

**2015 Current Issues:
Coding (CPT / ICD-9-10),
The Great Policy War(s) of 2015,
Licensure / Certification,
MPFS Changes**

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"The time has come," the Walrus said,
To talk of many things:
Of shoes -- and ships -- and sealing-wax --
Of cabbages -- and kings --
And why the sea is boiling hot --
And whether pigs have wings."

**With Apologies to
Charles Lutwidge Dodgson (aka Lewis Carroll) & Alice Liddell**

Overview

- Coding (Treat)
 - AMA CPT & HCPCS **Procedures** & Modifiers
 - National Correct Coding Initiative (NCCI) & modifiers
 - ICD-9 & ICD-10 coding and crosswalks (Oct. 1, 2015)
- Local Coverage Determinations (LCDs)
 - Wisconsin Physician Services Insurance Corporation
- Medical Review Policy
 - National Government Services (NGS)
 - Blue Cross / Blue Shield of Massachusetts

Overview

- Statutory, Regulatory and Policy
 - Licensure / Certification
- Medicare Physician Fee Schedule
 - New Code 93895 (Trick)
 - The Medicare AAA Screening Benefit
 - Direct Input Practice Expense Changes
 - The Vascular Room and Film-to-Digital conversion

AMA CPT

PHYSICIANS' CURRENT PROCEDURAL TERMINOLOGY

- AMA CPT Editorial Panel
 - 18 Members including an AMA Secretary
- AMA CPT Advisory Committee
 - 94 Professional Associations
- AMA HCPAC
 - 18 Professional Associations
- **General Correspondence**

AMA CPT Codes: Preamble

- Vascular studies include:
 - patient care required,
 - supervision, and
 - interpretation
 - with copies of hard copy output
 - with analysis of all data,
 - including bidirectional vascular flow or imaging when provided.

AMA CPT Codes: Preamble

- **Duplex scan** describes:
 - an ultrasonic scanning procedure
 - for characterizing the pattern and direction of blood flow in arteries or veins
 - with the production of **real-time** images integrating **B-mode** two-dimensional vascular structure,
 - **Doppler spectral** analysis, **AND** *
 - **color flow Doppler** imaging.

Cerebrovascular Arterial Studies (93880-93893)

- 93880 Duplex scan of extracranial arteries; complete bilateral study
- 93882 Duplex scan of extracranial arteries; unilateral or limited study
- (To report common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment, use Category III code 0126T)

Cerebrovascular Arterial Studies (93880-93893)

- A **complete** TCD study ([93886](#)) includes:
 - right and left anterior circulation and the posterior circulation (to include vertebral and basilar arteries).
- A **limited** TCD study ([93888](#)) includes:
 - evaluation of **two or fewer** of these territories.
- For TCD, evaluation is a **reasonable and concerted attempt** to identify arterial signals through an acoustic window.

Cerebrovascular Arterial Studies (93880-93893)

- 93886 Transcranial Doppler study of the intracranial arteries; complete study
- 93888 Transcranial Doppler study of the intracranial arteries; limited study

fww comment: remember preamble definitions

Cerebrovascular Arterial Studies

93895 (a treat?)

- 93895 Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
- (Do not report 93895 in conjunction with 93880, 93882, 0126T)
- ► Code 93895 includes the acquisition and storage of images of the common carotid arteries, carotid bulbs, and internal carotid arteries bilaterally with quantification of intima media thickness (common carotid artery mean and maximal values) and determination of presence of atherosclerotic plaque. When any of these elements are not obtained, use 0126T. ◀

2015 MPFS: 93895

- CMS: “After review of this code, we determined that it is used only for screening and therefore, we are assigning a PFS procedure status indicator of N (Noncovered service) to CPT code 93895.”
- (Trick?) - 0.00 RVUs

HCPCS 2014

G Codes - Temporary Procedures/Professional Services (G0001-G9016)

- G0365 Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)
- G0389 Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening

National Correct Coding Initiative

- Column One / Column Two **Correct Coding** edit file **or** the **Mutually Exclusive** edit file
- NCCI Modifiers
 - **Modifier 0** indicates that there are no circumstances in which a procedure modifier would be appropriate. The services represented by the code combination will not be paid separately.
 - **Modifier 1** indicates that a procedure modifier is allowed in order to differentiate between the services provided. Assuming the modifier is used correctly and appropriately, this specificity provides the basis upon which separate payment for the services billed may be considered justifiable.
...

