

2023 Final CPT Changes MIPs Radiology Measure Documentation

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Disclaimer:

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.



Agenda

- **CPT Changes**
 - **Diagnostic Radiology**
 - **Interventional Radiology**
 - **Evaluation and Management**
- **2023 MIPS Updates**
- **MIPs Quality Measure Review: Diagnostic Radiology**

CPT Changes in Radiology



Diagnostic Radiology

Extremity Ultrasound-REVISED

CPT	DESCRIPTION
76882	Ultrasound, limited, joint or <u>focal evaluation</u> of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation

“Focal evaluation” was added to clarify the distinction between a limited ultrasound of nerves and an ultrasound of a nerve’s entire anatomic course as described in new code 76883. (CPT Assistant November 2022; Volume 32: Issue 11)

Extremity Nerve Ultrasound-NEW

CPT	DESCRIPTION
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity

•INCLUDES:

- Examination of multiple areas for potential nerve compression
- Measure cross-sectional areas
- Assessment of echogenicity, vascularity, and mobility, which includes dynamic maneuvers (when indicated)
- Assessment for possible associated muscular denervation, as well as comparison to unaffected muscles or nerves within that extremity (as needed)

Quantitative Tissue Characterization-NEW

Category III

CPT	DESCRIPTION
0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)

Quantitative MRCP-NEW

Category III

CPT	DESCRIPTION
0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP), including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session
0750T	Quantitative magnetic resonance cholangiopancreatography (QMRCP), including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)

Biomechanical CT w/VFA-NEW

Category III

CPT	DESCRIPTION
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0743T	Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report
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Digital X-Ray Radiogrammetry-NEW

Category III

CPT	DESCRIPTION
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report
0749T	Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD

Interventional Radiology

Percutaneous AV Fistula Creation-NEW

CPT	DESCRIPTION
36836	Percutaneous arteriovenous fistula creation, upper extremity , single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation
36837	Percutaneous arteriovenous fistula creation, upper extremity , separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation

•ELLIPSYS*/WAVELINQ*

Nerve Injections-REVISED

CPT	DESCRIPTION
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement) including imaging guidance, when performed

•ALSO NOTE CHANGES TO THE PARAVERTEBRAL SPINE NERVE INJECTION SUBSECTION GUIDANCE

Evaluation & Management

Evaluation & Management

- Code changes for 2023 affect:
 - Hospital inpatients, observation care, consultations*, emergency room visits, nursing facility services, and home, rest home and domiciliary care E&M codes
- These changes model the 2021 changes to office and outpatient visits
- Codes based on time and MDM
- Prolonged Services:
 - AMA: 99417 (revised)/99418 (new)
 - CMS: G2212 (revised)/G0316-G0318*(new)

2023 MIPS Updates

(Merit Based Incentive Payment System)



MIPs: 2023 Updates

- 2023 Penalty Threshold: 75 points
- Exceptional Performer Threshold: *Eliminated from program*
- Max Payment Adjustment: +/- 9%

- **Low Volume Threshold:**
 - \$90,000 Medicare part B Allowed Charges
 - 200+ Medicare Beneficiaries
 - 200+ Medicare Covered Services

Minimal changes proposed to program this year

MIPs: 2023 Updates

Quality:

- **3-point floor removed (*besides small practices*)**
 - Measures *without* a benchmark will return 0 points
 - Measures with a benchmark that also meet case minimum (20) and data completeness (70%) requirements will return 2 or 1 points depending on benchmarks
- This change will make things even harder for lower performers

2023 MIPS Magic Numbers

Final Score Weighting	<ul style="list-style-type: none"> • Quality: 50% • Improvement Activities 50% 	<ul style="list-style-type: none"> • Quality: 85% • Improvement Activities 15%
Goal	Small Practices	Non-Small Practices
Avoid Penalty <u>75 Points</u>	30/60 points for Quality <ul style="list-style-type: none"> • Average 4 pts per measure OR • Have 2 point-capped measures at 100% performance met 	42/60 points for Quality <ul style="list-style-type: none"> • Average 7 pts per measure OR • Have 6 point-capped measures at 100% • Complex PT bonus still needed to get beyond 74.5 pts
Final Score Weighting	<ul style="list-style-type: none"> • Quality: 40% • Improvement Activities 30% • Cost: 30% 	<ul style="list-style-type: none"> • Quality: 55% • Improvement Activities 15% • Cost: 30%
Goal	Small Practices	Non-Small Practices
Avoid Penalty <u>75 Points</u>	<ul style="list-style-type: none"> • Min cost score (5 pts) would require 100% for Quality • Lower the Quality, higher the Cost score needed to make up difference 	<ul style="list-style-type: none"> • Quality score of 42/60 would require Min cost score of 6.5 points • Lower the Cost, higher the Quality score needed to make up difference

