Billing and Coding in Practice: What Do I Need to Know and What Are My Resources?

Sean P. Roddy, MD
Albany, NY
Nothing To Disclose
What Do I Need to Know?
Billing and Coding Overview

• Claim
  • Diagnoses  →  ICD-10
  • Procedures  →  CPT
  • Modifiers (up to 3)

• Appropriateness of coding
  • Timely reimbursement by insurance
  • Minimal risk for audit
What Do I Need to Know?
Medicare Reimbursement Formula

• RBRVS formula for reimbursement (RVU)

\[
\text{Total RVU} \times \text{CF} \times \text{GPCI}
\]

• Physician work + Practice expense + Malpractice = Total
• Conversion factor governed by MACRA or Congress
• Geographic Practice Cost Index (GPCI)

• Site of Service Differential - Facility versus Non-facility
What Do I Need to Know?

Documentation

- Operative and angiography reports → “billing receipts”
  - Used with a denied claim as the basis for appeal
  - Used with an insurance audit to defend your billing
- Include medical necessity data
  - Appropriate diagnoses
  - Pertinent background information
  - Critical steps of the procedure
- Review CPT descriptions used most often in your practice
  - Procedures (especially endovascular) may consist of multiple parts that each have a distinct CPT code
  - Dictate each individual portion of the procedure defined by a specific CPT code in detail so all are covered
What Do I Need to Know?
Carrier Policies, NCD’s, and LCD’s

You cannot just operate on anyone and everyone

• Be aware of national/regional Medicare coverage policies as well as private insurer requirements
  • Vascular lab studies
  • Debridements
  • Varicose veins
  • CAS
  • FEVAR
• Wide variations may exist between carriers
Examples

Varicose Vein Treatment Requirements
Conservative Therapy Beforehand

In addition to the requirement for failure of a six-week trial of conservative treatment and the symptoms described above, coverage of endovenous ablation therapy is limited to patients with:

- a maximum vein diameter of 20 mm for laser ablation;
- absence of thrombosis or vein tortuosity, which would impair catheter advancement; and
- absence of significant peripheral artery disease.

**NGS and Noridian Medicare policies are similar**

Treatment for Symptomatic Chronic Venous Insufficiency or Varicose Veins (VV), in the absence of bleeding, phlebitis or skin necrosis, may be covered as medically necessary with:

1. A documented 3-month trial of conservative therapy including graduated compression stockings with a minimum of (12-18 mmHg), weight reduction to BMI &lt;35, therapeutic leg elevation, and an exercise program of calf muscle pumping activity with compression of the involved veins, which results in limited alteration/improvement of symptoms or findings without satisfactory endpoint, and
2. Duplex venous studies of the involved lower extremity(s), mapping size and course of the greater and lesser saphenous vein and prominent tributaries and demonstrating the:
   b. Absence of Deep Venous Thrombosis, and
   c. Documented Incompetence (reflux > 500msec) of the Valves of the Saphenous, Perforator or Deep venous systems consistent with the patient’s symptoms and findings.

**Novitas and WPS Medicare policies are similar**

The treatment of asymptomatic varicose veins, or symptomatic varicose veins without a 3-month trial of conservative measures, by any technique, will be considered cosmetic and therefore not covered.

**WPS policy emphasizes the mandatory nature**
Conservative Therapy
Avoid The Wait For Some Indications

Regardless of indication

documentation of BOTH of the following:
- previous invasive treatment(s) of varicose veins (if any)
- failure or intolerance of medically supervised conservative management, including but not limited to compression stocking therapy for three consecutive months

Ulcer, bleeding, & phlebitis exceptions

There is documentation of one or more of the following indications:
- Ulceration secondary to venous stasis that fails to respond to compressive therapy; OR
- Recurrent superficial thrombophlebitis that fails to respond to compressive therapy; OR
- Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; OR
- Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least 3 months has not improved the symptoms.
Conservative Therapy
No Waiting Period

SURGICAL AND ABLATIVE PROCEDURES FOR VENOUS INSUFFICIENCY AND VARICOSE VEINS

Policy Number: 2015T0447O
Effective Date: March 1, 2015

Many local private carriers have no waiting period
Perforator Ablation Coverage

Radiofrequency/laser ablation is covered only for treatment of the lesser or greater saphenous veins to improve symptoms attributable to saphenofemoral or saphenopopliteal reflux. Coverage is only for FDA devices specifically approved for these procedures.

**NGS policy → NO**

Radiofrequency/laser ablation is covered only for treatment of the lesser or greater saphenous veins and selected tributaries to improve symptoms attributable to saphenofemoral or saphenopopliteal reflux. Coverage is only for FDA devices specifically approved for these procedures.

**Noridian policy → Maybe**

EVLT has not been established as medically safe or effective and is not FDA approved for perforator or short vein ligation. Therefore, EVLT is not covered for perforator vein ligation or ablation.

**Novitas policy → NO**

Ablation of perforator veins is considered reconstructive and medically necessary when the following criteria are present:

1. Evidence of perforator venous insufficiency measured by recent duplex ultrasonography report (see criteria above); and
2. Perforator vein size is 3.5 mm or greater; and
3. Perforating vein lies beneath a healed or active venous stasis ulcer.

