ACR CODING & NOMENCLATURE UPDATE - 2014

What’s New in Coding?

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Financial Disclosure

I have *no* relevant financial relationships or potential conflicts of interest related to the material presented, and I *do not* intend to discuss commercial products or services.
What’s new in coding for 2014?

- CPT code changes
- Some victories with CCI edits
- ICD-10
ACR continues to be busy at the CPT Editorial Panel

- New CPT codes for January 2015
  - New Category I codes – 27
  - Deleted codes – 10
  - Revised codes - 28
  - New Category III codes - 1
  - Category III code extensions – 6
New CPT codes for January 2014

- Breast intervention code family
- Embolization code family
- Abscess drainage code family
- Vascular stent placement code family

All the result of the continuing CMS mandate to bundle component codes
New code families for **January 2015**

- DEXA bundle
- Myelography bundle
- Vertebroplasty bundle
- Cryoablation – anticipate liver and bone
- Breast ultrasound – anticipate unilateral & bilateral
- Breast tomosynthesis – anticipate screening & diagnostic
The majority of work at the CPT Editorial Panel for all specialties is related to “bundling” – combining existing CPT component codes into new stand-alone CPT codes.
What’s up with all the bundling?
BUNDLING vs. Component Coding

- Component coding is widely used in Radiology
  - IR procedures
  - CT/MR/US/Nuc Med
  - Even in the plain film area
WHY COMPONENT CODING IS GOOD

- Allows an accurate description of complex services
- Allows many different procedures to be described with a small code set
- Allows data to be accumulated regarding exactly what services are performed
BUNDLING vs. Component Coding

- CPT and RUC are very hostile to component coding
- Viewed as a way to game the system
- Often confusing to those not involved
  - “Look at all those codes you use to describe reading an x-ray – I only get one code for an E&M visit”
- The mandate to bundle is affecting many specialties
  - But, both Radiology and Radiation Oncology are particularly hard hit
A series of screens were developed to identify mis-valued (i.e., over-valued) services

- One initial screen was a **95%** frequency of reporting together

- **95%** frequency – difficult to argue component coding is critically important
• ACR fought long and hard against these mandates to bundle

• In many cases (e.g. CT abdomen/pelvis) we were successful in delaying implementation by 2-3 years.

• But eventually the pressures at CPT and RUC became requirements
• The 90% screen was so “successful” that a new screen was developed for codes billed together 75% of the time

• A large number of code pairs were identified across most of the procedural specialties – vast majority in Radiology and Radiation Oncology

• Also identified codes in many other specialties
  o GI endoscopy, Ophthalmology, Cardiology, Orthopedic Surgery
BUNDLING vs. Component Coding

Significant impact to reimbursement

– The entire “code family” goes back to the RUC

– The valuation of the bundled codes is typically less than the previous sum of the parts
  • Thus the perceived “savings” from bundling
BUNDLING vs. Component Coding

• There is general agreement that component coding is no longer a viable model
  – No new component codes are making it through CPT/RUC

• End game – rumored that the final screen will be for services performed together >50% of the time
BUNDLING vs. Component Coding

• Many unintended non-reimbursement related consequences
  – Complex, awkward coding scenarios
  – Often cannot delete the individual component codes since they are still individually provided – e.g. CT of the abdomen, myelography
  – Loss of ability to track individual services in a granular fashion
Bundling – areas of focus for 2016

- Biliary IR procedures
- Genitourinary IR procedures
- Dialysis interventions
- Hip/pelvis plain films
What else is C&N doing?

• This last year we were successful in appealing a number of onerous CCI edits
  – Mammogram following clip placement with stereotactic, ultrasound or MR guidance
  – Standard myelogram done with a post-myelogram CT/MR
What else is C&N doing?

• Extensive educational efforts in coding for ACR members
  – *Clinical Examples in Radiology*
  – *ACR Radiology Coding Source* eNewsletter
  – Coding guides – Interventional, Ultrasound, Nuclear Medicine, Radiation Oncology
  – ICD - 10
Publications

- 2014 *Ultrasound Coding User’s Guide*
- 2014 *Nuclear Medicine Coding User’s Guide*
- 2014 *ASTRO/ACR Guide to Radiation Oncology Coding*
- 2014 *Interventional Radiology Coding Update*
- *ACR Radiology Coding Source* electronic newsletter
- *AMA/ACR Clinical Examples in Radiology* quarterly newsletter
ICD -10 (International Classification of Disease)

• ICD-9 was developed more than 30 years ago

• ICD-10 – purported advantages
  – Improved accuracy
  – More comprehensive
  – Expandable for the future
  – Provide better data for quality, safety and future health policy
ICD-10 - allows additional key aspects to be documented

• Location
  – Specific site, quadrant, laterality etc.
• Severity
  – Acute vs. chronic, type of fracture, type of occlusion
• Context
  – Primary vs. secondary; “due to..”;
• Story
  – Type of encounter – initial vs. subsequent – especially for OB
ICD-10 STATUS (as of 4/1/2014)

October 1, 2015 implementation date

(? Delayed at least until then)
ICD-10  Now what should you do?

• **Have yet to start** – congratulations, your bet paid off
  – Begin planning now – you have a lot to do

• **In the weeds** – keep going
  – Focus on education, workflow and process

• **Almost done** – good job, but not a great outcome
  – Focus on end to end testing, dual coding, optimizing workflow
  – Try to maintain your momentum
What is the ACR doing?

• Working, along with the RBMA to push hard for real-world end-to-end testing
• Reviewing new LCD’s
• Working on tools for cross-walking codes
• Providing training materials for coders and physicians
ICD-10 Resources Available

• **ACR**
  - ICD-10 Resources Web Page
  - ICD-10 Documentation Improvement Training PODcasts (Spring 2014)

• **Radiology Business Management Association**
  [http://www.rbma.org/ICD-10/](http://www.rbma.org/ICD-10/)
  - ICD-10 Radiology Tool Kit (see ACR ICD-10 Resources link)
    • ACR members receive discount – order through ACR ICD-10 Resources Web page
Resources continued

• CMS – http://www.cms.hhs.gov/icd10
  - fact sheets
  - FAQs
  - Implementation guides
  - Timelines & Checklists
  - General Equivalency Mappings [crosswalks]
  - Provider Resources page –
    • http://cms.hhs.gov/Medicare/Coding/ICD10/ProviderResources.html

• Centers for Disease Control
  - Official reporting guidelines www.cdc.gov/nchs/icd/icd10cm.htm
Resources continued

• AHIMA – http://www.ahima.org/icd10
  – Practical guidance
  – Books
  – Online courses
  – E-newsletter
  – Proficiency assessments
  – Articles
  – Webinars/conferences
Resources continued

Summary

• Bundling of CPT codes continues to contribute significantly to the challenging reimbursement environment for Radiology
• Bundling is going to continue
• ICD-10 eventually will be implemented – use the additional time wisely to train, upgrade systems and test thoroughly to ensure minimal to no disruption in cash flow