MIPs: 2023 Updates

Quality:

- ***Social Drivers of Health (MIPS CQM) – New Quality Measure Added to ALL specialty measure sets***
- **Per final rule, measure will be reported once per performance period per patient**
 - Applicable to PTs 18+ who have any type of service
 - Final measure specifications still to be released
 - Unsure how this would work with non-patient facing encounters
- **What will that mean?**
 - If reporting via 'registry', must report this measure **IF** under 6 measures

MIPs: 2023 Updates

- **MVPs – MIPS Value Pathways – kick off this year**
 - Preset list of quality measures, improvement activities, and cost measures that align with clinical area or disease
 - Requires (*slightly*) less data submission than ‘traditional MIPs’
 - Follows scoring policies and benchmarks of ‘traditional MIPs’
 - MVP inventory somewhat limited
 - Anesthesia MVP
 - MVPs utilizing E/M
 - No “Radiology” or “Pathology” geared MVPs yet
 - Participants must register to report between **April** and **November**

MIPs Quality Measure Review: Diagnostic Radiology

2023



Disclaimer:

2023 Measure specifications have not been released at the time of this session. Information presented is based on 2022 specifications and information from the final rule.

Please review the newest specification sheets once available on qpp.cms.gov

145- Fluoroscopy

Description: Final reports for procedures using fluoroscopy that document radiation exposure indices **UPDATED FOR 2023**

Documentation:

Performance Met: Document radiation exposure indices

Radiation exposure indices - For the purposes of this measure:

- Reference air kerma ($K_{a,r}$) in Gy or mGy
- Peak skin dose (PSD) in Gy or mGy
- Kerma-area product (PKA) or Dose area product (DAP) in $\mu\text{Gy}\cdot\text{m}^2$, $\text{mGy}\cdot\text{cm}^2$ (or similar)

*****Reporting dose only in mGy is insufficient*****

If **no** images were obtained, should document "zero images" – measure does not apply

Performance Not Met: Radiation exposure indices not documented, reason not given

Documentation Examples

Performance Met

Ex 1 - Total DAP: 1720.0 uGycm2

Ex 2 - Fluoro dose: 1700.75 DAP in uGym2

Ex 3 - DAP: 1954.61 uGy.m2

Ex 4 - Radiation exposure in Reference air Kerma: 25 mGy

Performance Not Met

Ex 1 - FLUOROSCOPY: 10.6 minutes; 169 mGy. - 'Fluoroscopy' not specific enough to meet measure

Ex 2 - Radiation dose was 91.80 dGycm2. - 'Radiation dose' not specific enough to meet measure

Ex 3 - Inability to document dose indices (equipment is old/outdated etc) qualifies as 'not met'

Exception

Ex 1 - Not a fluoroscopic exam. - do not code met or not met if documented in report

Ex 2 - No fluoroscopy used - do not code met or not met if documented in report

147- Nuclear Medicine

Description: Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), etc.) that were performed

Documentation:

Performance Met: Final report for bone scintigraphy study includes documented correlation with existing relevant imaging studies corresponding to the same anatomical region in question

Ex – “Correlation with previous x-ray/CT/MRI of the body site demonstrates _____.”

Exception: Documentation for not documenting correlation with existing relevant imaging studies in final report (e.g., no existing relevant imaging study available)

Ex – “Existing x-ray/CT/MRI of the area in question is unavailable at this time.”

Performance Not Met: Bone scintigraphy report not correlated in the final report with existing relevant imaging studies, reason not otherwise specified

Documentation Examples

Performance Met

Ex 1 - Comparison: CT dated August 9, 2022

Ex 2 - Comparison: CTA abdomen pelvis today Procedure: Following the intravenous administration of 25 mCi of Tc-99m-MDP, a whole body bone scan was done.

Ex 3 - Comparison: Bone scan from December 17, 2021, CT scans from February 1, 2022 and August 10, 2022

Performance Not Met

**In the example report below, there is no comparison section/correlative statement or documentation that no prior imaging was available:*

Ex 1 - Procedure Note: Radionuclide bone scan.

