

Making Ends meet in Today's Hostile Environment CCTA

5th Annual New Approaches in Nuclear and CCTA
Orlando, Florida
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GAO and CCTA

- Rapid growth indicate need for CMS to consider Additional Management Practices
 - Translate --- RBM's
 - MIPPA
- Upfront process vs post procedural
- “Privileging” – certain tests to certain specialists
- “Profiling” – use stats or claims data to measure use of service relative to desired benchmark



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Where does that leave us

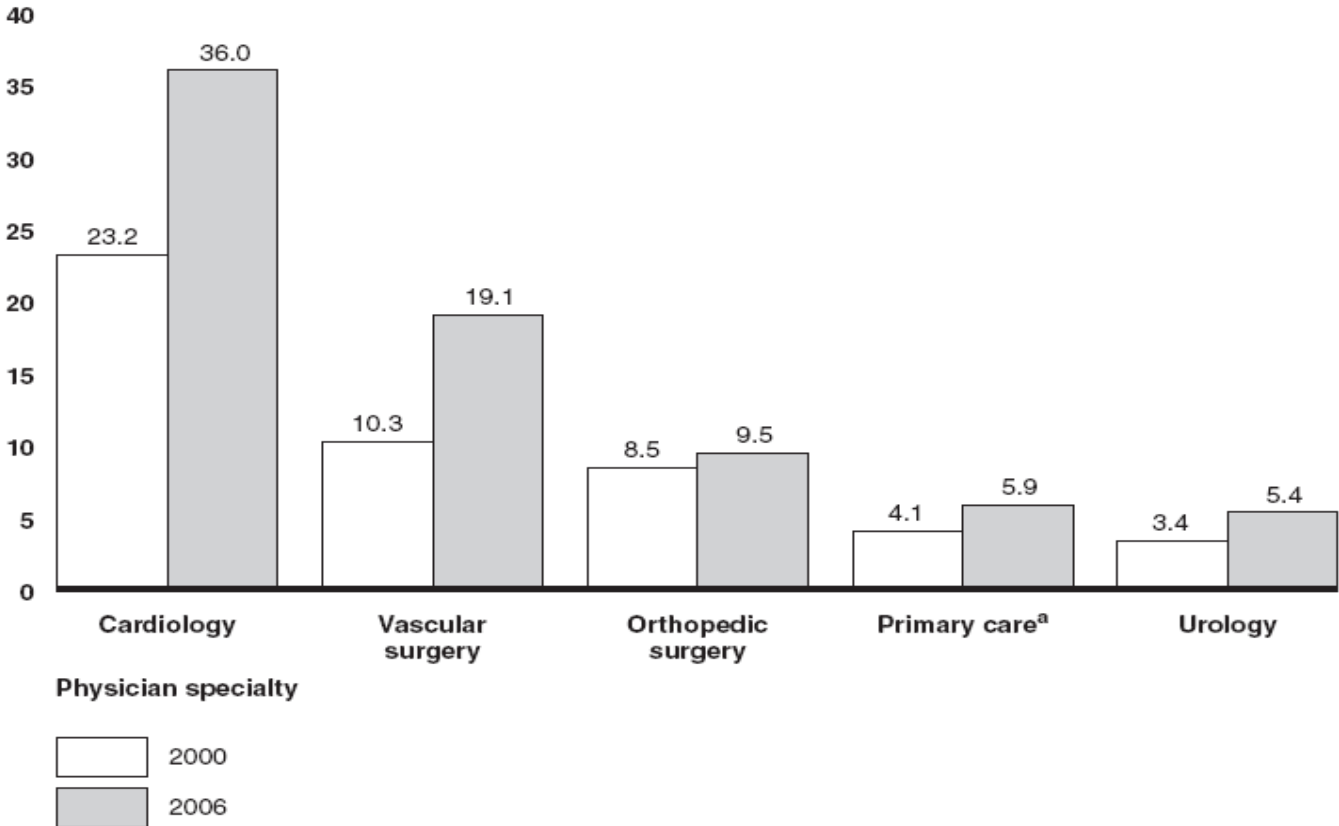
- More restrictive prior authorization
- Tighter medical policies
- Decrease reimbursement – increase bundling
- Lab accreditation
- Tighter control on imaging centers and ownership



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Share of Total Medicare Part B Revenues Derived from In-Office Imaging Services by Physician Specialty, 2000 and 2006

Percentage of total Medicare Part B revenue



Source: GAO analysis of Medicare Part B claims data.



