NTNT Technologies: Incorporating Into Practice Without A CPT Code

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EVA Technologies: Categories*

- TT (Thermal, Tumescent)
- NTNT (Non Thermal, Non Tumescent)
- TNT – (Thermal Non Tumescent) – Holmium laser
- NTT – (Non Thermal Tumescent) – S&L modern


TT and NTNT Technology

**Thermal Tumescent**
- Radiofrequency (RFA)
- Laser (LA)
- Steam (SVS)

**Non Thermal Non Tumescent**
- Mechanical Occlusion Chemically Assisted (MOCA)
- Cyanoacrylate Embolization (CAE)
- V Block Assisted Sclerotherapy (VBAS)
- Polidocanol Endovenous Microfoam (PEM)

Options

- Don't use them – wait for code/coverage
- Self pay
- Case by case with providers – make the argument
- Unlisted “99” code – not with Medicare

UPDATE: CODING/REIMBURSEMENT

- “Inappropriate to report codes 36475-36479 to describe newer alternative ablation techniques such as catheter directed foam or MOCA”
- 37241 – newer procedures are “not embolization procedures”
- 37799 – “unlisted procedure vascular surgery with direct reference to 36475 or 36478”

Coding Update

- No AMA CPT meeting 2016 – next 2017
- MOCA – 10/15 AMA CPT code 364X1 and 364X2. Specific for MOCA
- PEM, CAE – nothing yet
- PEM – J code denied by Medicare
Don’t Use Them Until Code and Coverage

- RF/Laser – 2-3 years with strong lobby
- Radical change – shown to be “better”
- In general are NTNT so much better?
- We have good covered options currently

Self Pay Option

- Discuss with patient why this is better than covered technologies –
  - BK GSV/SSV/Ulcers/Nerve
- In general is any NTNT really so much better that you can be honest with patient
- Advantages – no compression, no tumescence, less procedural pain

Self Pay Option 2 – Could Work

- Canada, Australia, UK etc
- Voucher for treatment – eg $1000
- Patient pays the difference
- USA – all or none phenomenon

Case By Case

- Discuss with payors
- Particular clinical scenario
- BK disease – nerve concern, difficult tumescence
- Get pre authorization and use “99”
- No secrets/surprises

Conclusions

- Local coverage may be available – rep
- Speak with MDs that have been successful
- Be honest with patients
- Don’t use improper codes
- Don’t push patient to self pay without clear documented discussion
- Don’t do it to make more money
- Use industry reimbursement help
- Most MDs will wait until code and coverage