Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: You May Have To Close Your In-Office Cath Labs Or Scanning Centers

RVU changes could mean $200,000 pay cut per cardiologist

Cardiologists face just a 4-percent decrease in their reimbursement by 2010 due to changes to work and practice expense relative value units (RVUs), the **Centers for Medicare & Medicaid Services** claims.

But some cardiology practices could be much harder hit than that, claims **Dori Rodriguez**, business office manager with the **Nebraska Heart Institute** in Lincoln, NE. Her practice has an office catheterization lab, and she says its reimbursements will drop around 60 percent by 2010, when all the changes take effect.

When CMS first proposed the PE-RVU changes in February, Rodriguez did a financial analysis and found the changes would cost her doctors $200,000 per year **per doctor**. But she believes the new version will have an even worse effect.

Example: The technical component (TC) of an echocardiogram will drop 6.18 percent in the first year, and 32 percent in 2010. Fac-toring in small increases in work RVUs for those codes and an overall 10-percent decrease in work RVUs, the whole payment for an echocardiogram will drop 25 percent in 2010, Rodriguez predicts.

And a complete heart catheterization in an office will lose 13.5 percent of its total reimbursement in 2007, and 54.19 percent in 2010, Rodriguez predicts. "I don't know how any freestanding heart cath center could stay open," she says. This move will push diagnostic cath patients into the inpatient setting, where they'll take space away from emergency patients, she warns.

Overall reimbursement for nuclear scans will drop around 15 percent in 2010, Rodriguez adds.

Good news: Many cardiovascular surgery codes will see increases thanks to the recent five-year review of work RVUs.

Cardiologists argued that many cardiac surgery codes had values based on inaccurate assessments of the time it took to perform those procedures. And the previous five-year review had boosted some cardiac surgeries but not others, meaning that surgeries ended up with bizarre rankings.

In general, CMS didn't accept the **Relative Value Update Committee** (RUC) recommendations for startling increases to the cardiac surgery codes. But CMS did boost the cardiac surgery codes under consideration in most cases.

For example, the RUC wanted the work RVUs for heart repair codes 33300-33305, 33400, 33405-33406, 33410-33411 and 33413 to be nearly doubled. But CMS imposed smaller increases for those codes. The same goes for mitral valve repair codes 33425-33426, mitral valve replacement code 33430 and tricuspid valvuloplasty codes 33463-33464.

But the work RVUs for pulmonary valve replacement code 33475 will increase from 32.95 to 41.95, not just to 39.39 as the RUC recommended.

CABG codes 33510-33516 and 33533-33536 will all see slight increases, and so will heart septum defect repair codes 33641-33645 and 33684-33687 and great vessels repair codes 33771, 33779 and 33781.

The heart specialty societies asked for massive increases in work RVUs for some thoracic aortic aneurysm repair codes, and CMS granted significant increases to two codes: 33860 and 33877. The latter code will rise from 42.54 to 53.00 work

RVUs. Aneurysm repair codes 35081 and 35102 will also increase.

Clot removal codes 34001, 34201 and 34471 will all see sharp increases, with 34471 roughly doubling its work RVUs. Blood vessel lesion repair code 35216 will also almost double, from 18.72 work RVUs to 34.00 work RVUs. Also nearly doubling in work RVUs is chest vessel exploration code 35820.

Several artery bypass graft codes will see increases in work RVUs, while some others will be referred to the **CPT Editorial Panel** for possible changes in their descriptors. Spleen removal codes 38100-38101 and spleen repair code 38115 will rise by roughly a third, and so will lymph node removal codes 38700-38724.