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Where are we....

- Clinical Indications vs Appropriateness Criteria
 - Need to know your state's LCD
 - Need to understand MAC
- Diagnosis
- Prior Authorization
- Payment



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MDCT - Cardiac

Beyond 64 slice: What's Next?

- 256, 320 detectors —increasing number of slices results in larger coverage--reducing scan time to as short as one heart beat
- Dual Source –2 x-ray tubes/detector rows

Temporal resolution is increased 2x
(165—83 ms)



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MDCT - Cardiac

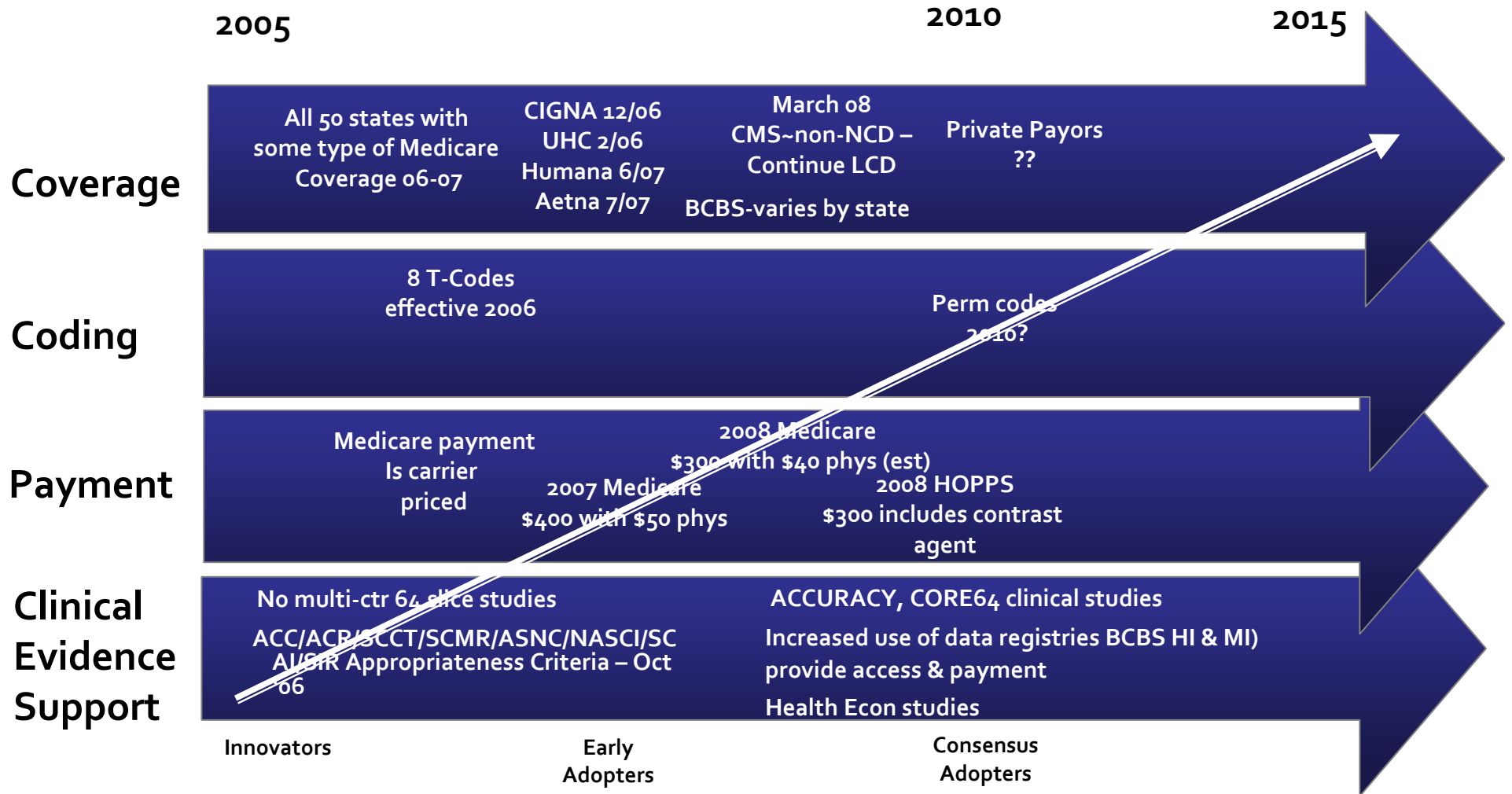
Beyond 64 slice: What's Next?

