Reimbursement 2009: Cardiac CT and MRI

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CMR CPT Codes

75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558 with flow/velocity quantification*
75559 with stress imaging
75560 with flow/velocity quantification and stress*

75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s) followed by contrast material(s) and further sequences;
75562 with flow/velocity quantification*
75563 with stress imaging
75564 with flow/velocity quantification and stress*

These CMR Codes “New” in Jan 2008

- Many good things:
  - Bundled – higher RVUs.
  - 75563 – Perfusion (RVUs 3.00)
  - 75564 – Perfusion w/ flow (RVUs 3.35)
- But, because flow under an NCD*, entirety of even CMR codes (those containing flow) not covered.

*National Non-Coverage Determination

June 2009, CMS Proposes to Lift National Non-Coverage of CMR Flow

CMS finds that the blanket noncoverage of MRI for blood flow determination is no longer supported by the available evidence. Therefore we propose to remove the phrase “blood flow measurement,” from the Nationally Noncovered Indications of the National Coverage Determinations Manual. Pursuant to 220.2(D), local Medicare contractors will have discretion to cover (or not cover) this use.

Proposed Decision Memo for Magnetic Resonance Imaging (MRI) (CA0-00399R), CMS.gov, 6/30/2009

Sept 28, 2009 CMS Lifts National Non-coverage of CMR Flow

- When effective?
  - Effective immediately.
- However, local carriers may not receive updates (system uploads) until January 4, 2010.
- ACR/Societies putting together a Local Carrier education packet.
Societies Request Add-on Code

- Also new separate add-on CMR flow code proposed by societies.
- If this code is approved, even (flow containing) CPT codes will disappear.
- Odd-numbered codes will remain to be used with add-on flow code.

Cardiac CT CPT Codes

CCTA Current CPT codes
(Category III – Emerging Technology)
- 0144T CT angio calc scoring without (non-covered)
- 0146T CCTA alone
- 0147T CCTA with calcium scoring
- 0148T pulmonary veins, includes CCTA
- 0149T pulmonary veins, includes CCTA and calcium scoring
- 0150T congenital studies, noncoronary
- +0151T CT angio heart for cardiac function plus 3d & function eval (add-on code, not reported alone)

New Cardiac CPT Codes
- Codes went to RUC for consideration, January 30, 2009.
- Final Rule on these Codes will occur November, 2009.
- Earliest would go into effect if approved, January 2010.

New Category I Cardiac CPT Codes Proposed
- 7557X1 CT, heart, without contrast material, with quantitative evaluation of coronary calcium
  CALCIUM SCORING
- 7557X2 CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post-processing, assessment of cardiac function, and evaluation of venous structures, if performed)
  PULM VEINS
- 7557X3 CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
  CHD
- 7557X4 CTA, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
  CTA
NOTE

- Category I CPT Codes are promising (no longer "research") – but no guarantee that they will be covered.
- CALCIUM SCORING – most likely will not be covered (except in Texas!)

Other Things to Look Out For

CMS Initiatives
Patients and Providers Act, July 2008

Imaging Lab Accreditation required as a condition for reimbursement – 2012

» Accreditation: ACR, Intersocietal Commissions (ICACTL, etc.)
» ACR CMR LAB CERTIFICATION
  - TSET1 – transverse black bloods
  - SSFP bright blood cine – SA stack, LA4CH, LA2CH
  - Delayed Contrast-enhanced SA stack

CMS Initiatives
Patients and Providers Act, July 2008

Imaging Appropriateness Demonstration Project – 2010

» establishes a 2-year project to assess the appropriate use of advanced imaging
  - ACR/ACC Joint Appropriateness Documents
    (NASCI Reps on Both; Co-Chairs of these Committees are NASCI Members)
  - Congestive Heart Failure – In Progress
  - Acute Chest Pain – Just Starting
    » Writers, Scorers, Reviewers

Utilization Rates

- CMS proposed “higher priced” equipment (PET/CT/MRI) utilization rate 90% (currently 50%)
  - The equipment utilization rate is the amount of time during which an imaging center is open to patients that the equipment is actually in use. The higher the utilization rate assumption, the lesser the Medicare reimbursement for individual scans.
  - Could result in CT and MRI technical fee reductions from CMS of 31-38%.

Utilization Rates

- NASCI opposed in 8/30/09 Comment Letter:
  
  Equipment Utilization Rate
  The Centers for Medicare & Medicaid Services (CMS) propose to change the equipment utilization rate from the current 70 percent to 90 percent for equipment priced over one million dollars. The members of NASCI have significant concerns regarding this proposal.

  General Comments
  In the Federal Register published on July 12, 2007, CMS stated, “We do not believe that we have sufficient empirical evidence to justify an alternative proposal [to the 70 percent utilization assumption].” NASCI is concerned that CMS now proposes to implement a utilization assumption of 90 percent although there is no new or statistically valid data to support this change. Moreover, the abrupt adoption of a change of this magnitude risks doing grave harm to Medicare beneficiary access to high-quality imaging services.
Websites