Medicare Policy: Payments and Pitfalls

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Disclosures

• None

CPT Codes

• Category I CPT Code Requirements
  ▪ FDA approval if drug or device involved
  ▪ Safety and efficacy of procedure must be established in peer-reviewed literature, with some portion of the data reported on US populations and reported in US medical literature
  ▪ It is a distinct service with no existing CPT code
  ▪ It is performed by a significant number of practitioners
  ▪ It is performed in more than one geographical area

CPT Codes

• Category II codes are tracking codes to facilitate data collection for performance measurement
• Category III codes and "unlisted procedure" CPT codes are used for services when there is no accurate Category I CPT code
• Category III codes are used for emerging technology
  — Services under investigation
  — Not yet FDA approved
  — Not widely practiced
  — Don’t meet literature requirements for Category I code
• More work involved, because there is no assigned value and payers unfamiliar
  • Document
    — Description of procedure
    — Benefit to patient
    — Why chosen over existing procedures
    — Work involved
    — Estimated value of work

CPT Codes

• “Unlisted Procedure” CPT Codes
  — 37799 Unlisted procedure, vascular surgery
  — 36299 Unlisted procedure, vascular injection
  — 76999 Unlisted ultrasound procedure
• Also do not have assigned values
  — Will also require more work
  • If available, usage of Category III code is recommended
  • No Category III venous codes

CPT Codes

• Non-thermal, non-tumescent
• Do not use CPT code 37241 (Venous embolization)
• Use 37799

Clarivein™

• Non-thermal, non-tumescent
• Do not use CPT code 37241 (Venous embolization)
• Use 37799
Sclerosing of Varicose Veins

Important Coding Alert

Recently a product for the treatment of varicose vein ablation has appeared on the market for which the product’s information states that it utilizes both a sclerosing agent and a rotating wire which allegedly mixes the agent and possibly macerates any clots in the area.

Noridian has been informed that some providers may have been recommended to use CPT® 37241 when using this device for the treatment of varicose veins. This advice is incorrect. CPT® 37241 must not be used to bill for the treatment of varicose veins with this or similar devices.

When using the ClariVein® device in the treatment of varicose veins Noridian recommends billing with CPT® code 36299 and by inserting the word ClariVein in Form Locator 80 of the claims form. If billing for both extremities it is appropriate to append modifier -50 to the second claim line.

Noridian’s Local Coverage Determination, Varicose Veins of the Lower Extremity, Treatment of: L33341 (JE Part A) provides coverage criteria for the treatment of varicose veins and the CPT® codes that are expected to be utilized for billing this service except as noted above.

Last Updated Apr 15, 2014

New IVUS Coding

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
<th>2016 CONVERSION FACTOR</th>
<th>INPATIENT MD RVU</th>
<th>INPATIENT MD PAYMENT</th>
<th>OUTPATIENT MD RVU</th>
<th>OUTPATIENT MD PAYMENT</th>
<th>GLOBAL MD OFFICE RVU</th>
<th>GLOBAL MD OFFICE PAYMENT</th>
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</thead>
<tbody>
<tr>
<td>37252</td>
<td>Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel</td>
<td>934.934</td>
<td>1.80</td>
<td>564</td>
<td>1.83</td>
<td>665</td>
<td>20.40</td>
<td>12,427</td>
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<tr>
<td>37253</td>
<td>Each additional non-coronary vessel</td>
<td>934.934</td>
<td>1.66</td>
<td>554</td>
<td>1.64</td>
<td>644</td>
<td>6.17</td>
<td>222</td>
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</tbody>
</table>

Effective January 1, 2016

Applies only to Medicare patients (not Medicare Advantage)

Compression Pumps for Venous Insufficiency

- Covered since 1995 for non-healed venous ulcers of >6 mos. duration despite standard wound care
- There is a NCD
- Must document:
  - Regular physician care; location, duration, size, edema, exudate; Conservative Rx: compression, wound dressings, elevation, exercise
- ‘Basic’ Pumps and ‘Advanced’ Pumps