- Reduce motion and heart rate related degradation in image quality
- Shorten scan time – reduce radiation



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Cardiac CT Landscape



MDCT - Cardiac

- The codes:
 - 0144T – Ca
 - Some LCD's limit Ca range
 - 0145T – Base code
 - Cardiac structure and morphology (EP)
 - Watch your carriers indications
 - 0146T – Evaluation of Coronary arteries; without Ca
 - 0147T – with Ca
 - 0148T – cardiac structure and morphology AND coronary arteries
 - 0149T – with Ca
 - 0150T – Congenital
 - 0151T – Add on code



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MDCT - Cardiac

- **NO** you may not use 71275 to bill a cardiac CTA
- This option went away for the majority by mid-year 2005
- With the intro of Cat 3 codes in 2006 it absolutely went away
- Should not have been considered in 2007
- **No excuse for using in 2008**



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MDCT - Cardiac

- In case you need “proof”
 - Computed tomographic angiography, chest (non-coronary), with contrast material(s) including non-contrast images, if performed, and image post processing. For coronary artery computed tomographic angiography including calcification score and/or cardiac morphology, see Category III codes 0146T-0149T.



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MDCT - Cardiac

0151T

- The “function evaluation” service should be restricted to carefully selected situations where information on left ventricular and/or right ventricular function is needed for management decision.
- It must not be ordered routinely with all studies. It should not be necessary to use this feature when there is available pre-test information on ventricular function from other sources such as an echo, cardiac MR, or LV on cardiac cath



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What is included

- With no RVUs assigned there is more flexibility than with “real” CPT codes.
- Many Medicare and commercial policies address some of these issues specifically
- Contrast?
- Oral Beta Blockers?
- IV insertion?
- MD Supervision?



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2008 Payment

HCPCS Code	Short Des	CI	SI	APC	Payment rate
0144T	CT heart w	CH	S	0282	106.80
0145T	CT heart w	CH	S	0383	317.75
0146T	CCTA w/w	CH	S	0383	317.75
0147T	CCTA w/w	CH	S	0383	317.75
0148T	CCTA w/w	CH	S	0383	317.75
0149T	CCTA w/w	CH	S	0383	317.75
0150T	CCTA w/w	CH	S	0383	317.75
0151T	CT heart funct add-on		S	0282	106.80



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Technical only

Radiology Benefit Managers

- Contracted by Payors to ensure “appropriate” testing is done
- Most common: Nuclear, CT, PET, and MRI
- Web based and phone
- Decision matrixes
- Multiple levels of appeal
- Who are they:
 - AIM
 - MedSolutions
 - NIM



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National Coverage Determination

Media Release Database

[Overview](#)

Press Releases

[Fact Sheets](#)

[Testimonies](#)

[Speeches](#)

Press Releases

Details for: COVERAGE WITH EVIDENCE DEVELOPMENT FOR CARDIAC COMPUTED TOMOGRAPHIC ANGIOGRAPHY PROPOSED BY MEDICARE

[Return to List](#)

