This online educational program will provide a comprehensive overview of changes that have taken place for 2020 in common interventional radiology codes and suggested coding practices. Attendees can interact live with faculty through Q&A discussions during the event.
Introduction

• Faculty Introduction
• Conflicts/Disclosures
• CME information
• How the webinar will operate and Q&A process

Note: We encourage you to follow along and have a 2020 CPT Manual with you

*Current Procedural Terminology (CPT®) is a registered trademark of the American Medical Association*
Tonight’s Faculty

C. Matthew Hawkins, MD: Moderator and Speaker
   Emory University/Children’s Healthcare of Atlanta
   CPT Alternate Advisor for SIR
   SIR Economics Committee

Curtis Anderson, MD, PhD: Presenter
   Medical Director Florida Endovascular and Interventional
   RUC Advisor for SIR
   SIR Economics Committee

Minhaj Khaja, MD, MBA: Presenter
   University of Virginia
   RUC Alternate Advisor for SIR
   SIR Economics Committee

Timothy Swan, MD, FSIR, FACR: Presenter
   Marshfield Clinic, Marshfield, WI
   CPT Advisor for SIR
   SIR Economics Committee
Disclaimer

The Society of InterventionalRadiology (SIR) is providing this webinar for educational and information purposes only. It is not intended to provide legal, medical, or any other kind of advice. The webinar is meant to be an adjunct to the American Medical Association’s (AMA) Current Procedural Terminology (CPT®/c20120). It is not comprehensive and does not replace CPT. Our intent is to assist physicians, business managers, and coders. Therefore, a precise knowledge of the definitions of the CPT descriptors and the appropriate services associated with each code is mandatory for proper coding of physician service.

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Financial Disclosure/ Conflict of Interests

The Society of Interventional Radiology (SIR) is providing this webinar for educational and information purposes only.

The following faculty physicians have no relevant conflicts of interest for this topic:
Curtis Anderson, MD, PhD – no disclosures
C. Matthew Hawkins, MD - no disclosures
Minhaj S. Khaja, MD, MBA – no disclosures
Timothy Swan, MD, FSIR, FACR – no disclosures
SIR 2020 Coding Update Webinar - CME Information

This live webinar is aimed at interventional radiologists, practice administrators, and billing and coding personnel. It is for educational and information purposes only. It will provide a compressive overview of:

2020 IR Updated Codes
- Branched endograft placement
- Diagnostic and therapeutic lumbar puncture
- 3D printing anatomic models
- Duplex scan for preoperative mapping of hemodialysis access
- SIR Coding Guidance (Y-90, Percutaneous AVF Creation)
- Evaluation and Management (E/M)

Learning objectives - as a result of participating in the activity, the learner should be able to:
1. Identify the six categories in which changes were made for 2020 coding updates
2. Explain the specific changes made within each category
3. Describe how these changes impact their practice and billing and coding methods

Accreditation
The Society of Interventional Radiology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Society of Interventional Radiology designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
How the webinar will operate and Q&A process

- 5 min - Introductions/ Moderator
  Waleska Pabon-Ramos, MD MPH, FSIR

- 5 min - Branched endograft placement
  Curtis L. Anderson, MD, PhD

- 5 min - Diagnostic and therapeutic lumbar puncture
  Tim Swan, MD FACR, FSIR

- 10 min - 3D printing anatomic models and Duplex scan for preoperative mapping of hemodialysis access
  Tim Swan, MD FACR, FSIR

- 10 min - SIR Coding Guidance (Y-90, Percutaneous AVF Creation)
  Minhaj S. Khaja, MD, MBA

- 10 min - Evaluation and Management (E/M)
  C. Matthew Hawkins, MD

- 15 min - Q&A
  Panel Group

*Attendees can interact live with faculty through Q&A discussions. Questions may be sent in during presentation, those that can’t be answered will be answered in the following 2 weeks of presentation. After the event will receive free online access to the recorded program.*
Branched endograft placement for common iliac aneurysms

Curtis Anderson, MD, PhD
Medical Director Florida Endovascular and Interventional
RUC Advisor for SIR, SIR Economics Committee
34717 – Iliac Branched Repair at time of EVAR

34717 Endovascular repair of iliac artery at the time of aortoiliac artery endograft placement by deployment of an iliac branched endograft

- Add-on Code
- Includes all S&I, catheterizations, and additional stent extensions, or angioplasties.
  - Cannot bill for any further extensions
- List separately in addition to code for primary procedure
- May only be reported once per side. For bilateral procedure, report 34717 twice. Do not report modifier 50 in conjunction with 34717
34718 – Iliac Repair as Separate procedure.

