix
78459-26	A	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	<b>\$70.09</b>	<b>\$73.79</b>	<b>\$56.03</b>
78491-26	A	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	<b>\$71.45</b>	<b>\$74.51</b>	<b>\$56.58</b>
78492-26	A	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	<b>\$88.80</b>	<b>\$92.42</b>	<b>\$70.18</b>
78499-26	C	Cardiac Unlisted Nuclear Medicine	<b>Carrier Priced</b>	<b>Carrier Priced</b>	

**\*4Q 2013 rates based upon CF=\$34.0230 (American Taxpayer Relief Act of 2012)**

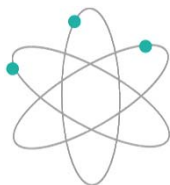
**\*\*Jan - Mar 2014 rates based upon CF=\$35.8228 (Pathway for SGR Reform Act of 2013)**

**\*\*\*No SGR Fix rates based upon HOPPS CY 2014 Final Rule CF=\$27.2006**

PET NCD is an "only" policy, wall motion studies and determination of ejection fraction are **NATIONALLY NON-COVERED** with MPI or Viability PET studies for Medicare Patients.

RBRVS rates will vary geographically. Figures used are not actual payment rates.

Technical & Global Rates for PET codes are Carrier Priced.



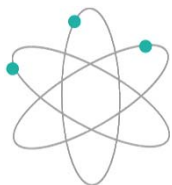
## Nuclear Medicine - PET Oncology & Cardiac MPFS Technical National Rates (TC OPPS CAP)

HCPCS CPT	Status	Description	2013 National PFS Technical *4Q 2013 Rates (OPPS CAP)	2014 National PFS Technical **/**2014 Rates (OPPS CAP)	
				Jan - Mar	No SGR Fix
*78492-TC	A	PET Myocardial Perfusion, Multiple	<b>\$1,056.07</b>	<b>\$1,310.52</b>	<b>\$1,310.76</b>
*78811-TC	A	PET imaging; Limited Area			
*78812-TC	A	PET imaging; skull base to mid thigh			
*78813-TC	A	PET imaging; whole body			
*78814-TC	A	PET/CT imaging; Limited Area			
*78815-TC	A	PET/CT torso			
*78816-TC	A	PET/CT imaging; whole body			

**\*4Q 2013 rates based upon CF=\$34.0230 (American Taxpayer Relief Act of 2012)**

**\*\*Jan - Mar 2014 rates based upon CF=\$35.8228 (Pathway for SGR Reform Act of 2013)**

**\*\*\*No SGR Fix rates based upon HOPPS CY 2014 Final Rule CF=\$27.2006**



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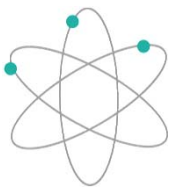
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## Several MPFS Policies Continued in CY 2014

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- Drugs paid at ASP plus 6 percent
- Radiopharmaceuticals are paid at Invoice cost; or at a limit set by each local contractor
- Imaging accreditation requirement
- DRA Cap
- Multiple Procedure Reduction – no changes
- Scrutiny of Potentially Misvalued Codes

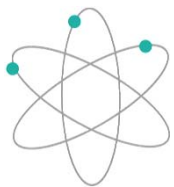




# Potentially Misvalued Codes

The **Affordable Care Act** requires CMS to examine potentially misvalued codes in seven categories:

1. Codes & families of codes for which there has been the fastest growth,
2. Codes & families of codes that have experienced substantial changes in practice expenses,
3. Codes that are recently established for new technologies or services,
4. Multiple codes that are frequently billed in conjunction with furnishing a single service,
5. Codes with low relative values, esp. those that are billed multiple times for a single service,
6. Codes which have not been reviewed since the implementation of the RBRVS (the so-called “Harvard-valued codes”),
7. Other codes to be determined by the Secretary.



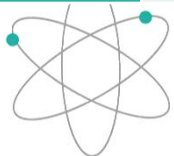
# Medicare Physician Fee Schedule

## MPFS **FINAL** Rule for 2014

### CY 2014 Medicare Physician Fee Schedule Final Rule

#### CY 2014 New, Revised, and Potentially Misvalued Code Decisions

HCPCS Code	Short Descriptor	CY 2012 Work RVU	AMA RUC/HCPAC Recommended Work RVU*	CY 2014 Final Work RVU	Agree/Disagree with AMA RUC/HCPAC Recommended Work RVU*	CMS Refinement to AMA/HCPAC Recommended Time*
78012	Thyroid uptake measurement	New	0.19	0.19	Agree	No
78013	Thyroid imaging w/blood flow	New	0.37	0.37	Agree	No
78014	Thyroid imaging w/blood flow	New	0.50	0.50	Agree	No
78070	Parathyroid planar imaging	0.82	0.80	0.80	Agree	No
78071	Parathyrd planar w/wo subtrj	New	1.20	1.20	Agree	No
78072	Parathyrd planar w/spect&ct	New	1.60	1.60	Agree	No
78278	Acute gi blood loss imaging	0.99	0.99	0.99	Agree	No
78472	Gated heart planar single	0.98	0.98	0.98	Agree	No





