CPT® and RBRVS 2013 Annual Symposium
November 14-16, 2012

Pulmonary Services and Sleep Medicine
Scott Manaker, MD, PhD
Scott Manaker, M.D., Ph.D.
Associate Professor of Medicine and Pharmacology
Pulmonary and Critical Care Division
University of Pennsylvania Health System

Vice Chair for Regulatory Affairs, Department of Medicine, UPHS
Medical Director, Information Services, UPHS

Novitas Solutions (PA, NJ, MD, DE, DC)
Medicare Contractor Advisory Committee

Center for Medicare/Medicaid Service (CMS)
Hospital Outpatient Panel (HOP)
(formerly Ambulatory Payment Classification [APC] Panel)
Scott Manaker, M.D., Ph.D.
Associate Professor of Medicine and Pharmacology
Pulmonary and Critical Care Division
University of Pennsylvania Health System

American Medical Association (AMA)
AMA Relative Value Update Committee (RUC)
Chair, Practice Expense Expense Subcommittee

American College of Chest Physicians (ACCP)
Practice Management (ACCP) Committee

American Thoracic Society (ATS)
Clinical Practice (ATS) Committee

American College of Physicians (ACP)
Coding & Payment Policy Subcommittee
Disclaimers

Opinions - my own

Consultant – see disclosure* in program

No representation, guarantee or warranty of fitness

Thanks!

Andy Haas, MD

Burt Lesnick, MD

Lia Levreau-Davis

Samantha Ashley, MS
Pulmonary Surgery Changes Overview

• New Guidelines language
• New Instructions on Existing Codes
• Six New Codes
  – Bronchial Valves (nonsequential numbering)
    • Insertion 31647, 31651
    • Removal 31648, 31649
    • replaced 0250T, 0251T, 0252T
  – Bronchial Thermoplasty (31660, 31661)
    • replaced 0276T, 0277T
For endoscopy procedures, code appropriate endoscopy of each anatomic site examined. Surgical bronchoscopy always includes diagnostic bronchoscopy when performed by the same physician. Codes 31622-31649 include fluoroscopic guidance, when performed.
Bronchoscopy

31622  Bronchoscopy ± washings (000)

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Trachea and Bronchi
Endoscopy: Changes to Existing Codes

- **31622** Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)

- **31634** with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed

  (Do not report 31634 in conjunction with 31647, 31651 at the same session)

- **31635** with removal of foreign body

  (For removal of implanted bronchial valves, see 31648-31649)
Trachea and Bronchi
Endoscopy: New Codes

- **31647** with balloon occlusion, when performed, assessment of air leak, airway sizing, and *insertion of bronchial valve(s), initial lobe*

- **31648** with *removal of bronchial valve(s), initial lobe*

(For removal and insertion of a bronchial valve at the same session, see 31647, 31648, and 31651)

Replaced 0250T, 0251T, 0252T (new for CPT 2011!)
Trachea and Bronchi
Endoscopy: New Codes

- **31649**
  - with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
  - (Use 31649 in conjunction with 31648)

- **31651**
  - with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
  - (Use 31651 in conjunction with 31647)
  - (31656 has been deleted. To report, use 31899)

Replaced 0250T, 0251T, 0252T (new for CPT 2011!)
Pneumothorax
CPT 32551, or with catheter CPT 32556, 32557
Pneumothorax
Balloon Catheter Occlusion
Locate/Isolate Pleural Rupture
Bronchial Valve Insertion Video
Bronchial Valve Procedures

- **New Technology**
  To be re-reviewed by the RUC in three years (2 yrs of claims data) to ensure correct valuation.

<table>
<thead>
<tr>
<th>CPT Code (●New)</th>
<th>Work RVU</th>
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<tbody>
<tr>
<td>●�� 31647</td>
<td>4.40</td>
</tr>
<tr>
<td>●�� + 31651</td>
<td>1.58</td>
</tr>
<tr>
<td>●�� 31648</td>
<td>4.20</td>
</tr>
<tr>
<td>●�� + 31649</td>
<td>1.44</td>
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</table>
A Randomized Study of Endobronchial Valves for Advanced Emphysema

- 321 pts, randomized 2:1 to valves or control
- Improved FEV₁ (CPT 94010), 6MWT (CPT 94620), exercise capacity (CPT 94621), QOL, O₂ requirements
- Increased COPD exacerbations, pneumonia, hemoptysis
- Role(s) of incomplete fissure & emphysema heterogeneity?

