Reimbursements / Coding 2017 and the Future

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Disclosures

• Specific Disclosures
  – None

• General Disclosures
  – None
  – I am a Vascular Surgeon

• Credentials
  – Chair, SVS Coding and Reimbursement Committee
  – SVS RUC Advisor
Outline
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• New Codes for 2017
• Reasons for the Changes
• Implications of Changes
• Summary
New Coding Family
New Coding Family

• 9 bundled codes in 3 subsets
  • Imaging and/or intervention
    • Fistulogram (36901)
    • Fistulogram with angioplasty (36902)
    • Fistulogram with angioplasty and stent (36903)
  • Thrombectomy with or without additional intervention
    • Percutaneous thrombectomy (36904)
    • Thrombectomy with angioplasty (36905)
    • Thrombectomy with angioplasty and stent placement (36906)
  • Add on codes
    • Central venous angioplasty done through the hemodialysis access (+36907)
    • Central venous stent through the hemodialysis access (+36908)
    • Coil embolization of the hemodialysis access (+36909)
New Coding Family

- Defining the “hemodialysis access circuit”
  - Defined as extending from arterial anastomosis up to and including the SVC with arm AV access
  - Arterial anastomosis up to and including the IVC with leg AV access
- Defining “Central” Versus “Peripheral” Segments
New Coding Family

CPT Code 36901

- Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report;
- Replaces the work of 36147
- Advancement of catheter from any site on the access to the level of the vena cava (Do not report 36010 or 75827 in addition to 36901)
New Coding Family

CPT Code 36902

- Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- Replaces the work of 36147, 35476 and 75978
- Also replaces the work of 35475, 75962 and 75964
  - New coding convention does not differentiate between an angioplasty performed within the body of a dialysis circuit and an angioplasty performed at the arterial anastomosis
New Coding Family

CPT Code 36903

- Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiologic supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s) peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

- Replaces the work of 36147 and 37238
New Coding Family

CPT Code 36904

• Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);
• Replaces the work of 36147, 36418 and 36870
• Includes the work of 36901
• Includes directly accessing and imaging the entire AV access (from the peri-anastomotic region to vena cava), all non-selective catheterization and clot extraction
New Coding Family

CPT Code 36905

- Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- Replaces the work of 36147, 36148, 36870, 35476 and 75798
  - Also replaces the work of 35475, 75962, and 75964
New Coding Family

CPT Code 36906

- Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of an intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation to perform the stenting and all angioplasty within the peripheral dialysis circuit
- Replaces the work of 36147, 36148, 36870, and 37238
New Coding Family

CPT Code +36907
- Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty
- Replaces the work of 35476 and 75978

CPT Code +36908
- Transcatheter placement of an intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment
- Replaces the work of 37238
New Coding Family

CPT Code +36909

- Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention
- Replaces the work of 37241
- Report +36909 only once per session regardless of the number of catheterizations or embolizations
- Do not report 36011 with +36909
Other Important New Codes – Moderate Sedation

CPT Code 99152
- Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older

CPT Code 99153
- Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)
Reasons for the Changes
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• Ongoing concerted efforts on the parts of both the Center for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) to identify potentially misvalued services
  ✓ Codes Reported Together 75% or More
  ✓ High Volume Growth / CMS Fastest Growing
  ✓ CMS High Expenditure Procedural Codes
  ✓ Site of Service Anomaly
Reasons for the Changes

- CPT codes 35475, 35476, 36147, 36148, 37236, 37238, 75791, 75962, and 75968 were identified as being frequently reported together in various combinations.
- CPT code 36870
  - Site of Service Anomaly / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More
- CMS and RUC convention
  - Mandates valuing codes in the context of the whole “family”
  - Maintains relativity within the code set
Implications of New Codes
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• The GOOD
  • Easier coding scheme for hemodialysis access maintenance
  • One procedure, one code
  • 90 day global for thrombectomy is gone