# Potentially Misvalued Codes Specified in the Affordable Care Act

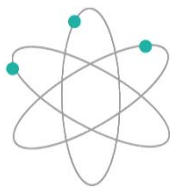
**In response CMS has entered into two contracts:**

- One 2-year contract was awarded to the RAND Corporation
- One contract was awarded to the Urban Institute, with partners Social and Scientific Systems and Research Triangle Institute (RTI)

**Contractors will:**

- Develop a model for the valuation of work under the PFS
- Test the model by creating work RVUs for PFS services
- Consult with practicing physicians as a part of valuation process
- Acquire or develop clinical information and other data sources, including data on physician time, for use in the model.

**Update: Research performed under these two contracts continues**



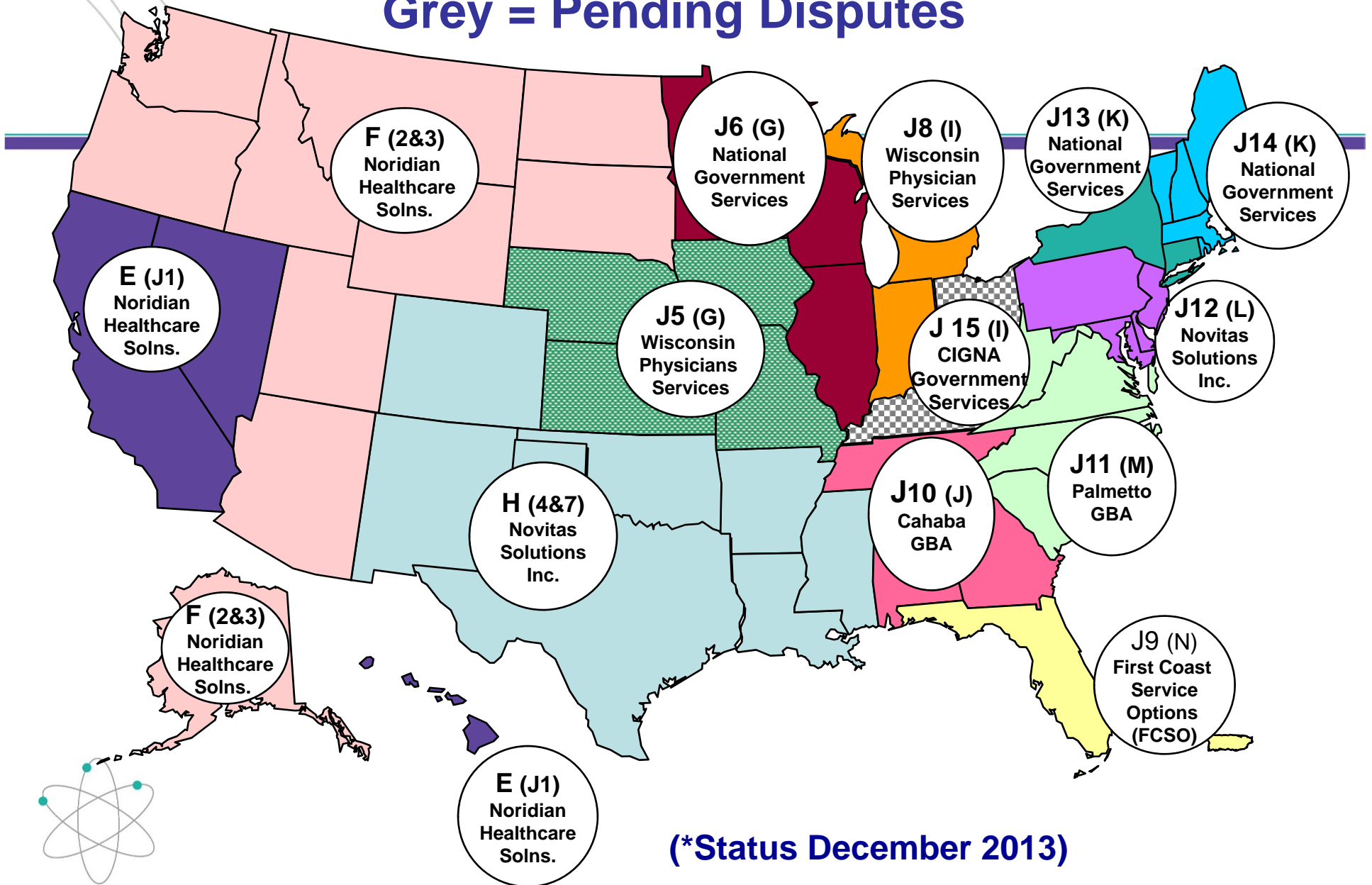
# Potential Roles for RUC & CPT Panel in Accountable Payment Models

