

# What Gets Reimbursed and How Much in 2013?

*Boring – but it pays the bills...*

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# Medicare Reimbursement Decision-Making

- AMA/Specialty Society RVS Update Committee (RUC)
  - 26 voting members
  - RUC makes recommendations
- CMS decision-making:
  - CMS typically (>90%<sup>1</sup>) accepts recommendations of RUC for
  - Codes which are billed together > 75% of times will be bundled

# Specialties represented in RUC 2013

- Anesthesiology
- **Cardiology**
- Dermatology
- Emergency Medicine
- Family Medicine
- General Surgery
- Geriatric Medicine
- Infectious Disease\*
- Internal Medicine
- **Neurology**
- **Neurosurgery**
- Obstetrics/Gynecology
- Oncology/Hematology\*
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Pediatric Surgery\*
- Plastic Surgery
- Primary Care\*
- Psychiatry
- **Radiology**
- Thoracic Surgery
- Urology
- \* Indicates rotating seat

# Principle across ALL Radiology

- Surgery code (3XXXX) and radiology supervision and interpretation code (7XXXX) are bundled
- Open & percutaneous therapies → same coding
- Diagnostic angiography performed at the time of an interventional procedure is separately reportable if:
  - No prior catheter-based angiographic study is available
  - A full diagnostic study is performed
  - The decision to intervene is based on this study

# Current Procedural Terminology (CPT) Codes

- Replaced Codes
  - angiography (36200, 36215-8 codes)
  - 36215–36218, 36200 will remain active but will no longer be used to report cervicocerebral angiography.
- Radiological supervision and interpretation (RS&I) codes were bundled and deleted
  - 75650, 75660, 75662, 75665, 75671, 75676, 75680, 75685

# Diagnostic Carotid Angiography

## 2013 Bundled Coding

Includes:

- Accessing the vessel
- Non-selective aortic and selective innominate, carotid, and vertebral artery catheterization
- Contrast injection(s) of the aortic arch and carotid/vertebral systems (including arterial, capillary, and venous phase, when performed)
- Fluoroscopy
- Radiological supervision and interpretation
- Closure of the arteriotomy by pressure, or application of an arterial closure device
- BUT: excludes Ultrasound guidance for access (eg, 76937) or Moderate Sedation (99144/5)

# New Angiography codes

- New Codes 36221-36226, will include vessel access, catheter placement, any contrast injections, fluoroscopy, RS&I, and arterial closure by pressure or device.
  - Coded unilateral or bilateral (-mod 50)
- Exception: 36221 **Non-selective** catheter placement, thoracic aorta, with angiography (Arch).