For Immediate Release: Friday, December 21, 2007

Contact: CMS Office of Public Affairs
202-690-6145

COVERAGE WITH EVIDENCE DEVELOPMENT FOR CARDIAC COMPUTED TOMOGRAPHIC ANGIOGRAPHY PROPOSED BY MEDICARE

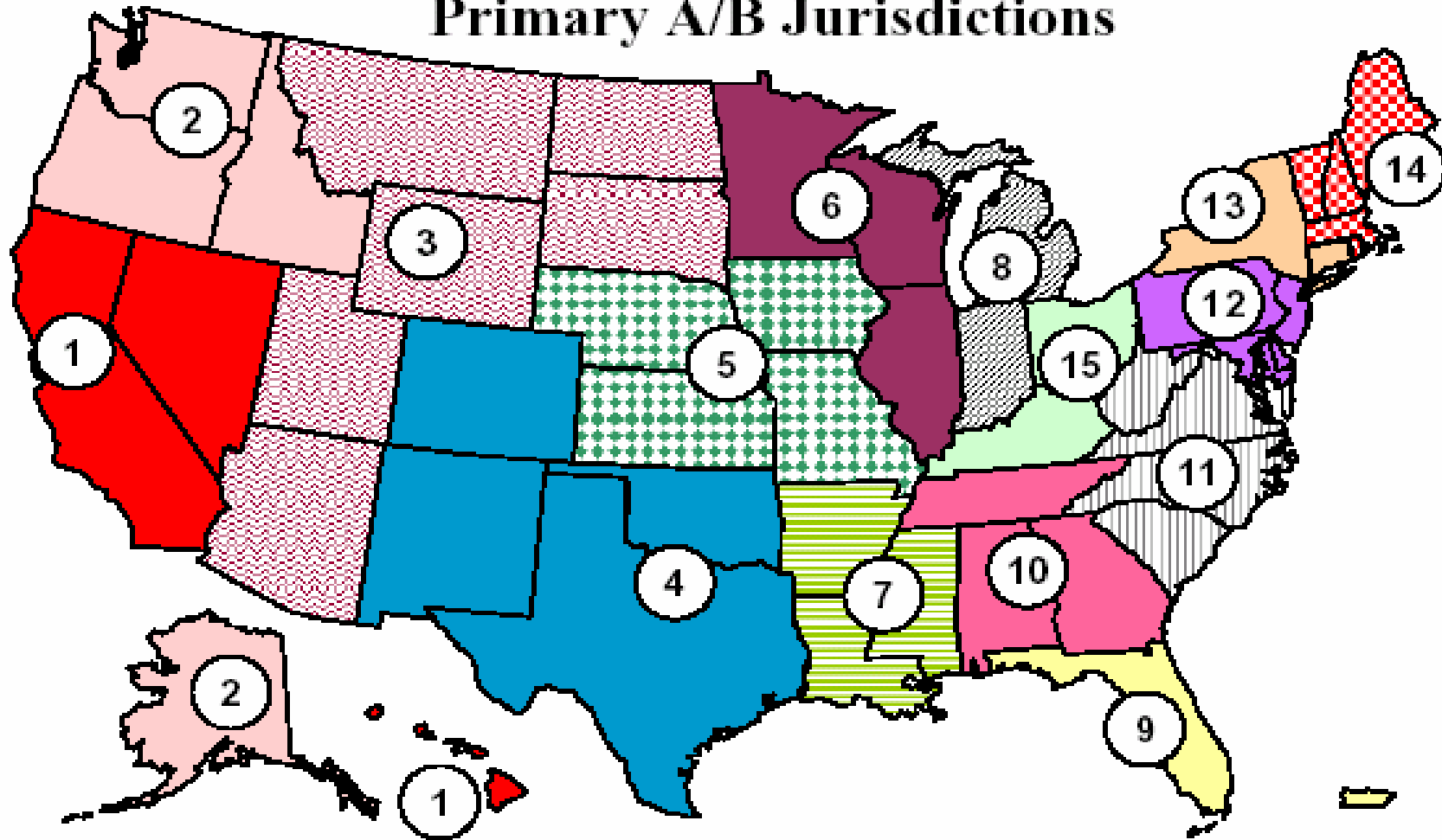
LCD vs NCD

- July 2007 – announced intent for NCD
- Comments resulted in an out cry
- December 2007 – looked likely
- March 2008 – determined to not implement the NCD and instead deferred to Local Carriers
- MLM article MM6098 – effective date 7/28/08



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Future Contracting Environment: Primary A/B Jurisdictions



MAC Award Dates

- 1- September 07
- 2- September 07
- 3- June 2006
- 4- July 2007
- 5- July 2007
- 6- September 08
- 7- September 07
- 8- September 08
- 9- September 08
- 10-September 08
- 11-September 08
- 13-September 07
- 12- July 2007
- 14- September08
- 15-September 08



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MAC and CCTA

- Noridan – L23654
- Trailblazer – L26751
- WPS – not consolidated yet
- Highmark – L 27483
- Palmetto – not consolidated yet
- NGS – L25907
- Nat'l Heritage – protest on contract filed
- Pinnacle Business Services – protest...