Procedure Modifiers (examples)

- 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
- 26 Professional Component
- 52 Reduced Services
- **59 Distinct Procedural Service**
 - 2015 subset modifiers: -X{EPSU}
 - **XE** Separate Encounter; **XS** Separate Structure; **XP** Separate Practitioner; **XU** Unusual Non-Overlapping Service
- TC Technical Component

ICD-9 : ICD-10

ICD9 code 433.10 (Occlusion and stenosis of precerebral arteries: carotid artery (without mention of cerebral infarction)) can be translated approximately to:

I65.29	Occlusion and stenosis of unspecified carotid artery
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If the provider's documentation has sufficient detail, code according to this:

**ICD9 code 433.10 (Occlusion and stenosis of precerebral arteries: carotid artery (without mention of cerebral infarction)) can be translated approximately to:
One of the following:**

I63.031	Cerebral infarction due to thrombosis of right carotid artery OR
I63.032	Cerebral infarction due to thrombosis of left carotid artery OR
I63.131	Cerebral infarction due to embolism of right carotid artery OR
I63.132	Cerebral infarction due to embolism of left carotid artery OR
I65.21	Occlusion and stenosis of right carotid artery OR
I65.22	Occlusion and stenosis of left carotid artery OR
I65.23	Occlusion and stenosis of bilateral carotid arteries

ICD-9 : ICD-10

785.9	Symptoms involving the cardiovascular system, other symptoms involving cardiovascular system Bruit (arterial) Weak pulse
R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems Book notes <u>Bruit (arterial)</u> Abnormal chest percussion Feeling of foreign body in throat Friction sounds in chest Chest tympany Choking sensation Rales <u>Weak pulse</u>

Local Coverage Determination (LCD) / Medical Review Policy (aka 'The Great Policy Wars of 2015')

- Wisconsin Physician Services Insurance Corporation (WPS)
 - J5 & J8 Medicare Administrative Contractor (MAC)
 - IA, KS, MO, NE, IN, MI and National Providers
 - **Draft and Proposed Draft LCDs**
 - **93922** “Non-covered” Service (no reimbursement)
 - Numerous ICD codes no longer covered (e.g., abdominal mass & sickle cell)
 - RVTs responsible for quality and **supervision** of studies performed by non-credentialed staff

Policy Wars (continued)

- **National Government Services (NGS)**

- MAC for CT, IL, ME, MA, MN, NH, NY, RI, VT & WI
- Any combination of 93880, 93882 with 93970, 93971, 93925 and 93926 will result in denial of all claims even if otherwise within LCD identified ICD parameters for medical necessity
 - All denied claims **must be appealed** for medical review

- **Blue Cross / Blue Shield of Massachusetts**

- Effective 9/1/15, **ALL** endovenous ablations must be performed in IAC accredited Vein Centers
- Catch 22: precisely **ONE** IAC accredited Vein Center **exists in the entire state**

Who Can Perform Studies?

- Federal Statute
 - The CARE Bill – NOT Law
- State Licensure
 - New Mexico, Oregon & North Dakota
- Regulation
 - CMS – Independent Diagnostic Testing Facilities (IDTFs)
- MAC / Insurance Company – LCDs
 - Certification “and/or” Accreditation*

Barriers to AAA Screening (Evidence)

- Results - Utilization

- 2007: < 10,000
- 2008: ≈ 18,000
- 2009: ≈ 20,000
- 2010: ≈ 25,600
- 2011: ≈ 50,000
- All far lower than GAO predicted
- Was the Will of Congress functionally thwarted?
 - ≈ 50 Million Medicare beneficiaries
 - ≈ 1.8 Million / year
 - How many should be screened annually?
 - My Crystal Ball: ≈ 500,00 – 750,000 / year + existing 17-20 million?

2015 MPFS: AAA Screening

- Barrier Changes

- 2007 – No Deductible
- 2011 – Co-payment Requirement Rescinded
- 2014 – IPPE Requirement Rescinded
- 2014 – Reimbursement Decrease by $\approx 50\%$
- 2015 – Reimbursement **INCREASES**
 - Global by 75%
 - TC by 136%
 - Say thank you to SVU, Anne & Bill. This saves lives AND is cost effective.