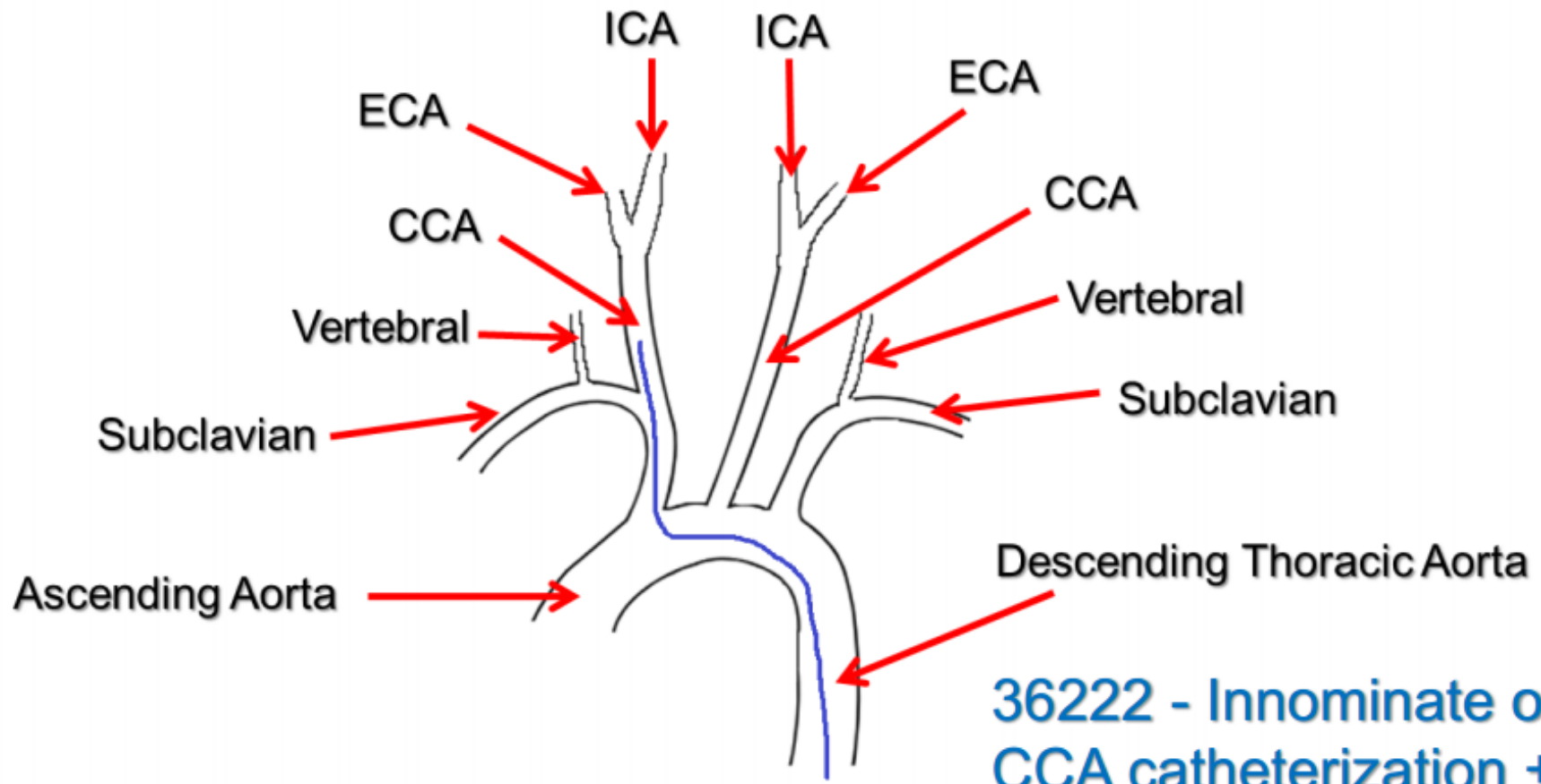
# Unilateral codes

- **36222** **Selective** catheter placement, **common** carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral **extracranial** carotid circulation
- **36223** **Selective** catheter placement, **common** carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral **intracranial** carotid
- **36224** **Selective** catheter placement, **internal** carotid artery, unilateral, with angiography of the ipsilateral **intracranial** carotid circulation
- Codes **36222-36224** are **hierarchical** and can only be reported once for each same side carotid territory.
- **Bundles all associated RS&I, includes angiography of the cervicocerebral arch +/- angiography of the extracranial carotid**



