Coding and Billing in Cardiovascular CT and MRI: Update - 2016

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• Cardiac CT and MR CPT Codes
• General Rules for Reimbursement
• Coding Updates: TAVR CTs, CT Perfusion
• Pacemakers and MRI
• CMS initiatives that affect your CV imaging reimbursement
• What to do if you get a RUC survey (or, what is a RUC survey anyway??)
Cardiac CT CPT Codes
No change since 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)**
Cardiac MR CPT Codes
No change since January 2008

- **75557** Cardiac magnetic resonance imaging for morphology and function *without contrast* material;
- **75559** with stress imaging (**93016 supervision, J code for stress agent**)
- **75561** Cardiac magnetic resonance imaging for morphology and function *without contrast material(s)* followed by *contrast material(s)* and further sequences;
- **75563** with stress imaging (**93016 supervision, J2785 regadenoson**)

**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**)
General Rules for Optimal Reimbursement

- Obtain insurance precertification prior to the examination
- When dictating, be sure that the title of the report matches the CPT code(s)
- If 3D processing is included in the code description (CTA codes or add-on code), include a statement in the technique section of the report that 3D post-processing has been performed
- For MRI, if pre-certified with or without contrast, don’t deviate, unless an allergic reaction has been identified
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; with contrast, and non-contrast images, if performed, including 3D processing. ABDOMEN and PELVIS CTA.

No separate 3D code – 3D included.
Stress CT Perfusion (CTP)

- Use 75574 (Coronary CTA code) and one of the cardiac stress supervision codes 93015-93018
- Do not report a second cardiac CT study code for rest perfusion
- Volume of contrast and the stress test agent should be reported

http://www.acr.org/Advocacy/Economics-Health-Policy/Billing-Coding/Coding-Source-List/2013/Jan-Feb-2013/Q-and-A
Cardiac MR Imaging of Pacemakers

- Only CMR examinations performed on patients with FDA-approved MR compatible devices are reimbursed by CMS.
- Unless . . . part of a clinicaltrials.gov registry or trial - *ie; like* - www.magnasafe.org
CMS/Government Initiatives with Impact on Cardiac CT/MR Imaging
Code Bundling/New Codes

- Code pairs identified as being performed together ≥ 75 percent of the time
- Good news: NO cardiac MR/CT codes considered by the CPT Editorial Panel for bundling in 2016
- Fetal MRI – Two new codes will be available. Currently reported with an unlisted code or pelvic MRI code.
April 16, 2015, the Medicare Access and CHIP Reauthorization Act of 2015 - also known as “Permanent Doc Fix” - ended use of the SGR

What was SGR? – A method in place since 1997 to ensure that the yearly increase in expense per Medicare beneficiary did not exceed growth in GDP
SGR was supposed to trigger Medicare reimbursement cuts of 24% on April 1, 2014.

In order to avoid this, the House and Senate delayed the SGR cuts until March 2015. That bill was the Protecting Access to Medicare Act of 2014 – contains:

» Radiation dose reduction/ tracking requirements

» Clinical Decision Support (CDS) requirements
Radiation dose reduction: XR-29-2013

- Implements electronic dose recording/ automatic exposure control requirements
- Will require upgrades to about 1/3\textsuperscript{rd} of CT scanners currently used in United States
- CMS will reduce CT technical component by 5% for scans acquired on non-compliant technology in 2016, and 15% thereafter
Clinical Decision Support (CDS)

- Also part of H.R. 4302 Protecting Access to Medicare Act, April, 2014
- Starting January 1, 2017, physicians ordering advanced diagnostic imaging exams (CT, MRI, nuclear medicine, PET) must consult government-approved, evidence-based appropriateness criteria
- Physicians providing advanced imaging will only be paid if claims for reimbursement confirm that appropriateness criteria were consulted
- Physicians ordering advanced diagnostic imaging services do not have to adhere to the appropriate-use criteria
STILL IN EFFECT: January 1, 2013 CMS expanded the **25% MPPR PROFESSIONAL COMPONENT** for multiple CT, MRI and ultrasound imaging studies from the same patient, on the same day, irrespective of practice setting for both individual and multiple interpreting physicians.
“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.
What Else Can I Do?

- Keep abreast of your society’s advocacy activities
- Provide comments to CMS when needed