

## Part B Insider (Multispecialty) Coding Alert

### Cardiology: Check Out These New, Revised 2016 HCPCS Codes to Keep Your Income Flowing

**Plus: Get Varithena coding tips from the HCPCS committee preliminary decision.**

With all the fanfare surrounding ICD-10 and CPT® 2016, don't forget to check what's new for HCPCS that may impact your cardiology practice. We've sorted through the long list of revisions to pull out top updates that could impact how you report your drugs, biologicals and services.

#### **Lumason: Out With the Old, In With the Q**

The ultrasound contrast agent sold in the U.S. as Lumason has a new Q code for 2016, replacing the C code HCPCS introduced Oct. 1, 2015:

- **2015 code:** C9457, Injection, sulfur hexafluoride lipid microsphere, per ml
- **2016 code:** Q9950, Injection, sulfur hexafluoride lipid microspheres, per ml.

**Remember:** C codes are available for reporting by those under the Outpatient Prospective Payment System (OPPS) and a limited number of hospital types specified by CMS. Medicare will not reimburse physician offices for a C code.

According to the May 8, 2015, HCPCS Public Meeting Agenda ([www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2015-05-08-DrugAgenda.pdf](http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2015-05-08-DrugAgenda.pdf)), Bracco Diagnostics, which markets Lumason, submitted a request for a new code to report the contrast agent.

**What it is:** Lumason is an ultrasound contrast agent cardiologists use in patients with suboptimal echocardiograms. The contrast specifies the left ventricle and improves the "delineation of the left ventricular endocardial border," the Agenda states.

"Obtaining approval of Lumason for coverage and payment for echocardiography for suboptimal echocardiograms represents a milestone in this product's recent introduction into the U.S. market," said **Vittorio Puppo**, CEO and president of Bracco Diagnostics, in an October press release. The international name for the contrast agent is SonoVue.

**Units tip:** You should report Q9950, like C9457, with 1 unit per mL. Expect to report a total of 5 units as a combination of the amount administered and wasted from the Lumason single-use kit. The kit includes the Lumason as 25 mg of lipid-type A lyophilized powder that your provider reconstitutes using an included 5 mL prefilled syringe of sodium chloride 0.9 percent diluent.

**Rule:** Medicare's rule on reporting drug waste for a single-use vial states, "When a physician, hospital or other provider or supplier must discard the remainder of a single use vial or other single use package after administering a dose/quantity of the drug or biological to a Medicare patient, the program provides payment for the amount of drug or biological discarded as well as the dose administered, up to the amount of the drug or biological as indicated on the vial or package label" (Medicare Claims Processing Manual, Chapter 17, Section 40, [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf)).

Check your payer's policy on use of modifier JW (Drug amount discarded/not administered to any patient) because each payer, including a local MAC, may define its own rules for proper use. (Do not use JW on Medicare Part B Drug

Competitive Acquisition Program claims.)

**Example:** Suppose a patient has the recommended Lumason dose after reconstitution of 2 mL. The patient receives another 2 mL during the same session to prolong the enhanced visualization. The MAC allows use of JW to identify the wasted portion. In addition to the appropriate echocardiography and ICD-10 codes, you report Q9950x4 on one line for the 4 mL used and Q9950-JWx1 on another line for the wasted 1 mL.

### **Pick Up C Code for PCI Drug Cangrelor**

Providers allowed to report C codes have a new code available for cangrelor, sold as Kengreal, an intravenous antiplatelet drug that helps prevent coronary clots. It is available in 50 mg vials, which the provider reconstitutes and adds to a saline bag for administration.

The code is C9460 (Injection, cangrelor, 1 mg).

"For patients undergoing percutaneous coronary intervention, blood clotting can cause serious problems. The approval of Kengreal provides another treatment option for patients," said **Norman Stockbridge, MD, PhD**, director of the Division of Cardiovascular and Renal Drugs in the FDA's Center for Drug Evaluation and Research, in a June FDA News Release.

### **Modifier CT Means a TC Pay Cut**

Effective Jan. 1, 2016, certain CT services using machines that aren't up to snuff on dose optimization face a 5 percent fee cut from Medicare. The reduction applies only to the technical component (whether alone or part of the global) and only to services paid under the Medicare Physician Fee Schedule. The cut will increase to 15 percent in 2017.

To identify those CT services subject to the new rule, HCPCS 2016 adds modifier CT (Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association [NEMA] XR-29-2013 standard).

Among the target codes facing reduction are 71250-71275 for CT of the thorax and CTA of the chest, and 75571-75574 for CT and CTA of the heart.

To see the complete list of codes affected, review Transmittal 3402, CR 9250, which updates the Medicare Claims Processing Manual ([www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3402CP.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3402CP.pdf)). For more on the standards involved, see [www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Radiation\\_Safety/XR29\\_FAQs\\_91015.pdf](http://www.acr.org/~media/ACR/Documents/PDF/QualitySafety/Radiation_Safety/XR29_FAQs_91015.pdf).

### **Bonus: Varithena Application Reveals Coding Tips**

The May 7, 2015, HCPCS Public Meeting Agenda includes a discussion of a denied code request for Varithena, a drug and device combination (sclerosing foam from a canister) "for the treatment of incompetent great saphenous veins, accessory saphenous veins and visible varicosities of the great saphenous vein (GSV) system above and below the knee" ([www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/May-7-2015-DrugAgenda.pdf](http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/May-7-2015-DrugAgenda.pdf)).

The preliminary decision posted in the Agenda provides coding insights by stating that the CPT® codes reported for the procedure include the Varithena, so you should not report a separate J code for the supply. The decision also states that having a patient sign an Advance Beneficiary Notice for a product included in the CPT® code would be inappropriate.