HISTORY: Head and neck cancer.

TECHNIQUE: Following the IV administration of 25 mCi of technetium 99m MDP, images the axial and appendicular skeleton were obtained and reviewed.

FINDINGS: There are no areas of abnormal radiotracer uptake seen to suggest the presence of osseous metastasis.

IMPRESSION:

No definite evidence of metastatic disease.

Exception

Ex 1 - Comparison: No relevant prior imaging available.

Ex 2 - Comparison: No comparisons

Ex 3 - Comparison: None.

360 – Ionizing Radiation: High Dose: CT and Cardiac Nuclear

Description: Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion studies) imaging reports for all patients, regardless of age, that document a count of known previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study

Documentation:

Performance Met: Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study

Performance Not Met: Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given

Documentation Examples

Performance Met

Ex 1 - Patient has received # of CTs/Cardiac NM studies in past 12 months

Ex 2 - Prior CTs/Cardiac NM Studies in past 12 months:#

Ex 3 - Comparison: CT 7/30/2021, Cardiac NM 8/6/2021

Ex 4 - Comparison: CT 7/30/2021, CT 8/6/2021 ***In this example, it is presumed that the patient did not have prior Cardiac NM studies

Ex 5 - Comparison: CT 1/3/2017 *** In the example above, it is presumed that the patient did not have prior CTs or Cardiac NM studies in the prior 12 months

Ex 6 - No prior CTs/Cardiac NM studies

Ex 7 - Comparison: None Available

Ex 8 - Comparison: None

Performance Not Met

Ex 1 - Comparison: 2/2/2021

*Absence of a comparison exam section within the radiology report qualifies as 'performance not met'

Exception

Not Applicable

364 – Ionizing Radiation: Follow up CT for Pulmonary Nodule

Description: Percentage of final reports for CT imaging studies with a finding of an incidental pulmonary nodule for patients aged 35 years and older that contain an impression or conclusion that includes a recommended **interval and modality** for follow-up (e.g., type of imaging or biopsy) **or for no follow-up, and source of recommendations** (e.g., guidelines such as Fleischner Society, American Lung Association, American College of Chest Physicians)

Documentation:

Performance Met: Follow up recommendations include interval, modality, and source of recommendations (guidelines). Recommendations for 'no follow up' must include source.

Exception: Documentation of medical reason(s) for not including recommended interval, modality, and source guidelines for follow up or no follow up - (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection)

Performance Not Met: Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given

Documentation Examples

Performance Met

Ex 1 - **IMPRESSION:** 1. Multiple bilateral lower lobe pulmonary nodules measuring up to 6 mm.

Recommend follow-up chest CT in 3-6 months per Fleischner Society guidelines.

Ex 2 - **CONCLUSION:**

1. No acute intra-abdominal abnormality is identified. No gross colonic abnormality. Normal appendix.

2. Approximate 8 mm rounded nodule within the left lung base.

3. Additional findings as discussed above.

Per Fleischner criteria, consider short-term follow-up chest CT in 3 months to assess stability.

Ex 3 - **IMPRESSION:**

* No acute traumatic injury to the chest, abdomen, or pelvis.

* Posterior right lower lobe 0.5 cm nodule.

*Please see the body the report for additional findings.

No routine follow-up imaging is recommended per Fleischner Society Guidelines.

Performance Not Met

Ex 1 - Lung and Pleura: 7 mm right middle lobe subpleural nodule (series 2 image 67), most likely an intrapulmonary lymph node. 10 mm right lower lobe lung cyst, (series 2 image 66) with thin walls, likely benign. - *applicable finding but not associated follow up recommendation*

Ex 2 - 3mm pulmonary nodule in lower right lobe, likely benign. Follow up chest CT in 3-6 months to confirm stability. - *no reference to source guidelines*

Ex 3 - 2mm lung nodule, left base. Recommend dedicated chest CT. - *no time interval or source guidelines included*

Exception

Ex 1 - IMPRESSION:

1. Scattered nodules are present at the right lung base measuring up to 4 mm. These are likely infectious or inflammatory in nature. Short-term follow-up recommended in 1 to 2 months. - *recommendations not based on source guidelines due to infection*

405 – Follow-up: Abdominal Lesion

Description: Percentage of final reports for imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with a **specific recommendation** for no follow-up imaging recommended based on radiological findings:

Documentation:

Performance Met: Final reports for imaging studies stating no follow-up imaging is recommended

Exception: Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s))

Performance Not Met: Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up

Documentation Examples

Performance Met

EX 1 - Kidneys/Bladder/Reproductive Organs:

Incidental simple cysts in both kidneys, no follow-up recommended.