Sciurba FC et al. NEJM 363:1233-1244, 2010
Emphysema Heterogeneity and Response to Endobronchial Valve Therapy at 6 Mos

Sciurba FC et al

NEJM 363:1233-1244, 2010

Table A: Degree of Heterogeneity vs Percent Change in FEV₁ (Treatment−Control)

<table>
<thead>
<tr>
<th>Degree of Heterogeneity</th>
<th>Percent Change in FEV₁ (Treatment−Control)</th>
<th>Point Estimate (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥25%</td>
<td></td>
<td>15.3 (5.3 to 25.3)</td>
<td>0.003</td>
</tr>
<tr>
<td>≥15% to &lt;25%</td>
<td></td>
<td>5.8 (−4.5 to 16.1)</td>
<td>0.27</td>
</tr>
<tr>
<td>≥6% to &lt;15%</td>
<td></td>
<td>5.9 (−1.4 to 13.1)</td>
<td>0.12</td>
</tr>
<tr>
<td>&lt;6%</td>
<td></td>
<td>−0.4 (−8.8 to 8.1)</td>
<td>0.93</td>
</tr>
</tbody>
</table>

Table B: Degree of Heterogeneity vs Percent Change in 6MWT (Treatment−Control)

<table>
<thead>
<tr>
<th>Degree of Heterogeneity</th>
<th>Percent Change in 6MWT (Treatment−Control)</th>
<th>Point Estimate (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥25%</td>
<td></td>
<td>16.2 (3.8 to 28.5)</td>
<td>0.009</td>
</tr>
<tr>
<td>≥15% to &lt;25%</td>
<td></td>
<td>8.1 (−1.6 to 17.8)</td>
<td>0.10</td>
</tr>
<tr>
<td>≥6% to &lt;15%</td>
<td></td>
<td>−2.7 (−16 to 10.6)</td>
<td>0.67</td>
</tr>
<tr>
<td>&lt;6%</td>
<td></td>
<td>0.7 (−7.8 to 9.2)</td>
<td>0.89</td>
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</table>

Images C: Heterogeneity Score, 6% vs Heterogeneity Score, 25%
Bronchial Thermoplasty New Codes

• 31660  Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe

• 31661  with bronchial thermoplasty, 2 or more lobes

Replaced 0276T, 0277T new for CPT 2012!
Asthma: Bronchoconstriction and Airway Inflammation
Bronchial Thermoplasty
Asthma Control during the Year after Bronchial Thermoplasty


Asthma Control after Bronchial Thermoplasty
Effectiveness and Safety of Bronchial Thermoplasty in the Treatment of Severe Asthma

A Multicenter, Randomized, Double-Blind, Sham-Controlled Clinical Trial

Bronchial Thermoplasty

• **New Technology**
  To be re-reviewed by the RUC in three yrs (2 yrs of claims data) to ensure correct valuation.

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<tr>
<td>●31660</td>
<td>4.25</td>
</tr>
<tr>
<td>●31661</td>
<td>4.50</td>
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</table>
UpToDate – “…additional data are needed regarding long-term effects and morphologic changes in the airways prior to determining when to use BT.”

BCBS IL – “…considered experimental, investigational and unproven…”
medicalpolicy.hcsc.net/medicalpolicy/home?ctype=POLICY&cat=Surgery&path=/templatedata/medpolicies/POLICY/data/SURGERY/SUR706.014_2011-09-01#hlink

CIGNA – Policy 0502: “…considered experimental, investigational or unproven.”
www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0502_coveragepositioncriteria_bronchial_thermoplasty.pdf

UnitedHealthCare – Policy 2012T0542D “…unproven for treating asthma.”
Bronchial Thermoplasty Coverage – Pro

FDA – approved Thermoplasty System for adults with severe asthma, despite inhaled glucocorticoids and long-acting beta agonists

California Technology Assessment Forum – “…use of bronchial thermoplasty for the treatment of severe, refractory asthma meets CTAF TA Criterion 1 through 5 for safety, effectiveness and improvement in net health outcomes.”

cf.org/sites/default/files/assessments/1381_file_BTSevereAsthma_W4.pdf

Medicare - Many Medicare contractor LCDs – no coverage of Category III codes, but now Category I; and paid since 1/1/12 in Outpatient Hospital for Transitional Pass-through with codes: C1886, Catheter, extravascular tissue ablation, any modality (insertable); C9730 or C9731 for device

Individual coverage on case-by-case basis (United HealthCare, HCSC, BCBS, Anthem, Aetna, CIGNA, Humana, Medical Mutual of Ohio, Molina Medical, BCBS Carefirst

American Thoracic Society – “… declaring bronchial thermoplasty as experimental is inconsistent with existing literature, not in the best interest of patients and ultimately not in the best financial interests of ____...the literature clearly demonstrates the clinical effectiveness and bronchial thermoplasty should no longer be considered experimental.”

