Coding and Legislative Update

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DISCLOSURE

Sean Roddy, MD

- **No relevant financial relationship reported**

Medicare Conversion Factor

Total RVUs x CF = procedural payment

- **2017** **$35.8887**
  - *MACRA* *↑ 0.50%*
  - *2014 SGR patch (ABLE statute)* *↓ 0.09%*
    - *Last year of cuts with this legislation*
  - *Budget neutrality* *↓ 0.10%*

  NET CHANGE ↑ **0.31%**

- **2018** **$35.9996**

PACIFIC NORTHWEST ENDOVASCULAR CONFERENCE

PNEC-SEATTLE.ORG

Hemodialysis Access Endovascular Therapy CPT Codes 36901-36909

- Created for 2017 - CPT/RUC mandated bundling
- Based on survey data, the RUC recommended work RVU values for these 9 codes to CMS
  - CMS rejected the RUC proposed values
  - CMS reduced the RUC values even further for 2017
- CMS received significant negative feedback
- In 2018, CMS is reverting to the original RUC values
  - Across the board 1-5% increase in all 9 codes

EVAR Coding/Reimbursement in 2018

- EVAR coding referred to CPT for mandated bundling
- New codes created effective January 2018
- Now usable for indications other than “aneurysm”
  - Not reportable pre-2018 for dissection, AVF, occlusive disease
- Coding based on configuration of the main body:
  - Aortic tube, Aorto-uni-iliac, Aorto-bi-iliac, Isolated iliac
  - Rupture versus non-rupture
  - Includes all extensions from lowest renal to iliac bifurcation

EVAR Coding/Reimbursement in 2018

- New codes for percutaneous access
  - Only usable if the sheath access is ≥ 12 French (in op dictation)
  - Also usable for TEVAR and FEVAR
- New codes for open axillary/subclavian artery access with and without conduit
- New code for "enhanced fixation" (eg, stapling)
- Decompressive laparotomy after rupture EVAR additionally reportable with CPT code 49000
- IBE still Category 3 code and often not reimbursed but new Category 1 coding proposed for 2020

CPT and RUC 2018
New Adhesive Vein Ablation

#● **36482** Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

CPT Changes: An Insider's View 2018

#+● **36483** subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

CPT Changes: An Insider's View 2018

Follows the same structure as RF and laser

2018 Adhesive Vein Ablation Coding

CPT	wRVU	tRVU facility	tRVU non-facility	Description
36482	3.50	5.13	60.06	First vessel
36483	1.75	2.56	4.08	Subsequent vessel(s)

2018 Medicare CF is $35.9996

CPT and RUC 2018
Non-Compounded Foam Vein Ablation

#● 36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

CPT Changes: An Insider's View 2018

#● 36466 multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

CPT Changes: An Insider's View 2018

Follows the same structure as sclerotherapy

CPT and RUC 2018
Non-Compounded Foam Vein Ablation

#● 36465 Injection of non-compounded foam sclerosant with

The foam sclerosant cannot be made by the MD and must be purchased directly from the manufacturer to use these codes

CPT and RUC 2018
Non-Compounded Foam Vein Ablation

#● 36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

Only usable in a truncal vein (ie, GSV, LSV, or lateral accessory saphenous) & NOT usable for branch veins or perforators

2018 Compounded Foam Vein Ablation Coding

CPT	wRVU	tRVU facility	tRVU non-facility	Description
36465	2.35	3.46	45.12	First vessel
36466	3.00	4.40	47.14	Subsequent vessel(s)

2018 Medicare CF is $35.9996

Vein Coverage Issues

- Beware of carrier coverage determinations
- Just because we created and valued these codes doesn't mean that all carriers will reimburse it
- SVS Coding Committee with the help of the AVF is actively trying to review and reverse all identified vein non-coverage policies

Vascular Lab Payments
Deficit Reduction Act "DRA" of 2005

- DRA caps office-based technical payment for ultrasound since 2007 at the lesser of:

  Hospital Outpatient Payment Fee Schedule

  versus

  Medicare Physicians Fee Schedule

- The re-assignment of three ultrasound studies to a lesser APC by CMS will cause a significant cut to their technical payment

APC Technical Payments 2017-2018

		2017	2018
Physiologic			
APC 5734	(limited)	$99.98	$105.03
APC 5721	(complete)	$127.05	$136.31
Duplex			
APC 5522	(limited)	$112.69	$118.74
APC 5523	(complete)	$225.81	$245.22

APC Technical Payments 2017-2018

Physiologic			
APC 5734	APC 5734	↑5.1%	.03
APC 5721	APC 5721	↑7.3%	.31
Duplex			
APC 5522	APC 5522	↑5.4%	.74
APC 5523	APC 5523	↑8.6%	.22

Reclassified Vascular Lab Ultrasounds Moved From Complete to Limited APC

93880 Bilateral carotid

93930 Bilateral upper extremity arterial

93978 Complete aorta and iliac

CPT	2017 TC	2018 TC	% Change	Code Description
93880	$165	$119	↓28%	Bilateral carotid
93970	$165	$167	↑1%	Bilat venous extremity
93925	$223	$228	↑2%	Bilateral LE arterial
93926	$113	$119	↑5%	Unilateral LE arterial
93930	$170	$119	↓30%	Bilateral UE arterial
93975	$226	$231	↑2%	Complete abdominal
93978	$153	$119	↓23%	Complete Aorta/iliacs
93990	$113	$119	↑5%	AV Access

SVS Lobbying Efforts

- SVS, SVU, and other societies complained to CMS
  - SVS/SVU letter outlining the issue
  - Conference calls with the agency
- Grassroots efforts
- SVS PAC dollars funded meetings with Rep. Buschon (Indiana) and Sen. Cassidy (Louisiana)
  - “Doc Caucus” letter to CMS
  - HHS secretary phone call

SVS Lobbying Efforts

CMS issued a "technical correction" avoiding the cuts

An SVS win!

- Doc caucus letter to CMS
- HHS secretary phone call

IVUS

- Created new CPT codes for 2016
- Removed restrictive language that limited prior use to arteries in very limited instances
- Valued them both in the office and in the hospital settings
- Claims data in Medicare population:
  - Large increase in utilization beyond predictions
  - Mostly in venous disease in the office setting
- Flagged by RUC for failing budget neutrality calculations (growth)
- SVS presenting at October 2018 RUC
- May result in cuts and even mandated MD refunds back to CMS

DCB reimbursement

- Add-on payment ended in the outpatient hospital - 12/31/17
- Companies are lobbying CMS for additional reimbursements after a predictable drop in 2018 utilization
- Because of these continued discussions, the RUC has now asked to review office outpatient payments for all LE arterial endovascular interventions
  - SVS presenting at the October RUC with other societies
  - May ultimately require a revalue of the physician work
- Ongoing company dialogue with CMS is making our job of avoiding a significant physician paycut with lower extremity endovascular therapies challenging

Conclusions

- 2018 Medicare CF increased by 0.31%
- HD access angiography and endovascular intervention will see an increase in 2018
- Significant coding changes for EVAR
- Two new vein ablation modalities have CPT codes in the fee schedule but beware of coverage issues
- Three vascular lab technical payments will not realize significant decrease due to the SVS/SVU efforts