# Diagnostic Carotid Angiography

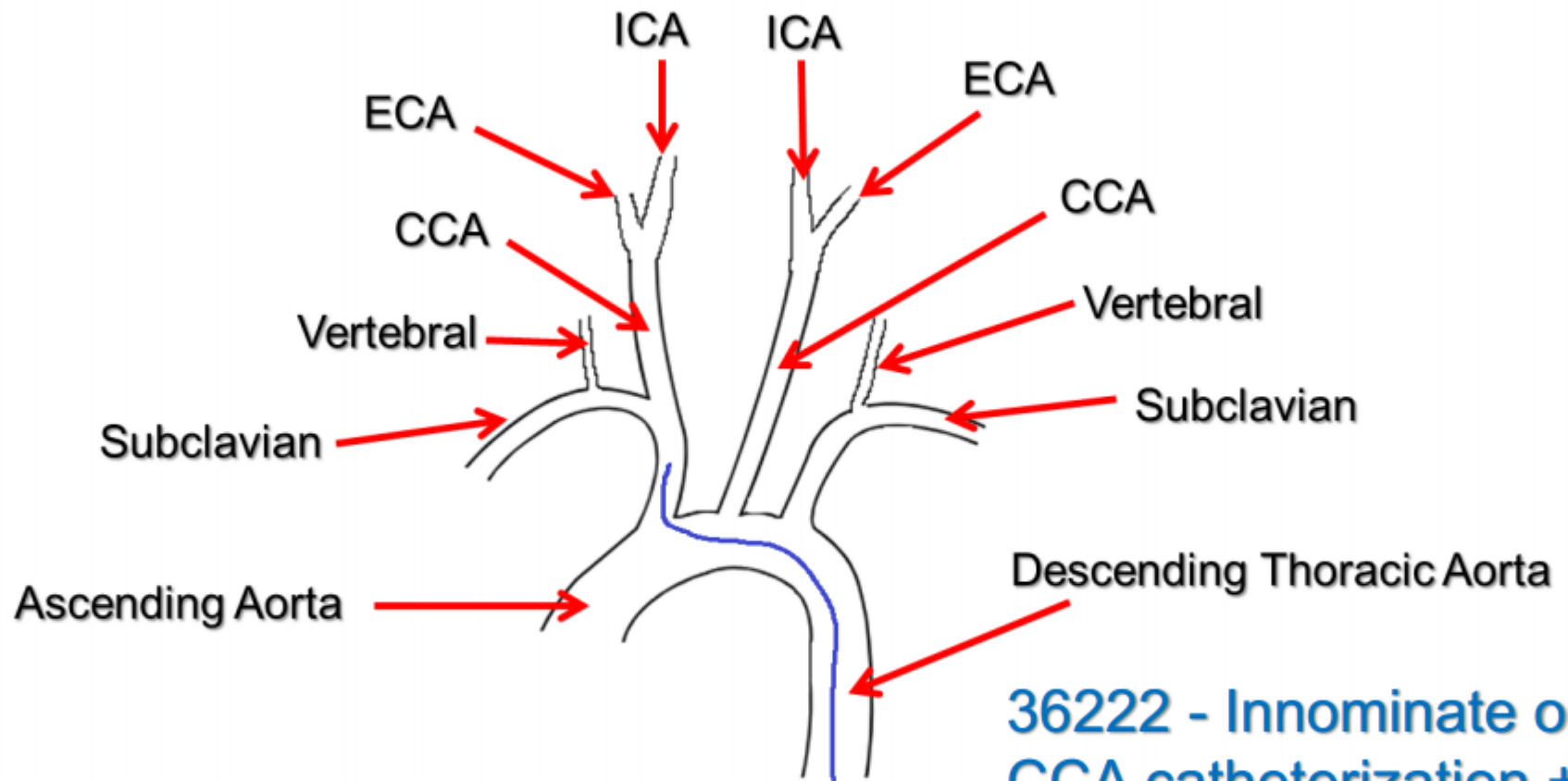
## Arch Angiography + Selective Carotid



36222 - Innominate or CCA catheterization + extracranial carotid

# Diagnostic Carotid Angiography

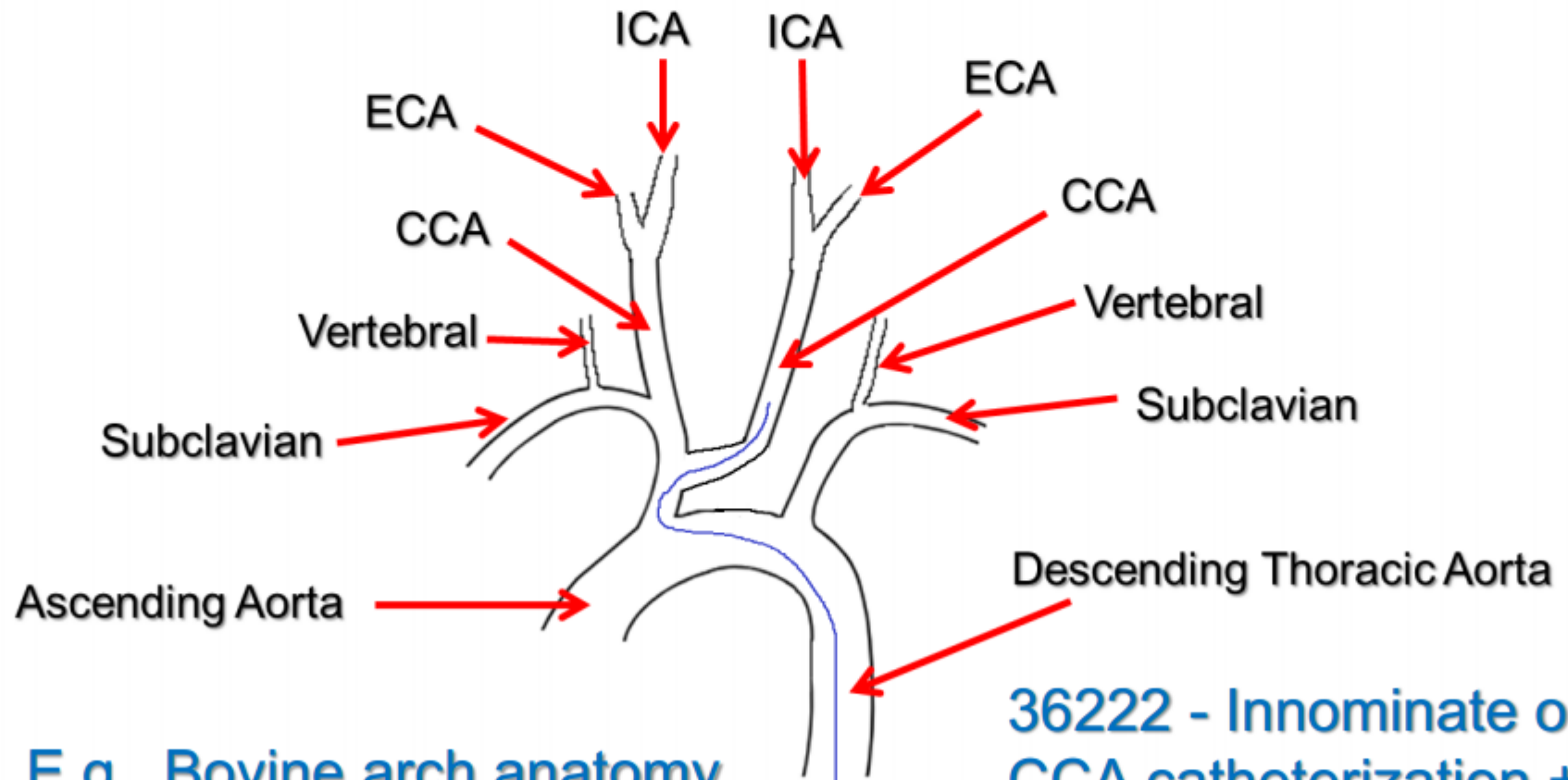
## Arch Angiography + Selective Carotid



36222 - Innominate