34718 Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, unilateral

• Includes all S&I, catheterizations, and additional stent extensions, or angioplasties.
  • Cannot bill for any further extensions
• For bilateral placement of an iliac branched endograft, report modifier 50
• DO NOT REPORT WITH ANY EVAR CODES
• For placement of an isolated iliac branched endograft for rupture, use 37799 (unlisted)
<table>
<thead>
<tr>
<th>Code</th>
<th>National Payment Estimate</th>
</tr>
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<tbody>
<tr>
<td>34717</td>
<td>$467.00</td>
</tr>
<tr>
<td>34718</td>
<td>$1,302.11</td>
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</tbody>
</table>
Diagnostic and therapeutic lumbar puncture

Timothy L. Swan, MD, FACR, FSIR
Marshfield Clinic, Marshfield, WI
CPT Advisor for SIR
SIR Economics Committee
2020 Spinal Puncture Codes

▲ 62270  Spinal puncture, lumbar, diagnostic;
● 62328  with fluoroscopic or CT guidance
(Do not report 62270, 62328 with 77003, 77012)
(For ultrasound or MRI guidance see codes 76942, 77021)

▲ 62272  Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
● 62329  with fluoroscopic or CT guidance
(Do not report 62272, 62329 with 77003, 77012)
(For ultrasound or MRI guidance see codes 76942, 77021)
### Spinal Puncture Valuations

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>New Office Visits</th>
<th>2019 wRVU</th>
<th>2020 wRVU</th>
<th>2020 Total RVU</th>
<th>2020 Medicare Reimbursement Range</th>
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</thead>
<tbody>
<tr>
<td>62270</td>
<td></td>
<td>1.37</td>
<td>1.22</td>
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<td>62328</td>
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<td>5.22</td>
<td>$170.82 – $233.19</td>
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<td>62329</td>
<td></td>
<td>--</td>
<td>2.03</td>
<td>9.19</td>
<td>$299.01 – $409.23</td>
</tr>
</tbody>
</table>
Duplex scan for preoperative mapping of hemodialysis access

Timothy L. Swan, MD, FACR, FSIR
Marshfield Clinic, Marshfield, WI
CPT Advisor for SIR
SIR Economics Committee
2020 Pre-op Mapping for HD Access

G0365 Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)

HCPSC code G0365 was deleted effective 1/1/2020
2020 Pre-op Mapping for HD Access

**93985**
Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study

*(Do not report 93985 in conjunction with 93925, 93930, 93970 for the same extremity[ies]*)

*(Do not report 93985 in conjunction with 93990 for the same extremity)*

**93986**
complete unilateral study

*(Do not report 93986 in conjunction with 93926, 93931, 93971, 93990 for the same extremity)*
A complete extremity duplex scan (93985, 93986) includes evaluation of both arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access. If only an arterial extremity duplex scan is performed, see 93925, 93926, 93930, 93931. If only a venous extremity duplex scan is performed, see 93970, 93971. If a physiologic arterial evaluation of extremities is performed, see 93922, 93923, 93924.
# 2020 Pre-op Mapping for HD Access

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2020 New Office Visits wRVU</th>
<th>2020 Total RVU</th>
<th>2020 Medicare Reimbursement Range (Global)</th>
<th>2019 HCPCS Reimbursement Range (Global)</th>
</tr>
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<tr>
<td>93985</td>
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<td>$243.55 - $330.44</td>
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<td>93986</td>
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<td>4.37</td>
<td>$147.27 – $192.85</td>
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</tr>
</tbody>
</table>
3D printing anatomic models

Timothy L. Swan, MD, FACR, FSIR
Marshfield Clinic, Marshfield, WI
CPT Advisor for SIR
SIR Economics Committee
3D Printed Models

2020 3D Printing Codes

● 0559T  Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure

● 0560T  each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)

(Use 0560T in conjunction with 0559T)

(Do not report 0559T, 0560T in conjunction with 76376, 76377)

● 0561T  Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide

● 0562T  each additional anatomic guide (List separately in addition to code for primary procedure)

(Use 0562T in conjunction with 0561T)

(Do not report 0561T, 0562T in conjunction with 76376, 76377)
Codes 0559T, 0560T represent production of 3D-printed models of individually prepared and processed components of structures of anatomy. These individual components of structures of anatomy include, but are not limited to, bones, arteries, veins, nerves, ureters, muscles, tendons and ligaments, joints, visceral organs, and brain. Each 3D-printed anatomic model of a structure can be made up of one or more separate components. The 3D anatomic printings can be 3D printed in unique colors and/or materials.