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And the codes they “accept”

- Noridan – no 0145T, 0150T, 0151T
 - Requires a Ca score 1st (limit 600)
 - If terminated use 53 modifier (line 19 of the 1500)
- Trailblazer – no 0145T
- Highmark – no 0145T or 0150T
- NGS – loaded all codes 😊
 - EF not payable if available from any other source
 - Must be 64 slice effective 12/1/09
- ALL say no to 0144T
- All mention correct use of 71275, except Trailblazers



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Other thoughts on CMS

- Indications tend to be similar
- Dx vary a bit
- Limitations vary
- Requirements vary – 64 slice, team approaches, etc.



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Commercial Payors
WHO IS PAYING?

IS ANYONE PAYING

Yes slow but sure



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Blues Coronary CTA Coverage Table

Payer ³	Minimum Tech Req'd	Symptomatic Evaluation of Chest Pain <small>(Often requires qualifications CAD Pre-Test Probability, uninterpretable or equivocal prior testing, unable to exercise, etc.)</small>	Morphology & Evaluation Cardiac Structures <small>(Examples include detection of coronary anomalies, assessment of complex congenital heart disease, eval of coronary arteries, new onset heart failure to assess etiology, evaluation of cardiac mass, pericardial conditions, pulmonary vein anatomy, pre-operative evaluation)</small>	Calcium Scoring	Asymptomatic Screening <small>(Not FDA cleared indication for CT)</small>
BCBS (OK, TX, NM, IL) 9/07 BCBS ND 4/08 Wellmark 6/07 BCBS MN 10/07 HOR. BCBS NJ 2/08	64 slices	✓	✓	X	X
Excellus – NY 9/07 BCBS AL 12/07	64 slices	✓	✓	Diag study sympt pt CTA	X
BCBS Arkansas 2/07	32 Detectors, ≤ 1 mm	✓	✓	X	X
BCBS Mass. 3/07	16 Slices, ≤ 1 mm	✓	✓	X	X
REGENCE 7/08		✓ (E/D only)	Anomalous cor. Arteries p equivocal angio – not morph.		

BC/BS Pilot Projects

- Some Blue Cross plans are doing pilot projects: Michigan, and South Carolina. Upper state New York – cx 5/07.
- You might have an opportunity to work with individual payors in spite of the National non-coverage decision.
 - It is better to work together
- Anthem & Wellpoint
 - CCTA is considered investigational and not medically necessary



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Private Payer Coronary CTA Coverage Table

Payer	Covered Lives¹	Minimum Tech Req'd	Symptomatic Evaluation of Chest Pain (Often requires qualifications CAD Pre-Test Probability, uninterpretable or equivocal prior testing, unable to exercise, etc.)	Morphology & Evaluation Cardiac Structures (Examples include detection of coronary anomalies, assessment of complex congenital heart disease, eval of coronary arteries, new onset heart failure to assess etiology, evaluation of cardiac mass, pericardial conditions, pulmonary vein anatomy, pre-operative evaluation)	Calcium Scoring	Asymptomatic Screening (Not FDA cleared indication for CT)
GE Applications			Coronary CTA	Structure and Function	CAC	
<u>Aetna³</u> 11/2007	16 MM	64 slices	✓	✓	X	X
<u>Humana</u> 6/08	9 MM	40 slices, ≤1mm	✓	✓	X	X
<u>CIGNA</u> 8/2007	9 MM	64 slices	✓	✓	X	X
<u>United HC</u> 4/2007	18 MM	64 slices	✓	✓	X	X

1 - Source: Harvard University Health Care Delivery Covered Lives – Summary of Findings and Payer websites.

2 - Policy descriptions based on payer policy clinical categories, not based on equipment or software applications.

3 – Aetna covers evaluation of chest pain for patients considered with low risk. Moderate to high risk – non-covered.