or CCA catheterization + extracranial carotid imaging

# Diagnostic Carotid Angiography

## Arch Angiography + Selective Carotid

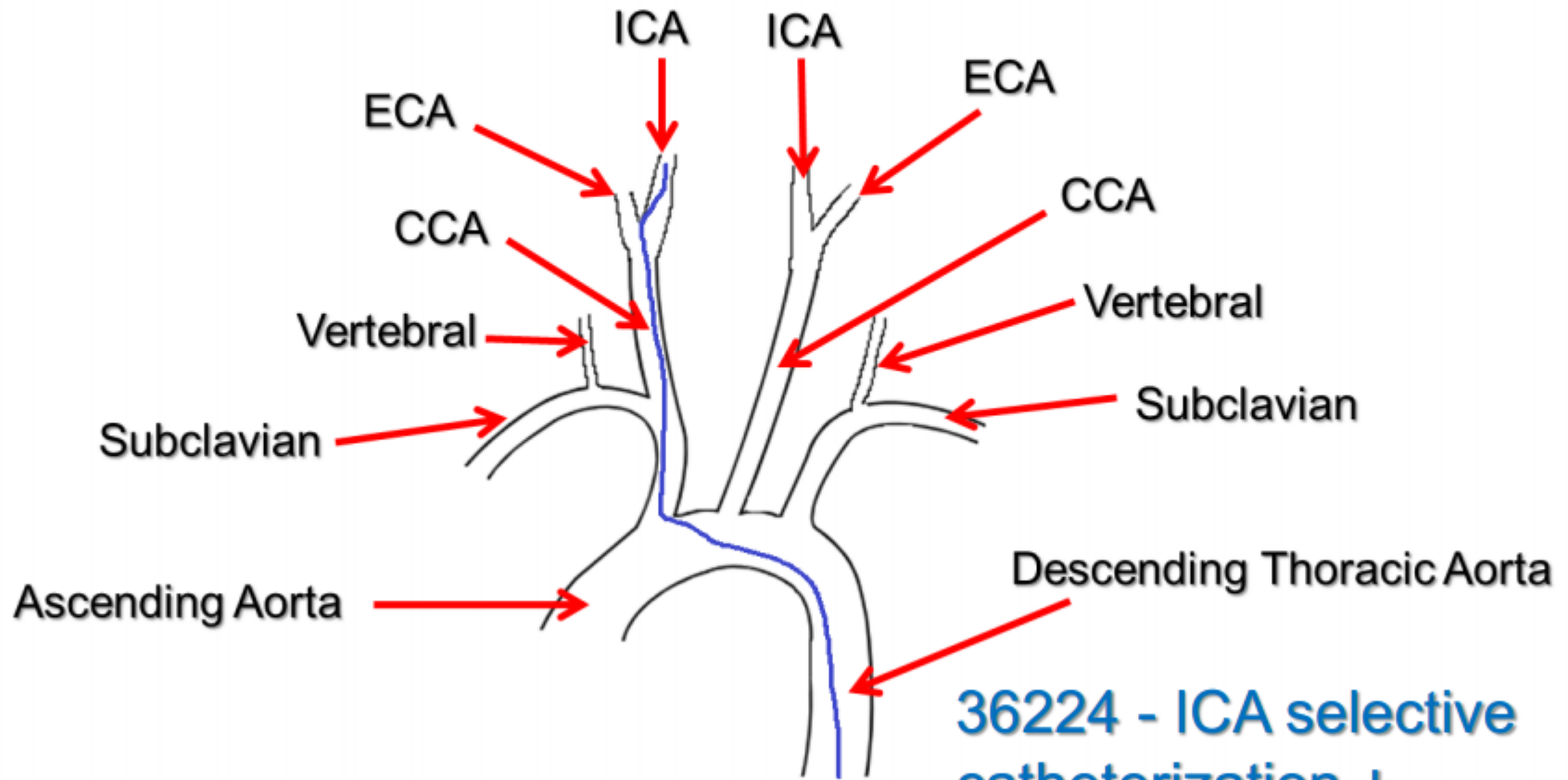


E.g., Bovine arch anatomy

36222 - Innominate or  
CCA catheterization +  
extracranial carotid  
imaging

# Diagnostic Carotid Angiography

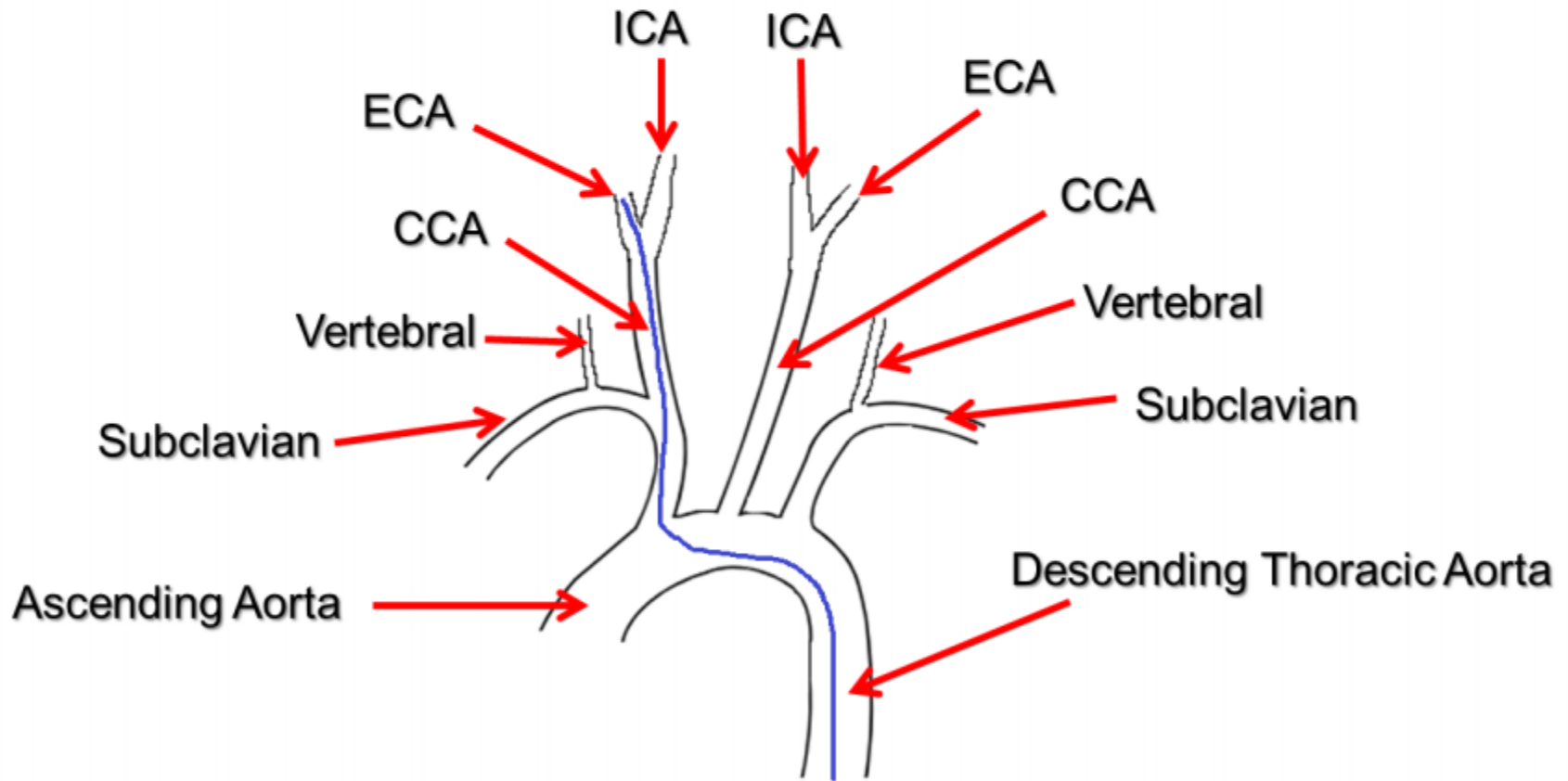
