

The Ever-Changing Reimbursement For Lower Extremity Endovascular Therapies In Hospitals And OBLs: Why It's Happening And Where Is It Going

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Nothing to Disclose

Five-Year Reviews

Omnibus Budget Reconciliation Act of 1990 requires CMS to comprehensively review all relative values in the Medicare Physician Payment Schedule at least every five years and make any needed adjustments

Medicare Payment Advisory Commission (MedPAC)

- MedPAC commented to CMS (after evaluating the first two five years reviews) in their March 2006 report on the Medicare Physician Payment Schedule (and reiterated again in both 2007 / 2008 reports)

"...bias in 5-year reviews in favor of undervalued codes as compared to overvalued codes..."

MedPAC Advising the Congress on Medicare issues

- Recommended establishment of a separate standing panel of medical economic experts to identify overvalued services through various statistical analyses
- Expressed an opinion that the growth in volume of services might be evidence of "misvaluation"

RUC and CMS

- In response, the RUC created the Five-Year Identification Workgroup
 - Purpose: to identify potentially misvalued services using objective mechanisms for re-evaluation
- There is no further formal Five-Year Review process
 - The committee has been renamed the Relativity Assessment Workgroup (RAW) that meets at the RUC 3 times per year

Relativity Assessment Workgroup Sample Screens

- Bundled CPT Services
- CMS Fastest Growing Procedures
- CMS High Expenditure Procedural Codes
- CMS/Other Source Codes
- Harvard Valued (Utilization Over 30,000 and Medicare Allowed Charges >\$10 million)
- High Intra-service Work Per Unit of Time (IWPUT)
- High Volume Growth
- Low Value/Billed in Multiple Units

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Relativity Assessment Workgroup “High Volume Growth”

- Rapid growth in a procedure over a specified time period may indicate “overvalue in the compensation of that service”
- In October 2018, code 37229 was identified by the High-Volume Growth screen, for services with Medicare utilization of 10,000+ that increased by at least 100% from 2012-2017
- This led to a new CPT application updating the lower extremity endovascular arterial intervention codeset

Reimbursement Goals SVS, OEIS, ACC, ACR, SCAI, SIR, ACS

- Modify the codeset to reflect clinical practice technology and expenses
- Incorporate the increasing prevalence of complex pathology with endovascular therapy

LE Endovascular Arterial Intervention Coding

- October 2020
 - CPT application submitted with 32 new submitted, but the panel had significant concerns, so the application was withdrawn
- June 2021
 - A revised CPT application was submitted, and the CPT panel postponed the application with continued concerns
- April 2022
 - RUC referred the lack of action to CPT requesting a workgroup be formed to usher the next application through the process

LE Endovascular Arterial Intervention Coding

- August 2022
 - CPT panel denied the RUC request stating the panel does not have the expertise to construct this application and referred it back to the specialty societies
- September 2022
 - Open forum discussion with the CPT panel and the specialty societies occurred to review the concerns on both sides
- April 2023
 - Conference call with the CPT panel to discuss a newly revised application and then finalized it in-person at the May 2023 CPT meeting

AMA
ASSOCIATION OF AMERICAN MEDICAL COLLEGES

CPT® Editorial Panel Summary of Panel Actions
September 2024

Tab #	Name	Code #	Request/Description	Effective Date
30	Lower Extremity Vascular Procedures	<ul style="list-style-type: none"> • 37001 • 37015 • 37037 • 37062 • 37020 • 37028 • 37003 • 37021 • 37030 • 37024 • 37025 • 37065 • 37005 • 37023 • 37041 • 37008 • 37024 • 37042 • 37005 • 37025 • 37041 • 37008 • 37020 • 37044 • 37005 • 37022 • 37045 • 37020 • 37011 • 37029 • 37012 • 37030 • 37015 • 37031 • 37014 • 37032 • 37016 • 37033 • 37018 • 37034 • 37019 • 37035 • 37016 • 37036 017220-17235 	<p>Approved addition of a new subsection titled "Iliac Vascular Territory" and codes 37001-37009 for reporting vascular procedures in the iliac vascular territory; addition of a new subsection titled "Femoral and Popliteal Vascular Territory" and codes 37010-37019 for reporting vascular procedures in the femoral and popliteal vascular territory; addition of a new subsection titled "Tibial and Peroneal Vascular Territory" and codes 37020-37029 for reporting vascular procedures in the tibial and peroneal vascular territory; addition of a new subsection titled "Tortabulular Vascular Territory" and codes 37030-37039 for reporting vascular procedures in the tortabulular vascular territory; revises of the Endovascular Repair of Abdominal Aorta and/or Iliac Arteries guidelines to reflect the appropriate new codes; revises of the Endovascular Revascularization (Open or Percutaneous, Thrombolysis) guidelines and addition of the lower extremity revascularization codes (37220-37235)</p>	January 2026

Important Lower Extremity Revascularization Survey - Deadline November 1, 2024

As a valued member of SVS, you have been selected to participate in an AMA/Specialty Society RUC survey for several new lower extremity revascularization (LER) services.

This is a multiprofessional effort of seven societies. If two or more societies invited you to participate, please only complete the survey once. This survey will help our societies, in concert with the RUC, recommend accurate relative values for physician work and direct practice expense for these important codes to the Centers for Medicare and Medicaid Services.

The CPT code structure, descriptors and guidelines to report lower extremity revascularization services will undergo extensive revision for implementation Jan 1, 2026. A PDF is available to download from the survey in several locations that you should thoroughly review. We strongly recommend that you print and/or keep the PDF file open while taking the survey.

[Take Survey](#)

Please complete the survey by Friday, November 1, 2024.

If you have difficulty accessing the survey or if you have any questions, please contact: tblsacc@abimail.com. Thank you in advance for your time!

If you are unfamiliar with an AMA RUC Survey, [click here](#) to view a short YouTube educational video.

Sincerely,
Matthew Sideman, MD
SVS RUC Advisor

- ### LE Endovascular Arterial Intervention
- SVS, OEIS, ACC, ACR, SCAI, SIR, ACS to present these 46 new CPT codes at the January RUC meeting
 - Establish work RVUs for the professional reimbursement
 - Identify the overhead for OBL compensation
 - CMS will review the RUC recommendations and determine the final hospital-based and OBL-based RVU content → July proposed 2026 MPFS rule
 - Potentially effective January 1, 2026 in the MPFS

- ### Summary
- Lower extremity endovascular therapy procedures were flagged for rapid growth
 - The specialties decided to update the codeset
 - CPT accepted a new set of 46 codes, and it is currently being valued by RUC for ? CY 2026