2015 MPFS: Vascular Room

- **Comment:** A commenter indicated that CMS removed minutes assigned to vascular ultrasound rooms for activities that CMS does not believe take place in the room, but CMS did not provide factual support for this assumption. The commenter further stated that CMS did not articulate the connection between the relevant data that the Administrative Procedures Act (APA) requires CMS to consider and the conclusion that CMS reached. The commenter indicated that they conducted a survey of a significant number of providers, in which most providers indicated that they performed these pre-service tasks in the room.

2015 MPFS: Vascular Room

- **Response:** We note that we would welcome comments that include vetted survey results, especially where the data are included. Statements regarding the existence of data to support commenters' assertions do not provide us with information to support conclusions based on the data. We acknowledge that we make assumptions about we believe to be typical. If there are data that support or refute these assumptions, we would be interested in reviewing that information. We would be most interested in reviewing survey data that address multiple points of our assumptions regarding high-cost equipment, including how many procedures are furnished in a day, how often the equipment is being used, and other such information.

Vascular Room

Cerebrovascular Arterial

Vascular Room				14-'15 TC % Δ RVU
	2015 Minutes	2014 Minutes	% change	
93886	65	81	(19.75)	(22.02)
93888	39	53	(26.42)	(30.14)
93895	0	0	0	0
93930	62	75	(17.33)	(17.21)
93931	37	50	(26.00)	(25.63)
93975	84	97	(13.40)	(15.87)
93976	42	51	(17.65)	(17.69)
93978	57	71	(19.72)	(20.52)
93979	34	48	(29.17)	(28.38)

SVU Advisory Services

Some Lessons Learned

- Optimizing Order Forms
 - 42 CFR 410.32 – Ordering Diagnostic Studies
 - Conditional Orders
 - ‘Do “x” and, if (given finding), then do “y”
- Ultrasound Guidance - Unreported
 - 76937 (vascular access) & 76942 (needle/injection)
 - failing to report ultrasound guidance performed in association with sclerotherapy and other procedures (e.g., 36470, 36471, 35476)

SVU Advisory Services

Lessons Learned (continued)

- Appeals of Medical Necessity Denials
 - Failure to appeal inappropriate denials
 - e.g., FCSO denials of 93970 and 93923 when performed on the same date of service
 - Not a CCI edit – a carrier edit? Violating their own LCD?
 - Assuming medical necessity is demonstrated (ICD-9 in LCD), these claims should be paid but must be appealed
- NCCI Change Requests prn
 - e.g., 93970 & 93971 are bundled with the RF & laser ablation codes, with a modifier of “0” (“NO circumstances when they may be reported on the same date of service”)?? Really????

SVU Advisory Services

Lessons Learned (continued)

- Axillofemorofemoral Bypass Grafts
 - 93931, 93979, 93926 & physiologic testing?
 - Depends on what is performed and protocols
- Compliance Issues
 - e.g., 36147, 36148 (require fluoroscopy)
 - e.g., orders (absence of)

A Few Brief Final Comments

- Local Coverage Determinations (LCD)
 - Developed by Contractors that are solely responsible for content.
 - Are not law or regulation
 - Amiable to appeal
 - Formal Change Request process
- 59 Distinct Procedural Service (review 2015 changes)
 - Separate & Distinct
 - Different session (time), body part, practitioner, etc.
 - Review NCCI modifiers for application (& request changes as needed)
- Ordering Diagnostic Tests (42 CFR 410.32)



“But I don’t want to go among mad people,” Alice said.

“Oh, you can’t help that,” said the cat: “we’re all mad here. I’m mad. You’re mad.”

“How do you know I’m mad?” said Alice.

“You must be,” said the cat, “or you wouldn’t have come here.”

Questions?

Contact Information

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Extremity Arterial Studies (Including Digits) (93922-93931)

- 93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
- /fww comment: an example of an absurdity likely based on fear of abuse ...