## Arch Angiography + Selective Carotid



36224 - ICA selective catheterization + intracranial carotid imaging

# Diagnostic Carotid Angiography

## External Carotid



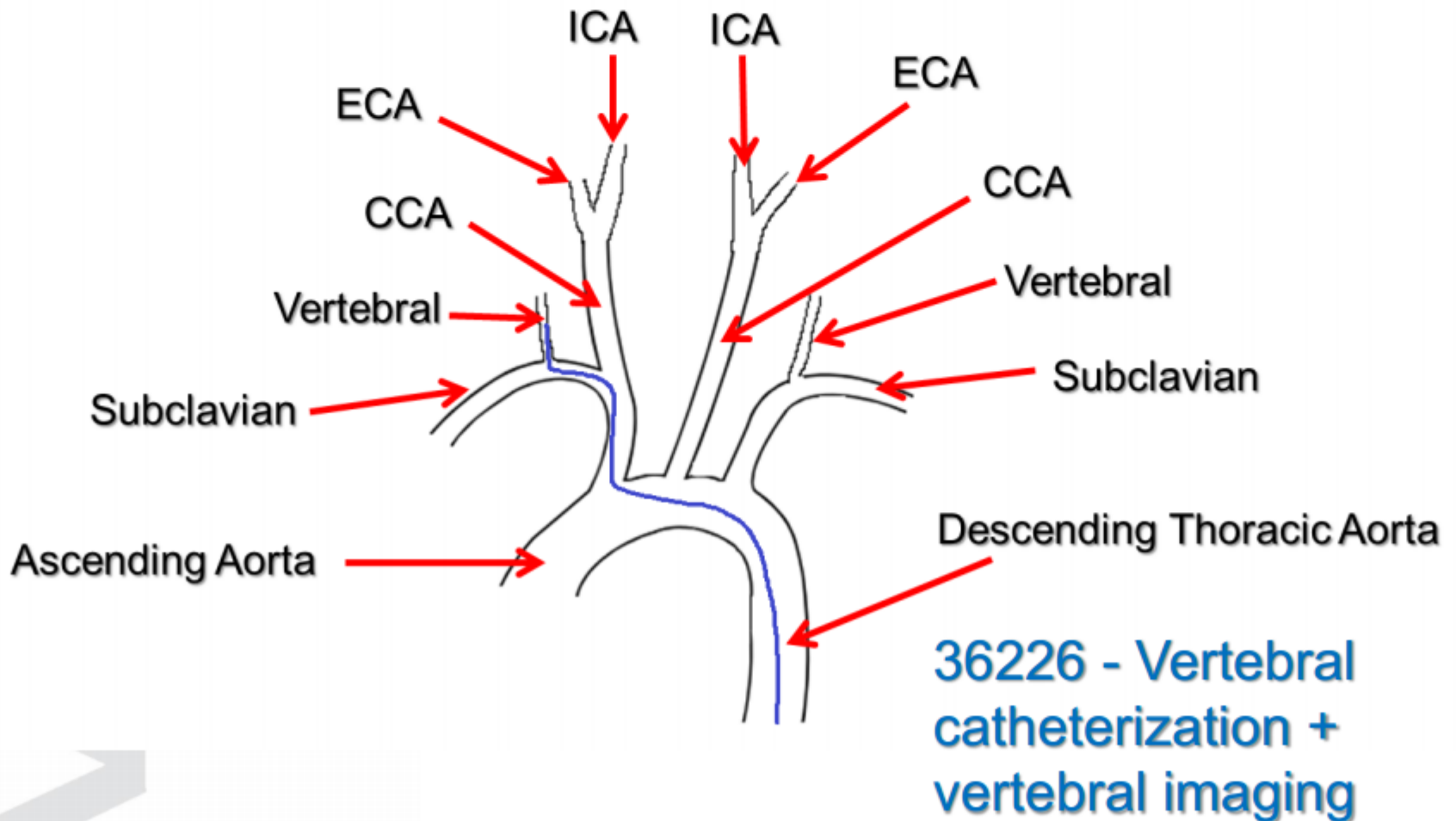
+36227

# Posterior Circulation Codes

- Also hierarchical, once per same side vertebral territory:
- **36225** Selective catheter placement, **subclavian** or innominate artery, **unilateral**, with angiography of the ipsilateral vertebral circulation
- **36226** Selective catheter placement, **vertebral** artery, **unilateral**, with angiography of the ipsilateral vertebral circulation