4 – ER evaluation of acute chest pain coverage: Humana, BC/BS Alabama, Regence BC/BS

✓ = Coverage
X = Non-coverage

Aetna – July 3, 2007

- Policy # 0228
- Must be a 64 slice scanner
- Covers
 - asymptomatic patients with an equivocal stress test
 - Chest pain, positive stress (>1 mm ST depression, ER patients with chest pain
 - Venous and congenital



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Humana – October 26, 2006

- Use when equivocal stress
- Pts with a high likelihood of avoiding a cardiac cath
- Should not add an additional layer
- Must be ≤ 1 mm
- Must be ≥ 40 slice



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United – 4-19-07

- Cardiac evaluation of a patient with known or suspected CAD
- Requires “satisfactory level of competence”
- Now requires 64 slice
- May be denied on post review if pretest knowledge of extensive coronary
- Policy # 2007T0488C



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Cigna Coverage Position #0399

- Covers for most symptomatic CAD
- Covers for abnormal stress
- Policy ;lists covering conditions for non-coronary



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UniCare # RAD 00035, 4-28-05

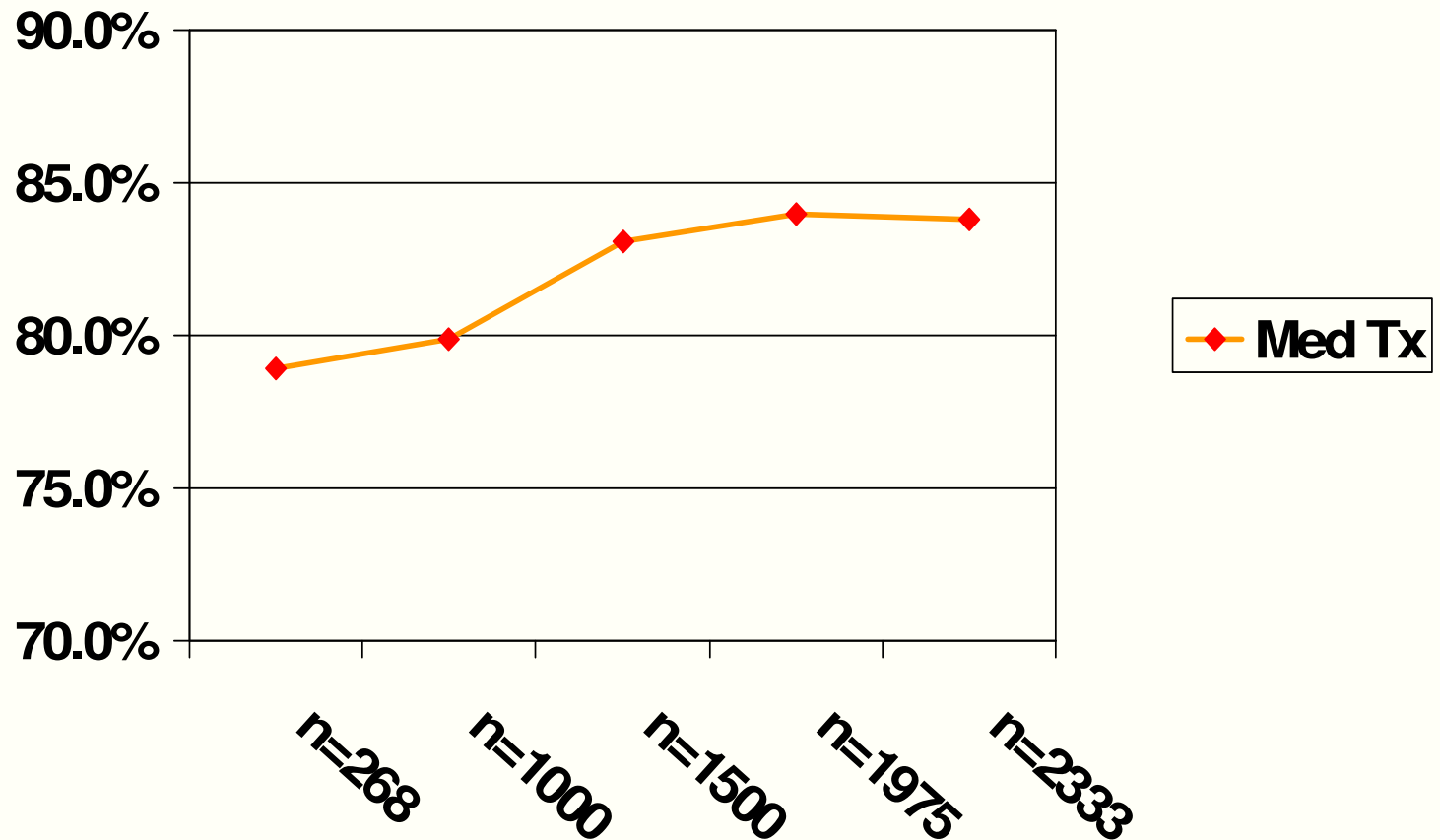
- Pertains to CTA, EBCT or MDCT
- Considered investigational/not medically necessary for the evaluation of coronary arteries and as a technique to evaluate cardiac function
- 6 pages follow explaining why



