

2019 Reimbursement Coding Reference

EndoPAT™ Endothelial Dysfunction Test

CODING AND PAYMENT

In 2019, CPT® code 0337T, which was previously used to report the EndoPAT endothelial function test, was deleted. The AMA has instructed that procedures which previously utilized this code, should now be reported with 93998 Unlisted non-invasive vascular diagnostic study.

Step 1: Report the EndoPAT on the payer claim form with the following CPT code:

| CPT CODE ¹ | DESCRIPTION | PAYMENT |
|-----------------------|--|------------------------|
| 93998 | Unlisted noninvasive vascular diagnostic study | At discretion of payer |

Step 2: Provide Supporting Documentation

Providers should submit supporting documentation to the payer to accurately describe the work and resources associated with the procedure. Supporting documentation may include:

1. The operative report is a key source of information and should include information such as the following:

- Level of difficulty of the case
- Patient's diagnosis and duration of medical condition
- Risk of complication associated with the procedure
- Resources required to perform the procedure
- Anything unusual found during the procedure
- Other problems the patient is having and associated follow up care

2. A cover letter, which explains that no specific CPT code is currently available for this procedure and, therefore, the unlisted code was used. An established procedure code can be referenced, which is comparable in time, skill, and work to the procedure. In this case the following codes may be used as a reference:

93922: Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

93923: Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

**Be advised payers have their own guidelines for reviewing/adjudicating claims with unlisted codes.
Check with your payer to inquire about individual requirements.**

ADVANCED BENEFICIARY NOTICE (ABN)²

The ABN is a written notice issued to a Fee-For-Service beneficiary before furnishing services that are usually covered by Medicare but are not expected to be paid for certain reasons, such as utilization of a Category III code indicating an investigational status or lack of medical necessity.

The ABN allows the beneficiary to make an informed decision about whether to obtain the service that may not be covered and accept financial responsibility if Medicare does not pay. If the beneficiary does not get written notice when it is required, the patient may not be held financially liable if Medicare denies payment, and the provider may be financially liable if Medicare does not pay. The provider must issue the ABN when:

- You believe Medicare may not pay for an item or service;
- Medicare usually covers the item or service; and
- Medicare is expected to deny payment for the item or service because it is not medically reasonable and necessary (an example when the service is considered “investigational”)

When making appointments or ordering tests, clinic staff should check with the local Medicare B MAC to see if this procedure will be covered for someone with a medical condition before the service is provided.

If, after checking the coverage rules, the provider believes that the EndoPAT™ Endothelial Function test will not be covered, the patient should sign an "Advance Beneficiary Notice".

After signing the ABN, the patient will have two options:

- Choose to receive the EndoPAT™ test and agree to be responsible for payment,
- Choose not to receive the EndoPAT™ test

MODIFIERS

For most payers modifiers are not used when reporting a Category III code. However a number of modifiers are associated with ABN use.

Medicare Advance Beneficiary Notice (ABN) Specific Modifiers²

| MODIFIER | DESCRIPTION |
|----------|--|
| GA | Waiver of Liability Statement Issued as Required by Payer Policy, Individual Case Report when you issue a mandatory ABN for a service as required and it is on le. You do not need to submit a copy of the ABN, but you must have it available on request. |
| GX | Notice of Liability Issued, Voluntary Under Payer Policy Report when you issue a voluntary ABN for a service Medicare never covers because it is statutorily excluded or is not a Medicare benefit. You may use this modifier in combination with modifier GY. |
| GY | Item or Service Statutorily Excluded, Does Not Meet the Definition of Any Medicare Benefit Report that Medicare statutorily excludes the item or service or the item or service does not meet the definition of any Medicare benefit. You may use this modifier in combination with modifier GX. |
| GZ | Item or Service Expected to Be Denied as Not Reasonable and Necessary Report when you expect Medicare to deny payment of the item or service due to a lack of medical necessity and no ABN was issued. |

