How Radiologists Influence Reimbursement:

CPT Code Development and Accurate Coding Initiatives

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Agenda

- CPT Code Development
- Appropriate Coding Initiatives
  - Edit evaluation and comment
  - Education and advocacy
  - Coding certification
- Work in progress: cardiac CT
Definition: CPT

• aka CPT-4 or CPT-2005
• Current Procedural Terminology
• WHAT service was rendered
CPT Choices Must Be Accurate!

- CPT 2001 Instructions:
  - Select the name of the procedure or service that most accurately identifies the service performed.

- CPT 2002 Instructions:
  - Select the name of the procedure or service that accurately identifies the service performed.
  - Do not select a CPT code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.
CPT Basics

• Category 1 Codes
  – 10000-60000 procedures
  – 70000 radiology
  – 80000 laboratory medicine
  – 90000 medicine
CPT Basics

- Category 1 code examples
  - 71020  frontal and lateral chest
  - 36569  adult PICC line placement
- Threshold for Category 1 approval is high
  - FDA approved
  - Substantive US peer-reviewed literature
  - Widely accepted
  - Widely practiced
CPT Basics

• Category 3 Codes
  – 0000T alphanumeric format
• Category 3 examples
  – 0066T screening CT colonography
  – 0146T coronary CT angiography
• Threshold for Category 3 approval is low
  – But, valuation variable
  – And, coverage variable
CPT Editorial Process

1. Individual or Organization
2. AMA Staff
3. CPT Advisory Committee
4. CPT Editorial Panel
5. CPT Executive Committee
CPT Editorial Panel

- Eleven physician representatives
  - Appointed by AMA Board of Trustees
  - Radiology is NOT guaranteed a seat!
- Two representatives from HCPAC
  - Health Care Professionals Advisory Committee
- One representative each from
  - Blue Cross and Blue Shield Association
  - American Hospital Association
  - American’s Health Insurance Plans
  - Centers for Medicare and Medicaid Services
Overall CPT Activity

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ACR CPT Activity 2005-2007 Cycles

- 85 new codes (13%)
- 22 deletions (16%)
- 47 editorial revisions (7%)
2007 CPT Code Changes

• **Diagnostic Radiology**
  – Functional MRI
  – Breast MRI CAD
  – Ultrasound
    • Transplanted Kidney with Duplex Doppler
    • Nuchal Translucency Measurement
  – MRI Orbit, Face And/Or Neck
  – Elimination of B scan terminology
  – Cross-reference updates - CTA Chest/3D

• **Interventional Radiology**
  – Percutaneous RFA of Pulmonary Tumor(s)
  – Uterine Fibroid Embolization
  – Cryoablation of Fibroadenomas

• **Nuclear Medicine**
  – Genitourinary Section Update
    • Editorial Revision 768XX Codes
    • Deletion of 76815, 76860

• **Radiation Oncology**
  – Fiducial Marker Placement
  – Stereotactic Body Radiation Therapy Category III Conversion
  – Stereotactic Radiosurgery Delivery

• **Relocation of Radiology Codes in CPT**
  – Mammography
  – Guidance (excludes ultrasound)
  – Bone (eg, DXA, osseous survey)
CPT Editorial Process

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ACR Coding Education

- Member questions
- Publications
  - Numerous coding guides
  - *ACR Radiology Coding Source™*
  - *Clinical Examples in Radiology* (AMA/ACR)
C&N: Coding Questions

- Member inquiries
  - Approximately 1000 answered by staff ± chair ± members annually
- Committee consensus opinions
  - Approximately 2 dozen formal committee advisories annually
Radiology Coding Publications

• Lots of publications available from many sources, but *caveat emptor*
• Demand authoritative information with source references
• ACR = Authoritative Coding Resource
ACR Coding Publications

- Recent Coding Guides:
  - Ultrasound
  - Nuclear Medicine
  - Interventional Radiology (SIR)
  - Radiation Oncology (ASTRO)
Coronary CT Angiography

Early in the evolution of coronary CT angiography, when the work and practice expense were not clearly established, the American College of Radiology recommended that coronary CTA be coded as a conventional chest CT angiogram, using CPT® code 71127S (Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing). Since that time, it has become apparent that the CT techniques for high-quality coronary CTA are vastly different from the examinations described by 71127S with respect to field of view, slice thickness, gating requirements, reconstruction algorithms, and even scanner requirements. For this reason 71127S should not be used to describe dedicated CT and CTA of the heart and coronary vasculature. Instead, the ACR now recommends that the unlisted CPT code 78697 (Unlisted contrasted tomography procedure (eg, diagnostic, interventional)) be used to describe the CT evaluation of the coronary vasculature, as well as the other special cardiac CT and CTA examinations under development.

Coronary CTA is typically performed as a stand-alone examination dedicated to the evaluation of the coronary arteries, and it has the potential to supplant conventional catheter angiography for many patients. The CTA of the chest, 71127S, was valued to address imaging and angiographic reconstruction of the noncoronary thoracic vessels (eg, rule out pulmonary embolism or aortic dissection). It was not valued to address coronary artery evaluation. The typical acquisition and post-processing protocols used for pulmonary embolism or aortic dissection do not supply the information needed for exclusion of coronary artery occlusive disease. To obtain this additional information, acquisition and post-processing algorithms dedicated to evaluation of coronary vessels are used instead of those employed for a conventional CTA of the chest examination. That is why the ACR is now recommending that the unlisted code 78697 be used to describe coronary CTA. The use of the unlisted procedure code is used in the CPT® process to collect data on new procedures to determine the extent of use across the United States.

