

## **Modifier 51 Code Changes to Take Effect in January**

Effective Jan. 1, 2008, the cardiac catheterization, electrophysiological studies and ablation procedures will no longer be exempt from the American Medical Association (AMA) CPT Modifier-51 (Multiple Procedures), ultimately resulting in a change in Medicare reimbursement and eventually all private insurance third-party payers. This change affects not only cardiology, but all of medicine. Currently 181 CPT codes are exempt from Modifier-51. All but 30 of those procedures will lose their exempt status in 2008.

Within CPT, Modifier-51 is designed to trigger multiple procedure payment reductions when a physician performs separate procedures on the same patient during the same session. These separate procedures are not incidental to the primary procedure and are separately payable. The payer typically reimburses the highest-ranked procedure at 100 percent and any additional procedures at 50 percent. The vast majority of surgical procedure codes within CPT are subject to this multiple procedure payment reduction, the rationale being that some of the work of the procedure – specifically work performed before and after the procedure itself – is not repeated when two or more procedures are performed simultaneously. T

To date, Medicare payment rates for catheterization, EP studies and ablation procedures are based on each service being provided independently, thus they have been exempt from Modifier-51. In 2006, however, the AMA CPT Editorial Panel convened a work-group to determine the appropriateness of codes designated as Modifier 51 exempt (Appendix E of the CPT book) and develop a set of criteria to use in determining future applications for exempt status.

The work-group felt that the two primary criteria were necessary for a procedure to be Modifier-51 exempt.

1. Current RVUs values must be consistent with exemption from multiple procedure reductions.
2. Values must already have reduced pre- and post-service work and practice expenses if the procedure is determined to be typically adjunctive or performed with another procedure(s).

Based on these criteria, the work-group recommended the removal of 151 of the 181 codes currently on the exemption list in 2008. According to the work-group, the pre- and post-service work components for these procedures overlapped when multiple procedures were performed on the same patient on the same date of service.

The American College of Cardiology (ACC), along with the Heart Rhythm Society (HRS) and the Society for Cardiovascular Angiography and Interventions (SCAI), have thoroughly reviewed the impacts of removing the codes from the exemption list. While the negative financial impact of removing the codes from exempt status was not

underestimated, it was determined that there was much greater financial risk in challenging this decision.

To maintain exempt status would have required development of rationale to meet the new inclusion criteria. The AMA and the Centers for Medicare & Medicaid Services (CMS) indicated that if all of the inclusion criterion were not met according to the CPT Editorial Panel, then the family of codes could be sent back to the AMA Relative Value Update Committee (RUC) for complete re-valuation so that CMS payment policy and the Modifier 51 exempt status of the codes are congruent. ACC, HRS and SCAI concluded that the probable outcome of a reconsideration of the RVUs for the codes would be a reduction in value greater than the 50 percent multiple procedure payment reduction.

ACC, HRS and SCAI are and will continue to work diligently with the AMA and CMS to ensure that both catheterization and EP services remain appropriately reimbursed in this politically challenging economic environment. **For more information, contact Denise Garris at [dgarris@acc.org](mailto:dgarris@acc.org).**