Codes 0561T, 0562T represent the production of 3D-printed cutting or drilling guides using individualized imaging data. 3D-printed guides are cutting or drilling tools used during surgery and are 3D printed so that they precisely fit an individual patient’s anatomy to guide the surgery. A cutting guide does not have multiple parts, but instead is a unique single tool. It may be necessary to make a 3D-printed model and a 3D-printed cutting or drilling guide on the same patient to assist with surgery.
# 2020 3D Printing Codes Valuations

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>New Office Visits</th>
<th>2019 wRVU</th>
<th>2020 wRVU</th>
<th>2020 Total RVU</th>
<th>2020 Medicare Reimbursement Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0559T</td>
<td></td>
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<td>0560T</td>
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<td>0561T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0562T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Category III codes – individually negotiated with payers based on self-selected comparable CPT codes.
SIR Coding Guidance (Y-90)

Minhaj S. Khaja, MD, MBA
University of Virginia
RUC Alternate Advisor for SIR
SIR Economics Committee
Radioembolization with Y90

Transarterial radioembolization (TARE) is typically performed using the Yttrium-90 isotope.

The planning procedure includes a diagnostic arteriogram to determine vascular supply to the tumor, the risk of non-target embolization, and the fraction of administered radioactivity that is shunted to the lung. Non-target vessels that arise in the treatment field or close to the treated arterial branch are embolized in anticipation of Y-90 microsphere administration.

Tc-99m MAA is then injected into the artery at the treatment position (which completes the planning procedure) after which the patient undergoes assessment of the distribution of the tracer in the nuclear medicine department.

The information available from the planning procedure is used for treatment planning, simulation, and dose calculations.

An endovascular procedure is then performed to deliver the Y-90 resin or glass microspheres (treatment procedure).
Typical Workflow

1. **TARE PLANNED**
2. **Planning Procedure**
   - Diagnostic arteriography
   - Potential Embolization
   - Tc99MAA injected/NM Evaluation

3. **Radiation Planning & Dosimetry**
   - AU responsible

4. **Treatment Procedure**
   - IR is AU
   - IR not AU
Planning Procedure

1. Diagnostic arteriography
   A. Selective catheterization and imaging are reportable using selection codes and associated S&I codes
   B. Codes detailed in 2020 CPT Professional Edition (and on subsequent slides briefly)

2. Embolization of vessels to prevent non-target embolization of radioactive particles is reportable using code 37242. Only a single embo code can be reported in one “operative field”. All angiography before and after embo is not separately reportable.

3. Tc99-MAA and NM reporting is reportable via code 78803 by individual responsible for S&I; may be NM physician although IR is possible if reporting separately
Radiation Planning & Dosimetry

1. AU responsible for pre-procedure dosimetry and treatment planning may report using codes 77261-77263 depending on complexity of treatment and appropriate justifying documentation.
   A. Details can be found in 2020 CPT Professional Edition

2. Simulation can be coded using 77290 if the AU uses all prior imaging studies, treatments, reconstructions, etc for dosimetric calculations with appropriate documentation of such, including planned treatment catheter positioning, quantity of radioembolic material, target volume in the liver, and ratios to lung, tumor, and normal liver.

3. Medical physicist, if necessary, for safe delivery of dose can be reported with 77370.

4. Handling of radiation source per NRC regulations can be reported by 77790 by AU
1. Single physician (where IR is AU)
   A. Selective catheter placements are reportable using the appropriate codes (36245-36248). However, S&I should not be routinely coded as they were done during the planning procedure.
   B. If new lesions are suspected, S&I codes may be reportable
   C. When the artery for planned treatment is selected, the Y-90 dose is delivered, and reported with 37243 and 79445 (for the supervision of radiopharmaceutical therapeutic injection). 37243 includes RS&I, as well as any additional embolizations (such as flow re-direction to preserve adjacent organs) performed in the same session as radioembolization.

2. Two physicians (IR is NOT AU)
Treatment Procedure

1. Two physicians (IR is NOT AU)
   A. Selective catheter placements are reportable using the appropriate codes (36245-36248). However, S&I should not be routinely coded as they were done during the planning procedure.
   B. If new lesions are suspected, S&I codes may be reportable
   C. The AU has material involvement in the planning, dosimetry and administration (actually injects the Y-90), so the AU reports 77778 describing the work of application of an interstitial radiation source, (complex) in this setting.
   D. If the IR injects the radiopharmaceutical under the supervision of the AU (who plans the dosimetry calculations), the IR reports 37243 for the embolization procedure and the AU reports 79445 for the supervision of radiopharmaceutical therapeutic injection.
## Code Refresh

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36245</td>
<td>First order selective catheterization, abdominal branch, within a vascular family</td>
</tr>
<tr>
<td>36246</td>
<td>Second order selective catheterization, abdominal branch, within a vascular family</td>
</tr>
<tr>
<td>36247</td>
<td>Third order selective catheterization, abdominal branch, within a vascular family</td>
</tr>
<tr>
<td>36248</td>
<td>Additional 2nd or 3rd order selective catheterization, abdominal branch, within a vascular family</td>
</tr>
<tr>
<td>75726</td>
<td>Angiography, selective visceral, radiologic supervision &amp; interpretation</td>
</tr>
<tr>
<td>75774</td>
<td>Angiography, selective each additional vessel after basic exam, radiologic supervision &amp; interpretation</td>
</tr>
</tbody>
</table>
SIR Coding Guidance (Percutaneous AVF Creation)