# Diagnostic Carotid Angiography

## Arch Angiography + Selective Vertebral



# “New” Codes

- Two **NEW** add-on codes, to be reported in addition to the primary procedure as specified below:
- **+36227** Selective catheter placement, **external carotid artery, unilateral**, with angiography of the ipsilateral external carotid circulation
  - **List separately** in addition to code for primary procedure); (**36227** should be reported in conjunction with 36222, 36223, or 36224
- **+36228** Selective catheter placement, each **intracranial branch** of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated RS&I (ie, **middle cerebral artery, posterior inferior cerebellar artery**)
  - **36228** should be reported in conjunction with 36224 and 36226
  - **36228** should not be reported more than twice per side regardless of number of additional branches selectively catheterized.
  - It also includes any additional second or third order catheter placement performed in that branch



# Modifiers

- If **identical procedures** are performed bilaterally (eg, bilateral intracranial carotid angiography performed via bilateral common carotid injections), the correct CPT code should be reported with a **-50 modifier** (signifying a bilateral procedure)
- If bilateral angiography is performed, but the procedures are **not identical**, a **-59 modifier** would be attached to the right carotid angiography code, signifying that it was performed on the opposite side and designating that the two codes are not being reported for a single side.
  - The -59 modifier should be used with the lower hierarchical code in these instances.
  - for instance, right carotid angiography was performed with a common carotid selection, but left carotid angiography was performed with an internal carotid selection
- CMS initially did not recognize bilateral procedures for cervicocerebral angiography but has recently resolved this error.

# 3D codes

- Require active participation in and monitoring of the reconstruction process
- **76376** 3D rendering NOT requiring image postprocessing on an independent workstation
- **76377** 3D render WITH independent workstation

<b>New 2013 CPT</b>	<b>Description</b>	<b>Replaces</b>	<b>wRVU</b>
<b>36221</b>	“Arch only”	36200	4.17
<b>36222</b>	“Common” Extra- Cranial only	36215/6	5.53
<b>36223</b>	“Common” Extra +Intracranial	36215/6	6.00
<b>36224</b>	Selective Internal	36216/7	6.50
<b>36225</b>	Subclavian	36218	6.00
<b>36226</b>	Vertebral	36218	6.50
<b>+36227</b>	External Carotid	36218	2.09
<b>+36228</b>	MCA/PICA	n/a	4.25
<b>76377</b>	3D with separate Workstation		0.79

# 2012

<b>Old Code</b>	<b>wRVU's 2012</b>	<b>2012 \$</b>
36216	8.32	\$283.19
36217	9.9	\$336.97
36218	1.58	\$53.78
75662-26	2.41	\$82.03
75671-26	2.41	\$82.03
75680	2.41	\$82.03

# 2013

<b>New Code</b>	<b>wRVU's 2013</b>	<b>2013 \$</b>
36224	10.18	\$346.01
36226	10.2	\$346.69
36227	3.22	\$109.55

# New Interventional Codes

- **37211** Arterial thrombolytic infusion, initial treatment day
- **37212** Venous
  - first endovascular codes to include all of the associated evaluation and management (E/M) related to the work of the procedure for that date
  - E/M evaluation to assess the patient **PRIOR** to the procedure is performed and documented and the decision to treat the patient is made based on that E/M, this E/M service may be separately reported using a **-57** modifier (decision-to-treat modifier)
  - The former code for thrombolysis (37201) has been deleted
  - Do not report 75896 or 75898 in conjunction with 37211-37214
- **37814, +37815, +37816** Mechanical Thrombectomy is reported separately

# Vessel Closure

- **The following code has been assigned to occlusive devices by CMS: G0269**
- G0269 is defined as: placement of an occlusive device in either a venous or arterial access site, post-surgical or interventional procedure. Code G0269 should be used on Medicare claims to record the placement of the closure device
- Reimbursed to HOSPITAL by some Non-Medicare payers, but not CMS

# Cerebral Angiography: Before and After: 6-Vessel

- Arch: 36200+75650
  - RICA: 36217
    - 75680 cervical bilat
    - 75671 cerebral bilat
  - LICA: 36216
  - RECA: 36218
    - 75662 external bilat
  - LECA: 36218
  - RVA: 36218+75685
  - LVA: 36216+75685
- 36224 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
- +36227 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
- 36226 Unilat vertebral cath + vertebral imaging; mod -50 for bilat