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Cardiac CTA

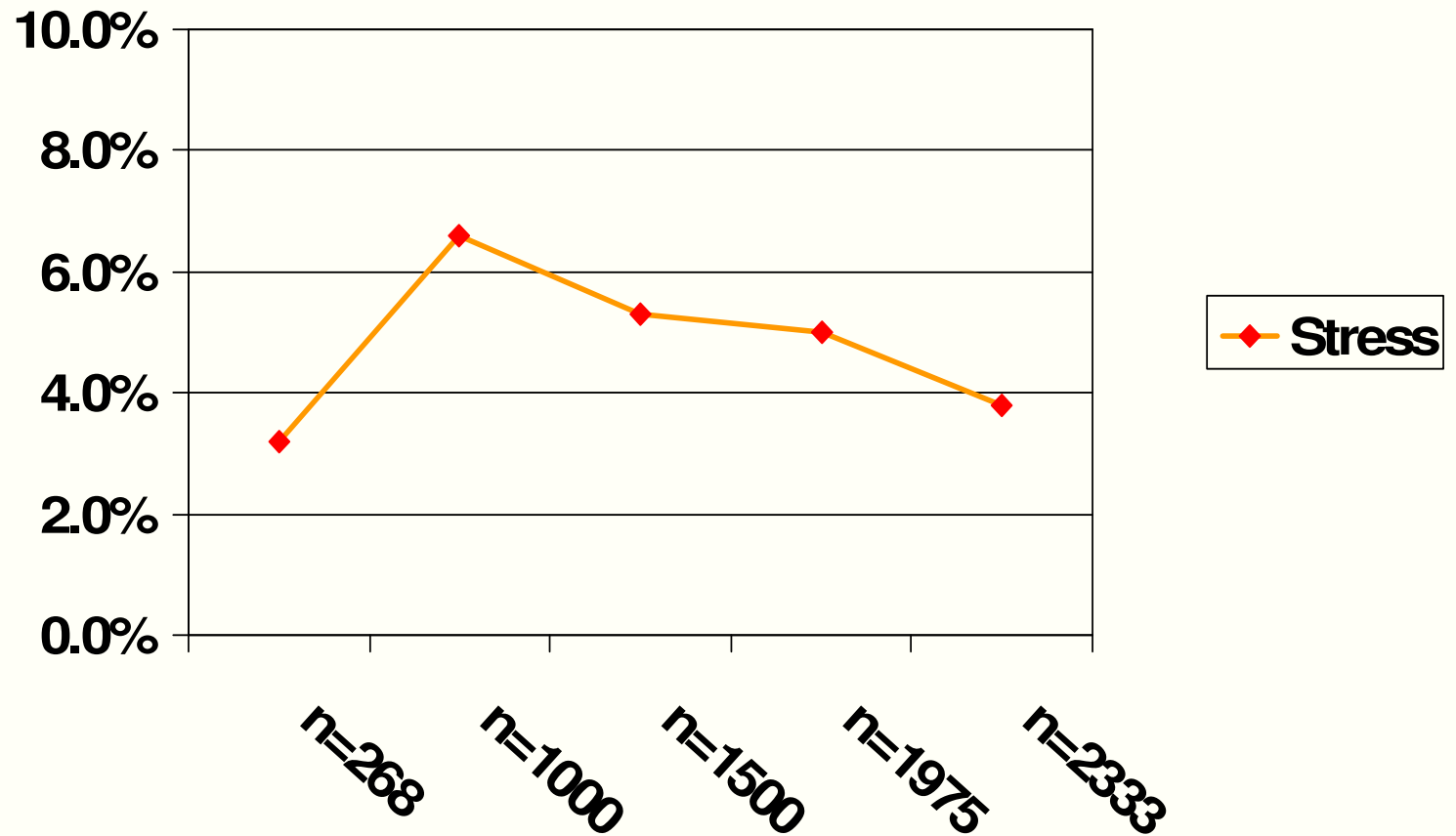
Illinois Heart & Vascular Treatment Plan as Result of CT