EX 2 - Multiple simple renal cysts, requiring no follow up.

EX 3 - Benign-appearing adrenal lesions present, no follow-up necessary.

EX 4 - Unless otherwise specified, incidental findings to not require dedicated imaging or follow up.

Performance Not Met

EX 1 - Simple left renal cyst. Prostate normal except for calcification.

EX 2 - 2 cm Adrenal lesion ≥ 70 HU, not previously seen.

Exception

EX 1 - The right kidney also several simple cysts.

The **large complex lesion** along the **upper pole of the right kidney** continue to show complexity but some evolution. No developing abnormal enhancement. Recommend continued surveillance as well in 6 months - **Both simple and complex findings**

*EX 2 - CLINICAL HISTORY: **Malignant neoplasm of larynx,** unspecified. C32.9.*

*IMPRESSION: 1. There is a hypoenhancing lesion noted involving the pancreatic body which has slightly increased in size from April 29, 2022. **The imaging findings are most suggestive of malignancy.** There is dilatation of the pancreatic duct distally extending into the pancreatic tail.*

2. Mild nodular thickening of both adrenal glands unchanged.

*3. **Bilateral simple appearing renal cortical cysts.** - **PT has history of cancer***

406 – Follow-up: Thyroid Nodules

Description: Percentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic resonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck for patients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm noted incidentally with follow-up imaging recommended

Documentation:

Performance Not Met: Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended

Exception: Documentation of medical reason(s) for recommending follow-up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reasons)

Performance Met: Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended

Documentation Examples

Performance Met

Ex 1 - 7mm left thyroid nodule which can be further characterized with dedicated ultrasound.

Ex 2 - Bilateral thyroid nodules. Ultrasound is recommended for further evaluation.

Performance Not Met

Ex 1 - 7mm left thyroid nodule

Ex 2 - Bilateral thyroid nodules.

Ex 3 - Subcentimeter thyroid nodule, no follow up is required.

Ex 4 - Unless otherwise specified, incidental findings do not require dedicated imaging or follow up.

Exception

Ex 1 - History: 37 years old Female with **THYROID CA**

1. Status post thyroidectomy. 2. Nonspecific 7 mm nodule along the left major fissure. Close attention on follow-up imaging - **PT has history of cancer, any follow up recommendations qualify as exception**

Ex 2 - **THYROID: Complex multi septated left thyroid lobe nodule measuring approximately 1.3 x 0.8 cm. Other subcentimeter thyroid nodules bilaterally.**

4. **Complex multiseptated left thyroid lobe nodule.** Recommend further evaluation with dedicated thyroid ultrasound on a nonemergent basis; if not previously performed. - **Follow up recommended due to presence of complex finding**

436 – Radiation Dose Lowering

Description: Percentage of final reports for patients aged 18 years and older undergoing computed tomography (CT) with documentation that one or more of the following dose reduction techniques were used:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

Documentation:

Performance Met: Final reports with documentation of one or more dose reduction techniques

Performance Not Met: Final reports without documentation of one or more dose reduction techniques

436 – Radiation Dose Lowering

Measure is looking for either the specific dose lowering technique used for the patient during the exam OR a general attestation statement

Documentation of dose lowering technique does not have to be verbatim:

- Automated exposure control
- Adjustment of the mA and/or kV according to patient size
- Use of iterative reconstruction technique

EX: Dose reduction techniques were employed to modulate kVp and mA depending on patient body size

This measure works well with templates/macros – recommend working with coders to ensure documentation is picked up appropriately

Documentation Examples

Performance Met

Ex 1 - All CTs at this facility use one or more of the following dose lowering techniques: Automated exposure control, Adjustment of the mA and/or kV according to patient size (this includes techniques or standardized protocols for targeted exams where dose is matched to indication / reason for exam; i.e. extremities or head), Use of iterative reconstruction technique

Ex 2 - CT scan performed according to ALARA principles. Automated exposure control used during exam.

Performance Not Met

Ex 1 - Up to date CT equipment used

*Ex 2 - Dose lowering technique used ****Unless RP Client***

RP Clients all have written policies in place per room/scanner to collect specific technique used per patient if audited

Exception

N/A

Questions?

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