# \$1392.78 Cerebral Angiography: Before and After: 6-Vessel

- Arch: 36200+75650
- RICA: 36217 ~~\$53.78~~ **\$336.94** 36224 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
  - 75680 cervical bilat ~~\$82.03~~ **\$82.03**
  - 75671 cerebral bilat ~~\$82.03~~ **\$82.03**
- LICA: 36216 ~~\$283.19~~ **\$283.19**
- RECA: 36218 ~~\$53.78~~ **\$53.78** **BUT...** +36227 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
  - 75662 external bilat ~~\$82.03~~ **\$82.03**
- LECA: 36218 ~~\$53.78~~ **\$53.78**
- RVA: 36218+75685 ~~\$53.78~~ ~~\$82.03~~ **\$53.78** **\$82.03** 36226 Unilat vertebral cath + vertebral imaging; mod -50 for bilat
- LVA: 36216+75685 ~~\$283.19~~ ~~\$82.03~~ **\$283.19** **\$82.03**



# But....

- 2<sup>nd</sup> CPT code reimbursed 50%
  - Multiple Procedure Discount
- Medicare pays 80%; 20% up to patient – with variable collection rates - unless he/she has Medicare Supplement
- Moderate Sedation:
  - 99144 (> 5 yrs less than 30 mins)
    - RVU 1.55 or \$93.55
  - 99145 (additional > 15 mins)
    - RVU / \$ ??

# Cerebral Angiography: Before and After: 6-Vessel

**\$1115.39**

**\$1203.37**

- Arch: 36200+75650
- RICA:           36217           **\$336.94**           36224 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
  - 75680 cervical bilat           **\$82.03**
  - 75671 cerebral bilat           **\$82.03**                                   **\$346.01 + \$346.01**
- LICA:           36216           **\$283.19**
- RECA:           36218           **\$53.78**           +36227 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
  - 75662 external bilat           **\$82.03**                                   **\$109.55 + \$109.55**
- LECA:           36218           **\$53.78**
- RVA:            36218+75685           36226 Unilat vertebral cath + vertebral imaging; mod -50 for bilat
  - \$53.78**           **\$82.03**
- LVA:            36216+75685                                   **\$346.69 + \$346.69**
  - \$283.19**           **\$82.03**

Conscious Sedation 99144 (<30mins) **95.33**

# Cerebral Angiography: Before and After: 4-Vessel

- Arch: 36200+75650
  - RICA: 36217
    - 75680 cervical bilat
    - 75671 cerebral bilat
  - LICA: 36216
  - RVA: 36218+75685
  - LVA: 36216+75685
- 36224 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
- 36226 Unilat vertebral cath + vertebral imaging; mod -50 for bilat

# Cerebral Angiography: Before and After: 4-Vessel

• Arch: 36200+75650			
• RICA: 36217	\$336.94		36224 Unilat ICA cath + cereb carotid imaging (+cervical); mod -50 for bilat
– 75680 cervical bilat	\$82.03		
– 75671 cerebral bilat	\$82.03	\$346.01 + \$346.01	
• LICA: 36216	\$283.19		
• RVA: 36218+75685			36226 Unilat vertebral cath + vertebral imaging; mod -50 for bilat
	\$53.78	\$82.03	
• LVA: 36216+75685			\$346.69 + \$346.01
	\$283.19	\$82.03	
	<b>\$1020.58</b>		<b>\$1039.05</b>

# Real Life test:

- 6 Vessel Angio in 2012; Pt. with AARP Medicare:
  - Collection \$1229.85
- 6 Vessel Angio in 2013
  - Collection \$1193.66

# Resources

- <http://www.asnr.org/sites/default/files/hpc/2013%20CPT%20and%20Physician%20Work%20RVU%20Changes%20for%20Neuroradiology.pdf>
- [http://evtoday.com/pdfs/et0413\\_coding.pdf](http://evtoday.com/pdfs/et0413_coding.pdf)
- [http://www.bostonscientific.com/templatedata/imports/collateral/Reimbursement/Neurology/rmbgde\\_NVUS1297\\_ASITN\\_Phys\\_Guide\\_2007\\_us\\_01.pdf](http://www.bostonscientific.com/templatedata/imports/collateral/Reimbursement/Neurology/rmbgde_NVUS1297_ASITN_Phys_Guide_2007_us_01.pdf)
- <http://www.ama-assn.org/resources/doc/cpt/16-vascular-surgery-interventional-radiology-rodgy.pdf>
- CY 2013 Medicare Physician Fee Schedule Final Rule