

Trends in vena caval interruption

This article reviews current trends in the placement of inferior vena cava (IVC) filters for venous thromboembolism.

The CPT code 37620 [*Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)*] is a fairly generic 90-day global description. Therefore, the reporting of the procedure is no different whether the venous system is interrupted by a percutaneously-placed device or the surgeon performs open ligation of the IVC by suture or a permanent clip. In the latter scenario, CPT code 37620 is all that would be reported to the insurance carrier. Currently, insertion of an IVC filter is performed using endovascular techniques in the majority of cases and component coding rules apply for catheter, imaging, and intervention in such a scenario. The radiology supervision and interpretation CPT code 75940 accompanies the base code. Deployment of a temporary or a permanent IVC filter is reported identically.

The intervention requires venous access that is often either femoral or jugular in origin. Use of either approach is identical from a coding perspective as long as the catheter enters the IVC (CPT code 36010). There is no additional reimbursement for negotiating the right atrium and entering the IVC from a cephalad vantage point. There are no National Correct Coding Initiative (NCCI) edits for Medicare between CPT codes 36010 and 37620, but denials of CPT code 36010 are common among private carriers who use their own bundling software and disregard component coding rules. If access is obtained using ultrasound guidance, CPT code 76937 is reported and describes the evaluation of the veins for puncture and guidance of the needle entry during the endovenous access. Reimbursement is predicated on digital archiving or placement of a hard copy printout in the medical record in addition to the dictated angiography report.

Lastly, IVC angiography is reported by CPT code 75825. Remember that viewing unilateral femoral and/or iliac veins as needed has an additional CPT code (75820). These codes are reported only if no prior contrast angiography has occurred in this clinical condition. For CPT, this means no prior contrast catheter-based angiography. For Medicare, this means no prior contrast catheter-based an-

giography or no prior computed tomographic angiography. If none exists, append the -59 modifier.

Removal of a temporary IVC filter has no specific CPT coding at this time. Many physicians believe that CPT codes 37203 and 75961 [*transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)*] would be appropriate while others feel the unlisted vascular surgery code (CPT code 37799) is more fitting. Please consult your local carriers for the appropriate reporting option in your region. The catheter and imaging CPT codes are as listed above. Contrast angiography is often employed to ensure that no thrombus is adherent to the IVC filter prior to extraction. Reporting CPT code 75825 with a -59 modifier is commonplace when the temporary device is retrieved.

Repositioning in a separate setting of an IVC filter (either a temporary or permanent device) has no specific CPT coding at this time. The unlisted vascular surgery code (CPT code 37799) is required. The catheter and imaging CPT codes are as listed above. Contrast imaging, again, is often employed for the reasons stated above.

Superior vena cava (SVC) filter insertion is utilized in some centers with upper extremity venous thrombosis. CPT codes 37620 and 75940 specifically state inferior vena cava in their description and therefore would not be appropriate in this clinical scenario. The unlisted vascular surgery code (CPT code 37799) would be required in addition to the non-selective SVC catheterization CPT code 36010 and the SVC venography CPT code 75827 (if no prior angiography exists).

CPT codes 37620 and 75940 have just been flagged in the February 2010 meeting of the American Medical Association/Specialty Society Relative Value Scale Update Committee's (RUC) Five-Year Review Identification Workgroup for codes that are billed together more than 75% of the time. Additionally, The Center for Medicare and Medicaid Services placed CPT code 37620 on the recently-released fourth five-year review list. This will most likely lead to a new bundled coding scheme for interruption of the caval system in years to come along with a "re-valuing" of the service.

Sean P. Roddy, MD

The Vascular Group, PLLC
43 New Scotland Avenue
MC157

Albany NY 12208

E-mail: roddys@albanyvascular.com

J Vasc Surg 2010;52:251

CPT codes and their descriptors are property of the American Medical Association.

0741-5214/\$36.00

Copyright © 2010 by the Society for Vascular Surgery.

doi:10.1016/j.jvs.2010.05.051