In certain emergency cases of acute chest pain, CTA is occasionally used to evaluate for the presence of pulmonary embolism, aortic dissection, and coronary artery stenosis. This application of CTA, commonly referred to as a "triple ruleout" study, consists of a combination of two separate noninvasive examinations: CTA examination of the aorta and pulmonary vasculature, and CTA examination of the coronary vasculature. When a CTA study is performed to evaluate the aorta, pulmonary vasculature, and coronary
Ongoing ACR Coding Publication

• *ACR Radiology Coding Source™*
• Bimonthly online publication
  – Timely updates on coding and payment policy issues
  – Q&A
• Available both online and in print as pull-out from *ACR Bulletin*
Cardiac Computed Tomography and Computed Tomographic Angiography Coding

With the advancement of computed tomography (CT) into multidetector technology to acquire more information over larger regions in less time, cardiac CT has become a reality, and multiple cardiac CT and computed tomographic angiography (CTA) exams have now evolved. This has necessitated the establishment of accurate codes to distinguish cardiac CT and CTA from conventional CT and CTA of the chest.

Cardiac CT and CTA include one or more CT acquisitions and multiple methods of postprocessing. In addition to creating descriptors for potential payment for some of these new technologies, this new reporting system will allow these combined services to be accurately tracked so as to evaluate utilization and also allow for the creation of more permanent Category I CPT codes in the future.
New AMA-ACR Coding Publication

- *Clinical Examples in Radiology*
- Quarterly case-oriented format
  - Real dictations with expert analysis
  - Documentation challenge
  - Q&A
  - Semi-annual supplements address timely topics
- Published by AMA
- Content and editorial oversight by ACR
Coding Advocacy: Edit Review

- Medicare
  - NCCI
    - 21,153 edits reviewed last year
  - MUE
    - 10,824 edits reviewed this year to date
- Private payers
  - Multiple ongoing ad hoc efforts
  - Joint effort with Managed Care Committee
Coding Certification

- Encouraged by OIG in physician practice model compliance plan
- Any certification probably better than none
- Until recently, most coding certification bodies required little radiology expertise
Radiology Coding Certification Board

- RBMA initiative in late 1990s with ongoing ACR cooperation
- ACR represented on Board of Directors
- First exam June 2001
- Statistics
  - > 1000 examinees
  - > 700 certificants
- Are your coders certified?
Work in Progress: Cardiac CT

- Work is clearly new and different from that of “conventional” thoracic CT or CTA
- Coding as regular chest CTA risks devaluation of existing services and denials for conventional chest CTA
- Increased utilization attracted attention of Medicare carriers and private payers
- BCBSA initiated CPT code changes
Coronary CTA Coding

• Previously:
  – 71275 (CTA chest)
• 2005:
  – 76497 (Unlisted CT procedure)
• 2006:
  – Eight new codes
Cardiac CT

- Package of 8 new codes:
  - Calcium scoring
  - Morphology
  - Function
  - Angiography
Cardiac CT: CPT 2006

- 0144T
  - Computed tomography, heart, *without contrast material*, including image post processing and quantitative evaluation of coronary calcium

- 0145T
  - Computed tomography, heart, without contrast material *followed by contrast material(s)* and further sections, *including* cardiac gating and 3D image post processing; cardiac structure and morphology
Cardiac CT: CPT 2006

• All the other base codes include the same descriptor language:
  – Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing;
Cardiac CT: CPT 2006

- 0146T
  - computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium

- 0147T
  - computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium
Cardiac CT: CPT 2006

- **0148T**
  - cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), **without** quantitative evaluation of coronary calcium

- **0149T**
  - cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), **with** quantitative evaluation of coronary calcium
Cardiac CT: CPT 2006

- 0150T
  - cardiac structure and morphology in congenital heart disease
- + 0151T
  - function evaluation (left and right ventricular function, ejection fraction and segmental wall motion)
Cardiac CT: The Story Continues

- Excellent ACR-ACC working relationship at CPT
  - Cardiac CT was a joint effort
  - Ongoing efforts to update cardiac MRI codes
- Advancement to Category 1
  - ACR and ACC committed to working together
  - Awaiting outcomes data to satisfy Panel requirements and payer concerns
  - Tentatively targeting next CPT cycle
Cardiac CT: The Story Continues

- Provider education
  - ACR Radiology Coding Source
  - AMA/ACR Clinical Examples in Radiology
- Payer education
  - Numerous NCCI edits reviewed
  - Private payer education ongoing
C&N Committee Membership

- Bibb Allen
- Alex Bageac
- Walt Blackham
- Tim Crummy
- Gary Dillehay
- Rich Duszak
- Bob Gayler
- Dick Graviss
- Nancy Gregory
- James Hevezi
- Mindy Horrow
- Rick Hudes
- Geraldine McGinty
- Gordon Perlmutter
- Dan Picus
- Phil Rogoff
- Eric Rubin
- Jon Shanser
- Sanjay Shetty
- Gary Siskin
- Jeff Stone
- Kathleen Wolf

Thank You!
ACR Economics Staff

Thank You!
What You Can Do

• Stay current
• Be accurate
• Volunteer
Summary

• The work of CPT is never done
• ACR = Authoritative Coding Resource
  – Code creation, refinement, and education
• Use your ACR resources