2012 Update: Coding and Reimbursement for Cardiovascular Imaging

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Conflicts

- None
Cardiac CT and MR CPT Codes
Coding for TAVR CTs
CMS initiatives that affect CV imaging.
  » Bundling
  » Utilization rates
  » Multiple Procedure Payment Reduction (MPPR)
What to do if you get a RUC survey (or, what is a RUC survey anyway??)
Category I Cardiac CT CPT Codes
January 2010

- 75571 CT, heart, without contrast material, with quantitative evaluation of coronary calcium CORONARY CALCIUM
- 75572 CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, cardiac function, and evaluation of venous structures, if performed) MORPHOLOGY, PULM VEINS
- 75573 CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, LV cardiac function, RV structure and function and evaluation of venous structures, if performed) CHD
- 75574 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) CORONARY ARTERIES (CCTA)
Category I Cardiac MR CPT Codes
January 2008

- 75557  Cardiac magnetic resonance imaging for morphology and function \textit{without contrast} material;
- 75559  with stress imaging
- 75561  Cardiac magnetic resonance imaging for morphology and function without contrast material(s) followed by \textit{contrast} material(s) and further sequences;
- 75563  with stress imaging

\textbf{FLOW:} Initially flow/velocity also bundled, but because flow was under national non-coverage determination, we petitioned for a separate add-on code (and also coverage), January 2010.

- +75565  Cardiac Magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure. Use 75565 in conjunction with 75557, 75559, 75561, 75563)
Pre TAVR CT Angiogram

- CHEST -- 75574 CTA, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post-processing

- CORONARY ARTERIES (CCTA)

- ABD/PELV – 74174 CTA abdomen/pelvis; w/o contrast followed by contrast and further sections. ABDOMEN and PELVIS CTA.

No separate 3D code – 3D included.

aortic annulus
CMS Initiatives with Impact on Cardiac CT/MR Imaging
Code Bundling

- Code pairs identified as being performed together > 75 percent of the time.
- Codes considered by the CPT Editorial Panel for bundling in 2013 included interventional radiology procedures (cervicocerebral angiography, thrombolysis, and the percutaneous transcatheter retrieval of an intravascular foreign body).
Utilization Rate
What is utilization rate?

General assumption of percentage of time expensive equipment (> $1 Million; ie, MRI/CT/PET) is in use during a 50 hr work week.

An average rate applied nationally – and used to calculate office-based outpatient technical reimbursement rate (inversely proportional to utilization rate).

Utilization rate $\uparrow$; reimbursement down $\downarrow$
November 25, 2009 final rule, CMS raised the advanced imaging (MRI/CT/PET) equipment utilization rate from 50% to 90%.

This change from 50% to 90% was going to be phased-in over 4 years.
The Affordable Care Act

- adjusts the equipment utilization rate assumption for CT/MR/PET (all equipment > $1 million)
- Effective January 1, 2011, CMS assigned a 75 percent equipment utilization rate assumption to diagnostic computed tomography (CT) and magnetic resonance imaging (MRI) services.
- Currently, remains at 75%
Mixed News --

- Rate stays at 75%, but higher than ever before.
- Outpatient office-based physician-owned CT equipment no longer tenable as a business model.
President Obama’s FY 2012 and FY 2013 Budgets recommend increasing the equipment utilization assumption rate to 90%.

Although not enacted by Congress, Obama’s 2012 budget estimated that changes to the equipment utilization assumption rate save $400 million. The Fiscal Year 2013 Budget, however, cites savings of $800 million associated with a new, 90% utilization rate.
On July 1, 2010, the Affordable Care Act increased the established multiple procedure payment reduction for the technical component of single-session imaging services to consecutive body areas from 25 to 50 percent for the second and subsequent imaging procedures performed in the same session i.e.; C/A/P
MPPR Expansion

- CMS expanded this policy to non-contiguous body areas and across modalities on the same patient, same session effective January 1, 2011.
- CMS 2012 Final Physician Fee Schedule Rule included a 25% MPPR to PROFESSIONAL COMPONENT, same patient, same session, same physician.
CMS 2013 Medicare
Physician Fee Schedule

- Proposes 25% technical fee reduction for second and subsequent cardiology diagnostic service (echocardiogram, SPECT, etc.) furnished by the same physician to the same patient on the same day.

- Urge your state representative to sign the Blackburn/Barrow letter.
Professional Component


- In 2013 and beyond, H.R. 3269 prevents the Secretary of HHS from imposing an MPPR to the professional component.

- April 25, 2012 Senators Ben Cardin (D-MD) and David Vitter (R-LA) introduced S. 2347, the Diagnostic Imaging Services Access Protection Act.
“Misvalued” CPT-Codes

- **Goal:** Identify and adjust values of over-priced physicians services.
- **Focus on specific codes for RUC (Relative Value Scale Update Committee) Review –**
  - Fast growth
  - New technologies or services
  - Potential efficiencies
What’s Up for Review?

- Right now no Cardiac CT or MR CPT Codes on the list for RUC Review this fall.

What should you do if you get a RUC Survey?
Complete it!
What is it used for?

Purpose of the survey

• To obtain estimates of the time and complexity required in performing a procedure
• To obtain estimate of a recommended professional work value

- Will come from ACR or ACC.
- Important to be completed accurately.
- Important to be completed on time.
- Results will affect CPT code valuation.
- Results will affect reimbursement.
Understanding the RUC Survey Instrument

See www.NASCI.org, under Regulatory/Business Practices
What Else Can I Do?

- Keep abreast of your society’s advocacy activities (ie; www.Radiologysaveslives.org)
- Provide comments to CMS when needed.