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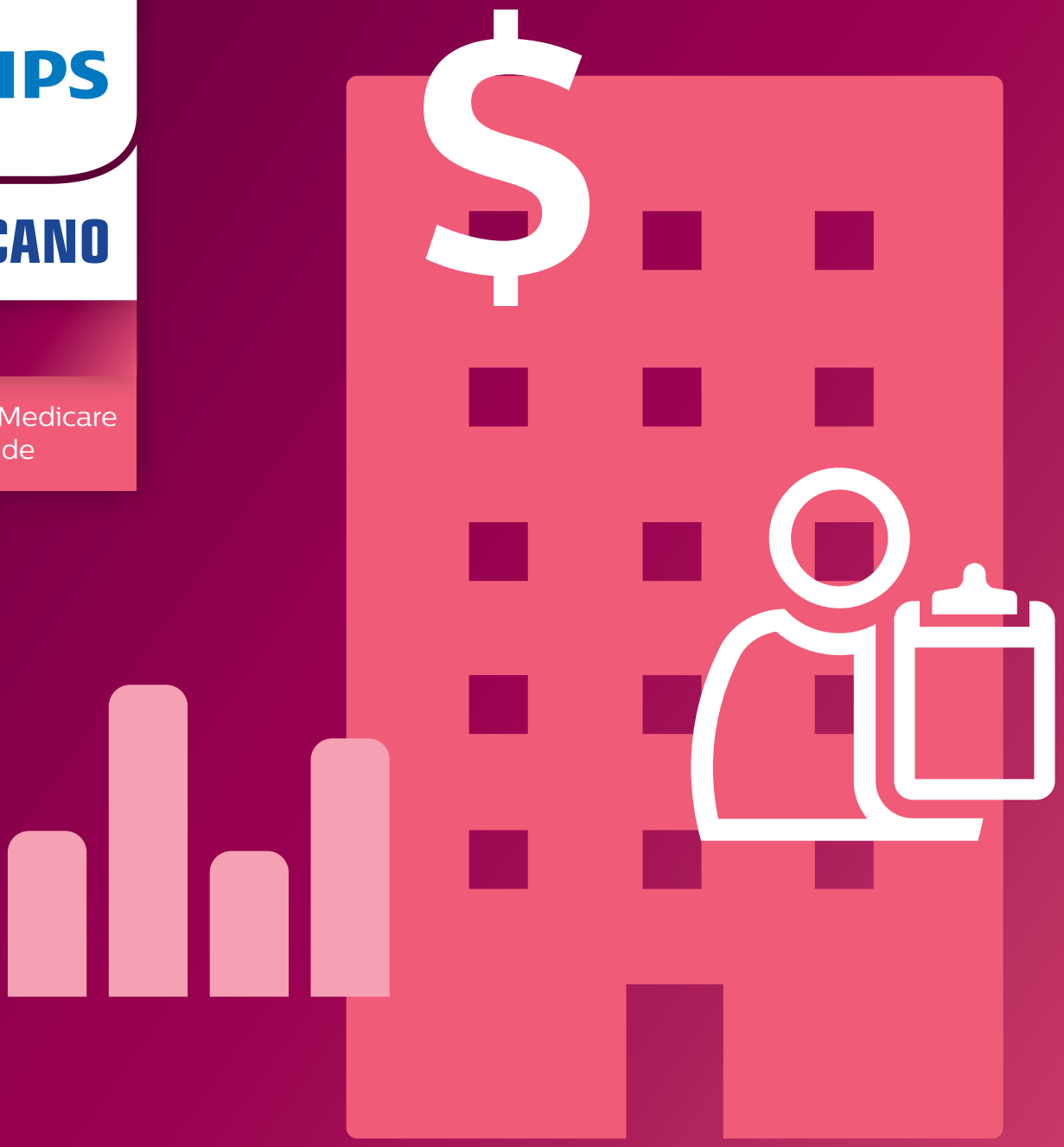
2017

Coding and Medicare payment guide



Non-coronary intravascular ultrasound (IVUS)

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1 Hospital inpatient

Hospitals are reimbursed by Medicare for inpatient procedures and services under the Inpatient Prospective Payment System (IPPS), which utilizes the Medicare Severity Diagnosis Related Group (MS-DRG) system.

1.1 Hospital inpatient procedure codes

Not an all-inclusive list. Refer to ICD-10-PCS 2017: The Complete Official Codebook for additional codes. Depending on procedure performed, multiple codes may be reported.

ICD-10-PCS[1]	Descriptor
B34_ZZ3	IVUS, upper artery; code 4th character for specificity
B44_ZZ3	IVUS, lower artery; code 4th character for specificity
B54_ZZ3	IVUS, veins; code 4th character for specificity

1.2 Hospital inpatient diagnosis related groups

For vascular primary interventional procedures; assignment varies based on patient condition.

