Coding changes and reimbursement challenges: Can we pass the buck?

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Disclosures:
- No conflicts of interest
- No discussion of off label device use

Outline

- Coding
  - 2014 changes
- Valuation/payment
  - Review of the process
  - 2014 changes
  - What is coming?

Does it do any good to be involved?

Stent Placement

- Previous
  - 37205 (venous stent placement)
  - 75960 (RS&I of venous stent placement)
- 2014
  - 37238 (venous stent placement bundled code)
    - Includes stent, angioplasty and RS&I
      - 37239 (venous stent, additional vessel)
      - 37236, 37237 (arterial stent, initial and additional vessel)

Typical case

- Angioplasty at venous anastomosis with stent placed for elastic recoil, vessel rupture, or any other reason
- 2013
  - 36147, 35476, 75978, 37205, 75960
- 2014
  - 36147, 37238
    - Approximate 40% reduction in RVU's compared to 2013

Coil Embolization

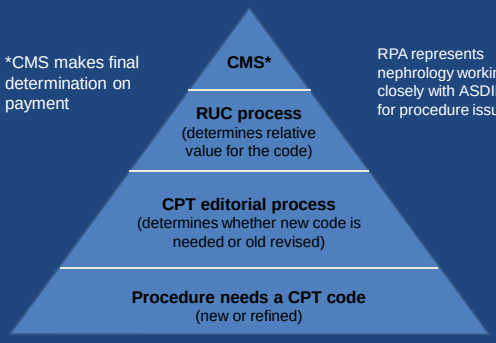
- Previous
  - 37204 (transcatheter occlusion or embolization)
  - 75894 (RS&I of coil insertion)
  - 75898 (post coil angiogram)
- 2014
  - 37241 (vascular embolization or occlusion, venous)
    - RVU's increase significantly

Typical case

- Fistula angiogram for failure to mature identifies a large accessory vein that is embolized with several coils
  - 2013
    - 36147, 36011, 37204, 75894, 75898
  - 2014
    - 36147, 36011, 37241
  - Payment impact: $1800 → $5000

Origin of a CPT code

*CMS makes final determination on payment



RPA represents nephrology working closely with ASDIN for procedure issues

Payment

Total RVUs for a procedure or service (identified by CPT code)	=	Physician work RVU (pre, intra, post service)	+	Practice expense RVU	+	Malpractice RVU
		Average time to perform procedure, cognitive skills, risk/stress		Physician practice costs, supply costs, overhead		Cost of malpractice insurance
		48.3%		47.4%		4.3%

Each RVU is multiplied by the Geographic Practice Cost Index (GPCI) and then the Conversion Factor (CF) to get the actual payment

2013 CF = $34.0230 **2014** CF = $35.6446

What prompts code changes?

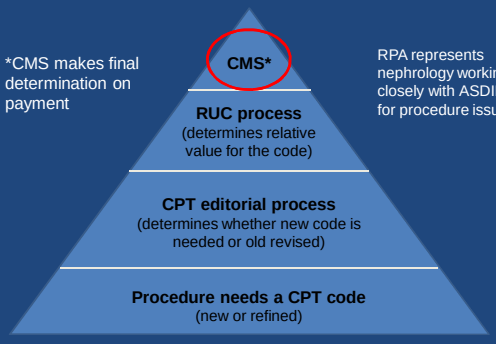
- Existing code
  - High volume
  - Change in place of service
  - Change in dominant provider specialty
  - Frequent association with another code
  - Change in practice expense
- New Code
  - New procedure or service

What is changed?

- Re-valuation of the existing code
  - Work RVU
  - Practice expense RVU
- Bundling of several existing codes into a single new code
- In most instances, this leads to a reduction in reimbursement

Origin of a CPT code

*CMS makes final determination on payment



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Angioplasty

Year	Work RVU	Practice exp RVU	Total RVU
35475 (arterial)			
2012	9.48	57.92	68.92
2013	5.75	41.47	47.14
2014	6.6	37.34	44.95
35476 (venous)			
2012	6.03	45.31	52.17
2013	4.71	39.06	44.42
2014	5.10	35.24	41.01

Peripheral Arterial Disease

Code	2013 Total RVU	2014 Total RVU	% change
37220	100.67	90.32	-10%
37221	147.25	132.60	-9.9%
37224	121.25	109.40	-9.7%
37226	286.09	256.48	-10.3%
37228	172.90	155.46	-10%
37230	261.34	235.43	-9.9%

Why be involved?

- CMS continues to require bundling and re-valuation of existing CPT codes
  - And this almost always leads to reduction in value
- Is my specialty society membership really making any difference in reimbursement?

Summary of 2014 impact on reimbursement

- 35476/35475 (angioplasty)
  - 2013 reduction in physician work RVU reversed
- 37241 (coil bundle)
  - Significant increase in RVU
- Conversion factor
  - Significant 2014 increase
- 37238/37236 (stent bundle)
  - 40% reduction mainly due to pta bundle
- Overall PE reduction for all codes
  - 10% negative impact
    - Partially offset by increase in conversion factor

Upcoming survey

- 75978 RS&I of venous angioplasty
  - Identified for survey because it is high volume and associated with 35476 which was surveyed in 2012 and revalued in 2013
  - Total non-facility RVUs 79.40 = $2830
- Societies participating
  - ACR, RPA, SIR, SVS

Survey Step 1:
Form multidisciplinary task force

- Develop “typical patient scenario”
- Identify possible comparison codes for survey
- Send survey to each society’s participating members

Survey Step 2:
Specialty societies survey members

- Survey will be sent to all interventional nephrologist members of the RPA
  - Coordinate with ASDIN to ensure all IN’s identified
- Participants will have ~ 2 weeks to complete the survey
- Survey requires 20-30 minutes to complete
- Only complete and accurate surveys will be included

Taking the survey: 6 steps to completion

- STEP 1 – Review code descriptor and vignette (a short description of the "typical" patient)
- STEP 2 – Review introduction & complete contact information
- STEP 3 – Identify a reference procedure
- STEP 4 – Estimate your time
- STEP 5 – Compare the survey procedure to a reference procedure
- STEP 6 – Moderate Sedation
- STEP 7 – Estimate work RVU (relative value unit)

Any mistake, anything incomplete = DISCARDED!

Survey Step 3:

Task force analyze and present results

- Collate all completed surveys
- Assign RVU's (work and PE) based on survey results
- Present task force recommendation to RUC April 2014
- CMS publishes proposed rule for comment in August 2014
- CMS publishes final rule in November 2014

Summary

- Re-valuation and bundling of CPT codes will continue into the foreseeable future
  - Pressure is for reduced reimbursement
- Interventional nephrologists have a voice through ASDIN and RPA
- We are making a difference – the buck stops here!
- Success may require a different focus …