Minhaj S. Khaja, MD, MBA
University of Virginia
RUC Alternate Advisor for SIR
SIR Economics Committee
Works in Progress

- Currently 2 FDA-Approved Devices
- Both technologies require US-guided vascular access, vessel cannulation, thermal energy, and completion imaging

FDA-Approved Devices

BD BARD WavelinQ
Avenu Medical ELLIPSYSx
Works in Progress

• One device may require embolization of a deep vein in order to assist in fistula maturation

• Coding guidance for each is being drafted currently and under revision; however given differences in technology, access points and device sizes, and potential for embolization and adjunctive interventions, final guidance is being fully vetted by SIR and its partners, such as SVS

• More to come once due diligence is complete and consensus is reached
Evaluation and Management (E/M)

C. Matthew Hawkins, MD
Emory University/Children’s Healthcare of Atlanta
CPT Alternate Advisor for SIR
SIR Economics Committee
The Timeline – Office-Based E/M Codes

- **JUL 2018**: CMS proposes new blended E/M codes
- **AUG 2018**: AMA CPT/RUC WG on E/M created
- **FEB 2019**: CPT approves new E/M codes
- **APR 2019**: RUC Values codes, including increases
- **JUL 2019**: CMS accepts new E/M Codes
- **JAN 2021**: New E/M Codes go into effect
# CY 2019 - Evaluation & Management Codes Proposed Office Based Code Updates

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>New Office Visits</th>
<th>2018 Office Payment Rate</th>
<th>2019 Proposed Office Payment Rate</th>
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<td>99201</td>
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<td>$45</td>
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<td>99202</td>
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<td>$76</td>
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<td>99203</td>
<td></td>
<td>$110</td>
<td>$134</td>
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<tr>
<td>99204</td>
<td></td>
<td>$167</td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td></td>
<td>$211</td>
<td></td>
</tr>
</tbody>
</table>
Two New Complexity Add-On Codes Were Proposed

GCG0X and GPC1X

» Capture higher visit complexity
» Specialty-specific
» Focal point for needed health services
» Ongoing care
» Single, serious, complex condition
Two New Complexity Add-On Codes Were Proposed

“Due to these factors, the proposed single payment rate for E/M levels 2 through 5 visit codes would not necessarily reflect the resource costs of those types of visits.”

“...to adjust payment to account for additional costs beyond the typical resources accounted for in the single payment rate for the levels 2 through 5 visits.”
## CY 2021 Payment Amounts

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>New Office Visits</th>
<th>2019 Proposed Office Payment Rate</th>
<th>2021 RVUs</th>
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<tbody>
<tr>
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<td>$43</td>
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<tr>
<td>99202</td>
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<td>99204</td>
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</tr>
<tr>
<td>99205</td>
<td></td>
<td></td>
<td>3.50</td>
</tr>
</tbody>
</table>
Justification for complexity code(s) gone

• No longer blended codes lowering Level 4 and 5 payments
• Typical patient now captured in the codes

• But...they didn’t go away...
A New Justification for 2020

“...we believe that the revised office/outpatient E/M visit code set and RUC-recommended values more accurately reflect the resources associated with a typical visit...”

“...however, we believe the typical visit described by the revised code set still does not adequately describe or reflect the resources associated with primary care and certain types of specialty visits."

Ref: CY2020 MPFS Proposed Rule
A New Justification for 2020

“...the revised office/outpatient E/M visit code set does not recognize that there are additional resource costs inherent in furnishing some kinds of office/outpatient E/M visits”

“...but rather the recognition of different per-visit resource costs based on the kinds of care the practitioner provides, regardless of their specialty”

Ref: CY2020 MPFS Proposed Rule
That Other “Complexity” Code – 99XXX

99XXX

» Prolonged, beyond the total time of the primary procedure which has been selected using total time

» On the date of the primary service

» Each additional 15 minutes

» List separately in addition to codes 99205, 99215 (only Level 5 visits)

Ref: CY2020 MPFS Proposed Rule
Complexity Code Expenditures (approximate)

GPC1X
$1.4B

99XXX
$2.3B

Assumptions:
GPC1X: 100% for 50% primary care visits and 25% specialty visits
99XXX: 5% of 99205 and 10% of 99215
CME Credit

Thank you for participating in the SIR 2020 Coding Update Webinar. SIR staff will reach out to all attendees within one week regarding information for CME. The program evaluation and CME certificates will be available in the SIR Learning Center within 2-4 weeks. You will be notified via email once they are ready for you to retrieve.
QUESTIONS

Thank you for your participation. Currently the panel is open for written questions.