DRG	Descriptor	Payment[4]
252	Other vascular procedures with MCC[2]	**$19,753**
253	Other vascular procedures with CC[3]	**$15,767**
254	Other vascular procedures without CC/MCC	**$10,593**

2 Hospital outpatient

Hospitals are reimbursed by Medicare for outpatient procedures and services under the Outpatient Prospective Payment System (OPPS), which utilizes the Ambulatory Payment Classification (APC) system.

2.1 Hospital outpatient procedure codes

CPT	Descriptor	APC / status indicator[5]	Payment
Non-coronary IVUS			
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	**Status: N**	**0**
+37253	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (list separately in addition to code for primary procedure)	**Status: N**	**0**

2.2 HCPCS supply code

In the outpatient setting, when devices are used in combination with device-related procedures, hospitals report C codes. While the supply codes are not paid separately from the procedure, the assignment of charges and reporting these supply codes identify device-related costs. This information is important for future rate-setting by Medicare. Private payers' policies vary if they accept the use of these C codes.

HCPCS	Descriptor	APC / status indicator[5]	Payment
Non-coronary IVUS catheter			
C1753	Catheter, intravascular ultrasound	**Status: N**	**0**

3 Physician

Physicians services are paid by Medicare based on the Physician Fee Schedule.

3.1 Physician procedure codes – inpatient, outpatient and office

		In hospital facility[6]		In office non-facility[7]	
CPT	Descriptor	Payment	RVU[8]	Payment	Global RVU
Non-coronary IVUS					
+37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial non-coronary vessel (list separately in addition to code for primary procedure)	**$97**	**2.69**	**$1,401**	**39.05**
+37253	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional non-coronary vessel (list separately in addition to code for primary procedure)	**$78**	**2.17**	**$211**	**5.88**

4 Moderate Sedation

Also known as conscious sedation.

Effective January 1, 2017

Moderate sedation was removed from all procedural services it was previously inherently included. CPT codes have been revised to reflect the removal of the moderate sedation CPT symbol indicating which procedure included moderate sedation. Moderate sedation is now separately billed using the new moderate sedation codes. Six new CPT codes CPT 99151-99157 were created. Providers should report the appropriate moderate sedation code(s) in addition to the procedure CPT codes when moderate sedation is performed. For further coding instructions, please refer to the coding guidelines and moderate sedation table in 2017 CPT Professional.

Highlights

For complete guidance, refer to CPT, Medicare and private payer edits and rules.

Intravascular ultrasound

- Services described by the IVUS CPT codes include all transducer manipulations and repositioning within the specific vessel being examined during a diagnostic procedure or before, during, and/or after therapeutic intervention (e.g., stent or stent graft placement, angioplasty, atherectomy, embolization, thrombolysis, transcatheter biopsy).
  - *CPT Copyright© 2017 American Medical Association*
  - *CPT Changes: An Insider's View, Surgery, 2016*
- IVUS is designated as an add-on procedure and is always performed in conjunction with a primary procedure.
  - *CPT Copyright© 2017 American Medical Association*
  - *CPT Changes: An Insider's View, Surgery, 2016*
- The catheter supply cost is packaged into the facility payment for the primary procedure. IVUS codes 37252, 37253 are designated as status "N" in the facility setting by Medicare, which means the payment for IVUS has been packaged into other services and there is no separate payment.
  - *Medicare Claims Processing Manual Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS): 10.4*
- If a lesion extending across the margins of one vessel into another is imaged with IVUS, report using only 37252 (first vessel) despite imaging more than one vessel.
  - *CPT Copyright© 2017 American Medical Association*
  - *CPT Changes: An Insider's View, Surgery, 2016*

Third-party sources

- Medicare Physician Fee Schedule 2017 Final Rule (CMS-1654-FC) Federal Register Vol 81 No. 220, November 15, 2016
- Medicare Inpatient Prospective Payment System 2017 Final Rule (CMS-1655-F) Federal Register Vol 81 No. 162, August 22, 2016, Update October 31, 2016
- Medicare Outpatient Prospective Payment System 2017 Final Rule (CMS-1656-FC) Federal register Vol 81 No.219, November 14, 2016
- 2017 CPT Professional Edition
- 2016 CPT Changes, An Insider's View
- CPT Assistant
- 2017 ICD-10-PCS

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1. Refer to ICD-10-PCS 2017: The Complete Official Codebook for a complete list of codes and specific character codes
2. Major comorbidities and complications
3. Comorbidities and complications
4. Payment rates assume full update amount for hospitals which have submitted quality data and that hospitals have a wage index greater than 1. Actual payment rates will vary by locality.
5. Status Indicator N; No separate APC payment. Packaged into payment for other services.
6. Procedures performed in the hospital inpatient or hospital outpatient setting are reimbursed at the Medicare facility rate. Payment rates are Medicare national, unadjusted rates. Actual payment rates will vary by locality.
7. Procedures performed in the physician office are reimbursed at the Medicare non-facility rate. Payment rates are Medicare national, unadjusted rates. Actual payment rates will vary by locality.
8. RVU-Relative Value Units assigned under the Physician Fee Schedule. For each CPT code, RVUs are assigned to account for the relative resource costs used to provide the service.

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