American College of Chest Physicians – similar letter moving through approval; for posting on public website
Pulmonary Medicine Changes Overview

- New Guidelines
- Seven Code Revisions
- New Instructions on Existing Codes
Ventilator Management
Changes to Existing Code

94005  Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more

(Do not report 94005 in conjunction with 99339, 99340, 99374-99378)

► (Ventilator management care plan oversight is reported separately from home or domiciliary, rest home [eg, assisted living] services. A physician or other qualified health care professional may report 94005, when performed, including when a different individual* reports 99339, 99340, 99374-99378 for the same 30 days)►

*individual = provider group!
Codes 94010-94799 include laboratory procedure(s) and interpretation of test results. If a separate identifiable Evaluation and Management service is performed, the appropriate E/M service code including new or established patient office or other outpatient services (99201-99215), office or other outpatient consultations (99241-99245), emergency department services (99281-99285), nursing facility services (99304-99318), domiciliary, rest home, or custodial care services (99324-99337), and home services (99341-99350), may be reported in addition to 94010-94799.
Pulmonary Diagnostic Testing and Therapies Revised Codes

▲94014  Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation and by a physician review or other qualified health care professional

▲94016  physician review and interpretation only by a physician or other qualified health care professional
Pulmonary Diagnostic Testing and Therapies
Revised Codes

▲94452 High altitude simulation test (HAST), with physician interpretation and report by a physician or other qualified health care professional;
(For obtaining arterial blood gases, use 36600)
(Do not report 94452 in conjunction with 94453, 94760, 94761)

▲94453 with supplemental oxygen titration
(For obtaining arterial blood gases, use 36600)
(Do not report 94453 in conjunction with 94452, 94760, 94761)
Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube

(Do not report 94610 in conjunction with 99468-99472)
(For endotracheal intubation, use 31500)
(Report 94610 once per dosing episode)
Pulmonary Diagnostic Testing and Therapies
Revised Codes

▲94774 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report by a physician or other qualified health care professional

▲94777 physician review, interpretation and preparation of report only by a physician or other qualified health care professional (When oxygen saturation monitoring is used in addition to heart rate and respiratory monitoring, it is not reported separately)

(Do not report 94774-94777 in conjunction with 93224-93272)
(Do not report apnea recording device separately)
(For sleep study, see 95805-95811)
Non-Physician Diagnostic Testing: Performing vs. Supervising For Medicare

Performing Diagnostics
- May perform and interpret
- No physician supervision
- Inpatient/facility issues
  - Credentialing
  - Privileges
  - JCAHO/other regulatory limits

Supervising Diagnostics
- Diagnostic testing a different benefit category!!!
- Cannot supervise another NPP or resident, since cannot fulfill the physician supervision (general, direct or personal) requirement for the diagnostic testing benefit!!!

…and remember screening is yet still a different defined benefit category!!!
Pulmonary Diagnostic Testing and Therapies

Changes To Existing Codes

94770 Carbon dioxide, expired gas determination by infrared analyzer;

► (For bronchoscopy, see 31622-31646) ◄

► (For, thoracentesis, use 32554, 32555) ◄
Sleep Medicine Testing
Changes Overview

• New Guidelines
• Two New Pediatric Codes
• Three Revised Adult Codes
New Sleep Medicine Testing Guidelines

► All sleep services (95800-95811) include recording, interpretation and report. (Report with modifier 52 if less than 6 hours of recording for 95800, 95801, 95806, 95807, 95810, 95811; if less than 7 hours of recording for 95782, 95783 or if less than four nap opportunities are recorded for 95805). ◄
Revised Sleep Medicine Testing Codes

▲95808  Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist

▲95810  age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

▲95811  age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>95782</td>
<td>younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist</td>
</tr>
<tr>
<td>95783</td>
<td>younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist</td>
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</tbody>
</table>
Why higher valuation than for adults?
Children sleep longer than adults (9 vs. 8 hrs)
More hypopneas than apneas
More movement artifacts
Extra channels (eg, breath CO₂)
Typically 1:1 technician:child ratio
# New Pediatric Sleep Medicine Testing Codes

<table>
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<td>2.60</td>
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<tr>
<td>●95783</td>
<td>2.83</td>
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New Pediatric Sleep Medicine Testing Codes
New Pediatric Sleep Medicine Testing Codes
2013 ACCP
NEW CONTENT in updated 16th Edition

- Revised Pulmonary Function Testing Codes
- Introductory Language for Sleep Codes
- New Pediatric Polysomnography Codes
- New Thoracentesis (with & without imaging) Codes
- Revised Neonatal and Pediatric Critical Care Code Guidelines
- New CPT Codes for Bronchial Thermoplasty and Bronchial Valves
- ICD-9-CM Code Changes for Interstitial Lung Diseases
- New Transitional Care Management and Chronic Complex Care Coordination E/M codes