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² Medicare Advanced Beneficiary Notices. Department of Health and Human Services. Medicare Learning Network

| Example ICD-10 Codes for Endothelial Dysfunction Testing | |
|--|---|
| Code | Description |
| Z13.6 | Encounter for screening for cardiovascular disorders <ul style="list-style-type: none"> • Borderline ankle-brachial index • Negative ankle-brachial index • Positive ankle-brachial index • Screening for cardiovascular condition • Screening for cardiovascular condition done • Screening for peripheral artery disease, borderline ankle-brachial index • Screening for peripheral artery disease, negative ankle-brachial index • Screening for peripheral artery disease, positive ankle-brachial index • Treadmill stress test negative for angina pectoris |
| I99 | Other and unspecified disorders of circulatory system |
| I99.8 | Other disorder of circulatory system |
| I99.9 | Unspecified disorder of circulatory system |
| Hypertension | |
| I10 | Essential (primary) hypertension |
| I10 | Essential (primary) hypertension |
| I10 | Essential (primary) hypertension |
| I11.90 | Hypertensive heart disease without heart failure |
| I11.9 | Hypertensive heart disease without heart failure |
| I11.0 | Hypertensive heart disease with heart failure |
| Diabetes | |
| E08.51 | Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene |
| E13.59 | Other specified diabetes mellitus with other circulatory complications |
| E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| Heart Failure | |
| 150.9 | Heart failure, unspecified |
| 150.1 | Left ventricular failure |
| 150.20 | Unspecified systolic (congestive) heart failure |
| 150.21 | Acute systolic (congestive) heart failure |
| 150.22 | Chronic systolic (congestive) heart failure |
| 150.23 | Acute - chronic systolic (congestive) heart failure |
| 150.30 | Unspecified diastolic (congestive) heart failure |
| 150.31 | Acute diastolic (congestive) heart failure |
| 150.32 | Chronic diastolic (congestive) heart failure |
| 150.33 | Acute - Chronic diastolic (congestive) heart failure |
| 150.40 | Unspecified combined systolic (congestive) and diastolic (congestive) heart failure |
| 150.41 | Acute combined systolic (congestive) and diastolic (congestive) heart failure |
| 150.42 | Chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| 150.43 | Acute - chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| 150.9 | Heart failure, unspecified |
| Disorders of Metabolism | |
| E78.0 | Pure hypercholesterolemia |
| E78.1 | Pure hyperglyceridemia |
| E78.2 | Mixed hyperlipidemia |

| | |
|--|--|
| E78.3 | Hyperchylomicronemia |
| E78.4 | Other hyperlipidemia |
| E78.5 | Hyperlipidemia unspecified |
| E78.6 | Lipoprotein deficiency |
| E88.1 | Lipodystrophy, not elsewhere classified |
| E78.89 | Other lipoprotein metabolism disorders |
| E88.89 | Other specified metabolic disorders Other specified metabolic disorders |
| E78.9 | Disorder of lipoprotein metabolism, unspecified |
| Overweight / Obesity | |
| E66.9 | Obesity, unspecified |
| E66.01 | Morbid (severe) obesity due to excess calories |
| E66.3 | Overweight |
| Impotence | |
| N52.9 | Male erectile dysfunction, unspecified |
| Personal and Family History of Certain Diseases | |
| Z86.39 | Personal history of other endocrine, nutritional and metabolic disease |
| Z86.73 | Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits |
| Z86.79 | Personal history of other diseases of the circulatory system |
| Z82.3 | Family history of stroke |
| Z82.49 | Family history of ischemic heart disease and other diseases of the circulatory system |
| Z82.41 | Family history of sudden cardiac death |
| Z82.49 | Family history of ischemic heart disease and other diseases of the circulatory system |
| Z83.3 | Family history of diabetes mellitus |
| Z83.49 | Family history of other endocrine, nutritional and metabolic diseases |
| Z72.3 | Lack of physical exercise |
| Z72.4 | Inappropriate diet and eating habits |
| Z72.89 | Other problems related to lifestyle |
| Z72.9 | Problem related to lifestyle, unspecified |
| Additional Risk Factors | |
| F17.200 | Nicotine dependence, unspecified, uncomplicated |

FOR REIMBURSEMENT QUESTIONS CONTACT US AT:

http://www.itamar-medical.com/WatchPAT™/Medical_Professional/Insurance_Reimbursement