

CPT ADVISOR

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Endovascular foreign body retrieval

The combined CPT and American Medical Association/Specialty Society Relative Value Scale Update Committee (or RUC) Five-Year Review Identification Workgroup screened CPT codes billed together 75% or more of the time. From this assessment, the workgroup indicated that there was duplication of work among the endovascular foreign body retrieval surgical procedure code (CPT code 37203) and its associated radiology supervision and interpretation code (CPT code 75961). Therefore, a new single-bundled CPT code was created under the direction of radiology and vascular surgery. This new description will become valid in 2013 accompanied by simultaneous deletion of the two component codes. Additionally, the associated reimbursement has been revalued through the RUC survey process.

The new CPT code 37197 states “*Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed.*” Endovascular retrieval of a foreign body can occur in any vessel, both arterial and venous. The work required for retrieval will depend on the specific vessel that needs to be nonselectively or selectively catheterized. Therefore, it is anticipated that reporting such a procedure will include one or more vascular catheterization codes in addition to the bundled retrieval code. This reflects current coding practice and appropriately accounts for the highly variable work required for different retrievals.

This bundled description includes: snaring of the foreign body, imaging guidance through fluoroscopy and/or ultrasound, radiological supervision and interpretation, and moderate sedation. Therefore, intravascular ultrasound

(CPT codes 37250 and 37251) is bundled into CPT code 37197, as is ultrasound guidance for vascular access (CPT code 76937) and fluoroscopic guidance for vascular access (CPT code 77001). It specifically excludes: arterial or venous catheterization, any associated interventional procedures (eg, embolization, angioplasty, and endovascular stent placement), open surgical repair of the artery or vein where the foreign body is extracted, and any diagnostic imaging as outlined in the “Vascular Procedures” section of the 2013 CPT manual.

In the strictest sense, a vena cava filter is an endovascular foreign body. However, the new bundled CPT code 37197 is specifically not appropriate for vena cava filter retrieval. CPT code 37193 denotes endovascular removal of a vena cava filter through any approach (eg, jugular or femoral).

In 2012, the Medicare Physician Fee Schedule listed 5.02 work RVUs and 7.82 total RVUs for CPT code 37203 in the facility setting. Additionally, there were 4.24 work RVUs and 6.04 total RVUs for CPT code 75961 in the facility. After discussion at the RUC, the AMA forwarded a recommendation of 6.72 work RVUs to the Center for Medicare and Medicaid Services. The agency disagreed with the new assessment and further cut the reimbursement to an interim value of 6.29 work RVUs and 9.03 total RVUs. This amounts to a 35% cut in total physician reimbursement from year 2012 to 2013 in the Medicare population for this service.

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