Compression Pumps for Venous Insufficiency

- Basic Pump: “noncalibrated pressure pump with no appliances to treat the trunk or chest”
- The determination by the physician of the medical necessity of a pneumatic compression device must include:
  - The patient’s diagnosis and prognosis;
  - Symptoms and objective findings, including measurements which establish the severity of the condition;
  - The reason the device is required, including the treatments which have been tried and failed; and
  - The clinical response to an initial treatment with the device. The clinical response includes the change in pre-treatment measurements, ability to tolerate the treatment session and parameters, and ability of the patient (or caregiver) to apply the device for continued use in the home.
- "The only time that a segmented, calibrated gradient pneumatic compression device (HCPCS code E0652) would be covered is when the individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device or a segmented pneumatic compression device without manual control of pressure in each chamber.”
Compression Pumps for Venous Insufficiency

- Unique Characteristics that prevented satisfactory treatment with Basic Pumps:
  - Pain or clear intolerance to the pumps pressures
  - Location and severity of pain
  - Comorbidities that may contribute to pain
  - Venous ulcer(s) not responding, increasing in size, or presentation of additional ulcers
  - Development of significant objective swelling/fibrotic cuff proximal to pump sleeve
  - Modifications made to attempt to alleviate proximal symptoms

To Justify Advanced Pump, record should discuss what clinical symptoms remain that require the features of an advanced pump, and why the advanced pump should produce better results than the basic pump.

Gradient compression stockings/wraps (A6531, A6532, A6545) are eligible for coverage under the Surgical Dressings benefit when they are used as part of a multi-layer compression system for the treatment of venous stasis ulcers.

- Codes A6531, A6532, and A6545 are noncovered for the following conditions:
  - Venous insufficiency without stasis ulcers
  - Prevention of stasis ulcers
  - Prevention of the reoccurrence of stasis ulcers that have healed
  - Treatment of lymphedema in the absence of ulcers

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing. Gradient compression stockings described by codes A6530, A6533-A6544, A6549 and surgical stockings described by codes A4490-A4510 are noncovered for all indications because they do not meet the definition of a surgical dressing.

Stress Reduction Kit

- Background:
  - Traditional treatment using the Unna Boot
  - Narrow indications for use of these bandage systems
  - High compression bandage systems are used primarily to treat lymphedema and venous or stasis leg ulcers. In recent years, a number of systems have been developed, including Profore, Dyna-Flex, Surepress, Setopress, and other similar products. These systems can be applied safely by the patient or caregiver.

- Background:
  - Lymphedema is categorized as primary or secondary. Primary lymphedema is defined as a congenital developmental defect of the lymphatic system, whereas secondary lymphedema refers to lymphedema resulting from trauma, infection, or surgical intervention. Lymphedema can be treated using multi-layered compression bandages.

- Venous ulcers or stasis leg ulcers are caused by failure of valves in the veins of the legs. This loss of function, known as venous insufficiency, leads to congestion and slowing of blood circulation in the veins.

- Certain basic principles are essential to proper healing of these ulcers:
  - Prevention of leg swelling
  - Gentle debridement and cleansing of the ulcers

- Traditional Treatment Using the Unna Boot
  - Patients with chronic leg wounds secondary to venous hypertension or insufficiency are often treated with multi-layered, sustained, graduated high compression bandage systems. The traditional treatment has been with Unna boots applied by the physician, but a number of high compression bandage systems can be applied safely by the patient or caregiver.

- Unna boot application has its own CPT code (29580) while the high compression bandage systems do not have an appropriate code and must be billed with CPT 29799 (Unlisted procedure, casting or strapping).

- NAS Policy for High Compression Bandage Systems
  - Noridian Administrative Services (NAS) has noted that providers have been advised to use CPT 29580 when applying one of the high compression bandage systems. NAS strongly disagrees with this coding advice and requires providers to bill using CPT 29799. Furthermore, since the high compression bandage systems may safely be applied by patient or caregiver, reimbursement for the application or materials used will be denied as not medically reasonable and necessary.

Applies to the states of: AK, AZ, CO, HI, IA, MT, ND, NV, OR, SD, UT, WA & WY.

Effective Immediately.