**United Healthcare Policy → YES but CEAP 5 or 6 only**
Stab Phlebectomy Requirements

Ambulatory or Stab Phlebectomy is considered medically necessary for treatment of persons who meet medical necessity criteria for treatment of medium-sized veins greater than 6mm in diameter or in whom symptoms and functional impairment are attributable only to the secondary venous clusters and in whom sclerotherapy or endovenous occlusion techniques are not feasible.

Novitas Requirement:

**VV diameter documentation in the electronic medical record**

Aetna and United Policy:

*Stab phlebectomy not approved unless previous vein ablation/ stripping AND that ablation occurred WITHIN one year*
Vein Coverage Policies

• These policies may effect your discussions with individual patients on timing of any intervention

• Discussion with the patient need to be:
  • Vague or
  • Cued by staff or
  • Always a 3 month waiting period

• Policies continually change which makes “good” billing / scheduling staff invaluable to a practice
Examples

Carotid Artery Stenting
Medicare Stent NCD
Carotid Stent Reimbursements

• Current coverage must meet all four criteria:
  • Lateralizing TIA or minor stroke, documented Rankin <3
  • “High risk” for open carotid endarterectomy
  • 70% or worse stenosis confirmed by angiogram
  • Embolic protection must be used

• Asymptomatic >80% and Symptomatic 50-69% are covered only in approved trials

• To receive payment, your hospital must be on the official CMS Approved Facility List
Examples

FEVAR
FEVAR

• No official standard FEVAR reimbursement in the Medicare Physician Fee Schedule
• Left to individual carriers to decide if they will reimburse these procedures
• Get written documentation from carrier(s) prior to performing these procedures
• Possibly standardized in the next few years
Billing and Coding
Actual CPT Code Meaning Matters

Difference between elective open surgical popliteal artery aneurysm repair and an urgent distal bypass for acute arterial occlusion with critical limb ischemia

• Right popliteal artery aneurysm repair
  • 35151 36.16 total RVU’s

• Right femoral to peroneal in-situ bypass
  • 35585 48.79 total RVU’s

• 48.79-36.16=12.43, 12.43*35.9996=$447.48

2018 Medicare PFS
### Billing and Coding

**Codes change Annually - Examples 2010**

- **Kissing iliac artery stents after diagnostic angiogram**
  - 75625 -26 -59 Aortogram
  - 75716 -26 -59 Bilateral extremity runoff
  - 36200 First catheter, non-selective
  - 36200 -59 Second catheter, non-selective
  - 37205 Stent
  - 75960 -26 Radiology S&I, stent
  - 37206 Additional stent add-on code
  - 75960 -26 -59 Radiology S&I, stent
Billing and Coding
Codes change Annually - Examples 2011

• Kissing iliac artery stents after diagnostic angiogram
  • 75625 -26 -59 Aortogram
  • 75716 -26 -59 Bilateral extremity runoff
  • 37221 -50 Iliac stent, bilateral

In 2011, a bundled codeset was developed for all lower extremity arterial endovascular intervention which includes catheterization & radiologic interpretation
Billing and Coding
Why do I have to dictate this...

• Modular EVAR with deployment of one contralateral docking limb
• Bilateral percutaneous femoral artery access
Billing and Coding

Why do I have to dictate this...

• Modular EVAR w/ 1 docking limb and perc access
  • 34705 Endograft
  • 34713 (x2) Bilateral fem access
Billing and Coding

Why do I have to dictate this...

- Modular EVAR with one contralateral docking limb
- Right external and left common iliac artery stentgraft extensions
- Coil embolization of the right hypogastric artery
- Right femoral artery exposure with primary repair
- Left CFA endarterectomy
- Left renal artery stent with selective catheterization
- Selective right hypogastric catheterization
- Left EIA stent placement for dissection on completion
Billing and Coding
Why do I have to dictate this...

- 34705
- 34812  -59
- 35371
- 34709
- 37242  -59
- 36245  -59
- 36245  -59
- 37221  -59
- 37236  -59

Every code listed above requires adequate documentation
Billing and Coding
Why do I have to dictate this...

• Add-on codes are sometimes an attempt to compensate the MD in more difficult situations
• This needs clear documentation in the op note
• Examples (in total RVUs per 2016 MPFS):
  • 35700 redo leg bypass 4.45
  • 35682/35683 spliced vein conduit 10.29/11.89
  • 35500 arm vein harvest 9.32
  • 35697 reimplantation in open AAA 4.32
  • 35685 vein cuff w/ prosthetic graft 5.78

2018 Medicare PFS
Resources

• Your billing staff (and regular meetings with them)

• CPT manual – annually updated

• Coding course – SVS, ACS, etc.

• Society meeting lectures on reimbursement

• MAC website – LCDs and other policies

• Online coding software (eg, EncoderPro)
Conclusion

- Patient care and quality outcomes are of utmost importance in vascular surgery
- Understanding the current billing systems protects you from fraud / legal action
- Thorough documentation allows for better reimbursement
- Working with your billing staff on a routine basis will continuously improve your financials