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Cardiac CTA

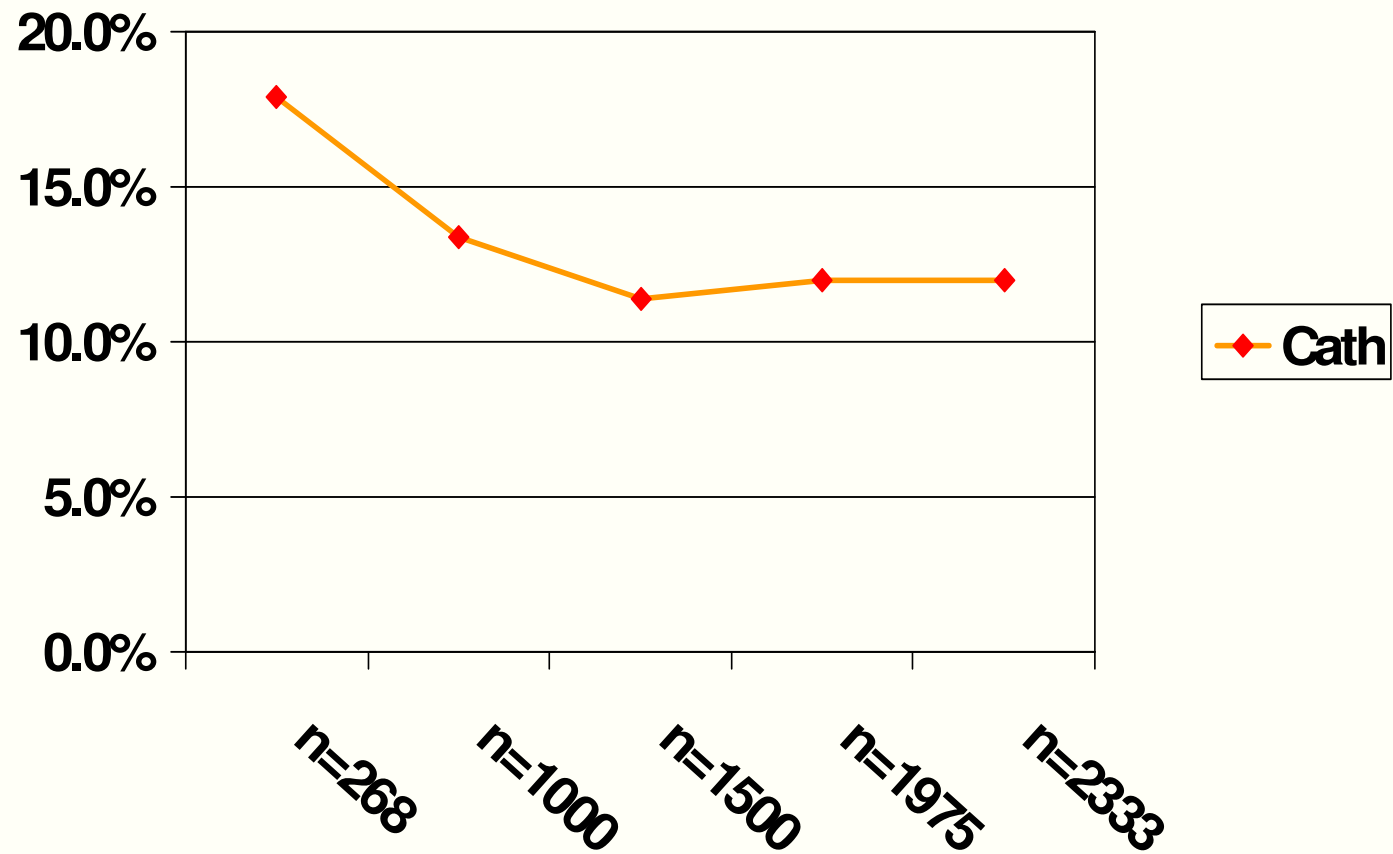
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