CPT ADVISOR

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Predictive value of angiographic scores for the integrated management of the ischemic diabetic foot

Reimbursement for radiology testing is divided into two parts: professional and technical. The professional component is paid for the official physician interpretation of the diagnostic imaging. The technical component compensates for the overhead required to perform the service based on expenses such as monthly space rental, utilities, the actual imaging equipment (eg, ultrasound machine or fluoroscopic unit), disposables (eg, ultrasound gel, catheters, stents, balloons, and contrast), technician and/or nursing salary, and picture archiving and communication system (also known as PACS) image storage. If a test is performed in the hospital where the facility owns the equipment and pays the staff, the interpreting physician would typically bill with a -26 modifier appended to the CPT code. This signifies that the physician is requesting compensation only for professional component. "Global" reimbursement is the sum of both the technical and professional elements. When the equipment is owned by a medical practice in an office setting and a member of that group also interprets the imaging data, billing of the imaging service would not have a modifier attached in the insurance claim; this is termed *billing global*. Examples include vascular laboratories and angiography suites located in the physician office.

When more than one surgical procedure CPT code is billed on the same session, the highest valued code is paid in its entirety. All subsequent surgical CPT codes are paid at 50% of their independent value. This decrease is termed the surgical *multiple procedure payment reduction* (or MPPR), taking into account the overlap in work before, during, and after multiple procedures done on the same date of service. However, add-on codes are exempt from this fee reduction since they are created solely for use with other CPT codes. Diagnostic imaging codes (ie, the radiology codes that begin with the number 7) or the vascular lab duplex/physiologic codes initially were not subject to an MPPR discount.

In 1995, the Centers for Medicare and Medicaid Services (CMS) implemented a nuclear medicine diagnostic procedure MPPR for CPT codes 78306, 78320, 78802, 78803, 78806, and 78807 based on "efficiencies in clinical labor, supplies, and equipment time."[1] When two or more of these six codes were furnished to the same beneficiary by a single physician or physicians in the same group practice on the same day, the second and subsequent procedures are paid at 50%. In 2006, CMS extended the radiology MPPR policy to the technical component of several computed tomographic, magnetic resonance, and ultrasound imaging tests furnished on "contiguous areas" of the body in a single session. This reduction was set at 25%. In 2011, the concept of "contiguous body area" was removed further, expanding the reduction in radiology technical payments for multiple testing on a given date.

In the 2013 Medicare Physician Fee Schedule (MPFS) final rule, CMS enacted a new MPPR on the technical component of diagnostic cardiovascular services. This policy decreases the technical payments for the second and subsequent diagnostic cardiovascular procedures by 25%. A complete listing of the CPT codes involved is detailed in Table 12 of the 2013 MPFS final rule.[1] This change in policy will affect catheter-based diagnostic arteriography and venography in the office setting (eg, CPT codes 75625, 75710, 75726, 75820, and 75825). Additionally, it encompasses all of the standard vascular lab physiologic testing and duplex ultrasound imaging performed in the physician office (eg, CPT codes 93880-93990). Remember that the Deficit Reduction Act (DRA) of 2005 has already reduced the technical reimbursement for vascular lab studies based on the Hospital Outpatient Prospective Payment System. This is a further discount after that DRA cap. Therapeutic catheter-based procedural services are not included in this new cardiovascular MPPR. Lastly, CMS is considering expanding this cardiovascular MPPR to all diagnostic imaging and even to all professional fees in the years to come.

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