Extremity Arterial Studies (Including Digits) (93922-93931)

93922 (CONTINUED)

- (When only 1 arm or leg is available for study, report 93922 with modifier 52 for a unilateral study when recording 1-2 levels. **Report 93922 when recording 3 or more levels or performing provocative functional maneuvers**)
- (Report 93922 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice by adding modifier 59 to the second procedure)
- (For transcutaneous oxyhemoglobin measurement in a lower extremity wound by near infrared spectroscopy, use 0286T)
- (Do not report 93922 in conjunction with 0337T)

SVU Advisory Services

Lessons Learned (continued)

- Coding Advisor

- Includes: ALL CPT/HCPCS, ICD-9, ICD-10, ICD-9 to ICD-10 crosswalks, CCI edits, LCD, Pricing (including MPPR, sequestration, etc.), Direct Inputs, Scrub (resulting in “clean” claims)
- “Plugged in” (to billing program)
 - Savings + Revenue \geq \$3 per claim

- VPMN

- Includes Coding Advisor, Coding & Billing Hotline (unlimited), Webinars, an RVT Membership, Discounts, etc.

Extremity Arterial Studies (Including Digits) (93922-93931)

- **93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels** (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), **or single level study with provocative functional maneuvers** (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

Extremity Arterial Studies (Including Digits) (93922-93931)

- (When only 1 arm or leg is available for study, **report 93922 for a unilateral study** when recording 3 or more levels or when performing provocative functional maneuvers)*
- (Report 93923 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, **93923 may be reported twice by adding modifier 59 to the second procedure**)
- (For transcutaneous oxyhemoglobin measurement in a lower extremity wound by near infrared spectroscopy, use 0286T)
- (Do not report 93923 in conjunction with 0337T)
- * /fww comment: Is this a false claim and/or conspiracy to commit fraud?

Extremity Arterial Studies (Including Digits) (93922-93931)

- 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) **complete bilateral study**
- (Do not report 93924 in conjunction with 93922, 93923)

Extremity Arterial Studies (Including Digits) (93922-93931)

- 93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
- 93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
- 93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
- 93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Extremity Venous Studies (Including Digits) (93965-93971)

- 93965 Noninvasive **physiologic studies** of **extremity veins**, **complete bilateral** study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
- 93970 **Duplex** scan of **extremity veins** including responses to compression and other maneuvers; **complete bilateral** study
- 93971 **Duplex** scan of **extremity veins** including responses to compression and other maneuvers; **unilateral or limited** study

Visceral and Penile Vascular Studies (93975-93982)

- 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
- 93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
- 93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
- 93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

Visceral and Penile Vascular Studies (93975-93982)

- 93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
- 93981 Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
- 93982 Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
- (Do not report 93982 in conjunction with 34806)

Extremity Arterial-Venous Studies

- 93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
- (For measurement of hemodialysis access flow using indicator dilution methods, use 90940)

Other Noninvasive Vascular Diagnostic Studies

- 93998 Unlisted noninvasive vascular diagnostic study

Ultrasonic Guidance Procedures

- 76936 Ultrasound guided **compression repair** of arterial **pseudoaneurysm** or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
- **+ 76937** Ultrasound guidance for **vascular access** requiring ultrasound evaluation of potential access sites, **documentation** of selected **vessel patency**, concurrent **realtime ultrasound visualization of vascular needle entry**, with **permanent recording and reporting** (List separately in addition to code for primary procedure)
- **76942** Ultrasonic guidance for **needle placement** (eg, biopsy, aspiration, **injection**, localization device), imaging supervision and interpretation

Extremity Arterial

Vascular Room					14-'15 TC % Δ RVU
	2015 minutes	2014 Minutes	% change		
93922	24	24	0.00	2.94	
93923	39	39	0.00	0.61	
93924	53	53	0.00	(0.24)	
92925	86	76	13.16	8.46	
93926	49	42	16.67	11.66	
93930	62	75	(17.33)	(17.21)	
93931	37	50	(26.00)	(25.63)	

Venous & Visceral

Vascular Room					14-'15 TC % Δ RVU
	2015 minutes	2014 Minutes	Minutes % change		
93965	38	38	0.00	0.00	
93970	59	52	13.46	7.73	
93971	34	30	13.33	8.59	
93975	84	97	(13.40)	(15.87)	
93976	42	51	(17.65)	(17.69)	
93978	57	71	(19.72)	(20.52)	
93979	34	48	(29.17)	(28.38)	
93990	52	65	(20.00)	(24.85)	

Cerebrovascular Arterial Studies (93880-93893)

- 93890 Transcranial Doppler study of the intracranial arteries; vasoreactivity study
- 93892 Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
- 93893 Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection

(Do not report 93890-93893 in conjunction with 93888)