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- **Defining new codes for bundled and condition-based payments**
  - A “condition” may involve multiple diagnosis codes and/or range of procedures
  - More time-based codes (e.g., month of care management)
- **Setting relative values of bundled and condition-based payments**
  - Current methods of setting payments based on “shared savings” will lead to disparities across practices and regions based on historical utilization patterns, and could result in underpaying physicians who now deliver high-value care
- **Adjusting relative values over time**
  - Flexible payments will encourage innovations in care delivery that reduce costs
  - New technologies and evidence about outcomes may require higher payments
- **Establishing clinically meaningful acuity/risk-adjustment methods that are consistent across conditions/specialties**
  - Most current acuity/risk-adjustment systems are developed using regression-based analyses of factors that predict current spending patterns, not relative levels of physician effort or impacts on outcomes
  - Most risk-adjustment models are intended to work at the global payment level
- **Valuing contributions of multiple physicians inside bundled pmts**
  - Current RBRVS values may or may not reflect appropriate allocations of effort or practice expenses within team-based models
  - Current attribution models do not appropriately value unpaid services or allow us of team-based models

# A/B MAC's Awards\*

## Grey = Pending Disputes







# MAC- Novitas Solutions - L and H Radiopharmaceuticals Paid at Acquisition Cost

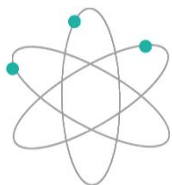
*Article Revision Effective Date January 24, 2014*

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## Effective December 1, 2013 for Jurisdictions L and H

(not applied retroactively, click on above for link to take you to full article.)

- Claims without Radiopharmaceutical acquisition cost will be denied.
- Actual invoice is not required on each claim
  - Random audits will occur, if audited, invoice to verify will be necessary
- Acquisition cost should be reported in **Block 19** or **Block 24D** of the claim form 1500 and in the 2400 loop NTE segment of an EMC claim.
- Codes affected: A4641, A4642, A4648, A9500-A9551, A9552, A9553-A9572, A9580-A9582, A9584, A9600-A9605, and A9698-A9700.
  - *Note, the codes listed in this article are not all-inclusive and the guidelines outlined in this article apply to all radiopharmaceutical codes*
- Not Otherwise Classified (NOC) codes must report terminology, i.e., description of radiopharmaceutical.
  - NOC codes include: A4641, A9698, A9699 and A9700





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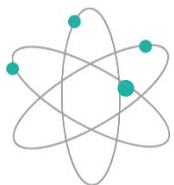
## MAC- Noridian (NAS) – Part B Radiopharmaceuticals Paid at Acquisition Cost

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### A9552: Avoiding Claim Denials

(click on above for link to take you to full article.)

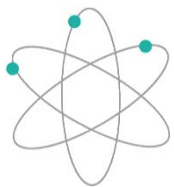
- To ensure that your claim containing tracer A9552 (Fluorodeoxyglucose F18 FDG) does not deny as unprocessable, each line item submitted **must** contain the below required elements in Item 19 of the CMS-1500 claim form or its electronic equivalent.
- Invoice price plus shipping cost (**Do not** include handling or other fees)
- If this required information is not submitted, it will be denied as unprocessable.
- Providers must maintain an invoice copy in the patient's file and it must be made available, to NAS, upon request.



Posted: 5/16/2012



# Coverage for PET Imaging





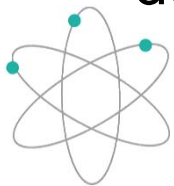


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## March 7, 2013 – Final Decision CMS Expands Local Coverage Options

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- The effect of this decision is to remove the national non-coverage for FDA (approved after September 1, 2012) labeled oncologic uses of radiopharmaceuticals that are not more specifically determined nationally.
- Thus this decision does not change coverage for any use of PET using radiopharmaceuticals F-18 FDG, NaF-18 sodium fluoride, ammonia N-13, or rubidium-82 (Rb-82).
- This decision does not prevent CMS from determining national coverage for any uses of any radiopharmaceuticals in the future, and if such determinations are made, a future determination would supersede local contractor determination.

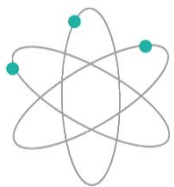




# Reimbursement Challenges: Summary

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- **Hospital Setting Payment Policy...**
  - the hospital claims data -“charge compression” is a problem for new ‘higher cost’ tracers.
    - a potential solution is for CMS to accept ASP data provided by manufacturers post pass-through period
    - Pass-through-2-3 years, helpful but not the solution
    - Looking to unique approaches using Hospital claims data

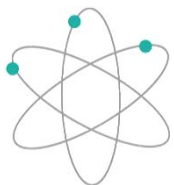




# Reimbursement Challenges: Summary

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- **Physician Office / IDTF**
  - Continued monitor and strong involvement with the American Medical Association RUC and CPT process.
  - Relationships with the Medicare Administrative Contractors, education for coverage on a local level.





# Reimbursement Challenges:

- **All Settings:**
  - Advocacy National Coverage for PET
  - High Volume, High Cost Products and Services will always result in increased scrutiny & targeting:
    - continued evidence- adoption or order entry using appropriateness, value and patient advocacy.