• The BAD
  • Significant devaluation for services provided

• THE UGLY…

UT VASCULAR
## Implications of New Codes - The UGLY

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>RUC recommended RVU</th>
<th>CMS approved RVU</th>
</tr>
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<tbody>
<tr>
<td>36901</td>
<td>Fistulogram</td>
<td>3.36</td>
<td>2.82</td>
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<tr>
<td>36902</td>
<td>Fistulogram with angioplasty</td>
<td>4.83</td>
<td>4.24</td>
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<td>36903</td>
<td>Fistulogram with stent</td>
<td>6.39</td>
<td>5.85</td>
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<td>36904</td>
<td>Thrombectomy</td>
<td>7.50</td>
<td>6.73</td>
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<td>36905</td>
<td>Thrombectomy with angioplasty</td>
<td>9.00</td>
<td>8.46</td>
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<tr>
<td>36906</td>
<td>Thrombectomy with stent</td>
<td>10.42</td>
<td>9.88</td>
</tr>
<tr>
<td>+36907</td>
<td>Central venous angioplasty</td>
<td>3.00</td>
<td>2.48</td>
</tr>
<tr>
<td>+36908</td>
<td>Central venous stent</td>
<td>4.25</td>
<td>3.73</td>
</tr>
<tr>
<td>+36909</td>
<td>Embolization of access</td>
<td>4.12</td>
<td>3.48</td>
</tr>
</tbody>
</table>
Implications of New Codes

- Reduction of 16-61% of work RVUs
- Conversion factor for 2017 decreasing from $35.8043 to $35.7751
- Also reductions in non-facility practice expense RVUs, facility practice expense RVUs, and liability insurance RVUs
- Direct one to one comparison difficult due bundling services
- Exception is Fistulogram:

<table>
<thead>
<tr>
<th>CPT</th>
<th>Descriptor</th>
<th>Tot NF RVU</th>
<th>Tot Fac RVU</th>
<th>Utilization</th>
<th>Physician Office</th>
<th>Outpt Hospital</th>
<th>Inpt Hospital</th>
<th>Dollars</th>
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<tr>
<td>36147</td>
<td>Fistulogram</td>
<td>23.90</td>
<td>5.43</td>
<td>338,353</td>
<td>61.04%</td>
<td>30.39%</td>
<td>7.16%</td>
<td>$201,434,023.88</td>
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<tr>
<td>36901</td>
<td>Fistulogram</td>
<td>16.18</td>
<td>4.21</td>
<td>338,353</td>
<td>61.04%</td>
<td>30.39%</td>
<td>7.16%</td>
<td>$138,684,081.67</td>
</tr>
</tbody>
</table>
Implications of New Codes

• This simple calculation estimates a savings of $62,749,942.21 or 31.15% for the Medicare program in 2017

• More complex calculation estimates incorporating attribution of previous codes into new codes:
  • Work savings = $35,194,227.89
  • Practice expense savings = $194,106,873.65

• Total savings to Medicare program = $229,301,101.54!
Implications of New Codes

• Could have been much worse!

• Proposed rule changed covered stent for 36903 and 36906 to a bare metal stent and removed Teratola device from 36904, 36905, and 36906 along with other smaller changes

• IF the proposed rule had not been changed:
  • Practice expense savings would have been $284,083,548.45
  • Total savings to Medicare program would have been $319,277,776.34!

• Successful advocacy for patients averted an additional cut of $89,976,674.80
Summary
Summary

• New CPT codes began January 2017
• Will simplify coding and billing
• **Significant** decrease in reimbursement for physician services, both professional fees and office based practices
• Impact?
  • Dependent on site of service
  • Volume of individual practice
• Effect on practice patterns?
  • Shift from office back to hospital?
  • Delays in patient care?
• Recommendation
  • Careful evaluation of impact on personal practice
  • Adapt practice patterns accordingly