2022 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 bereported 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 BENEFICIAY 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 codeindicating 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 noticewhen it is required, the patient may not be held financially liable if Medicare denies payment, and the provider maybe 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 andnecessary (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 ifthis 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 becovered, 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 areassociated with ABN use.

Medicare Advance Beneficiary Notice (ABN) Specific Modifiers[2]

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 bene t. 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.

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

ICD-10-CM

Note: Z codes may not be used as a primary diagnosis code for inpatient admission per Medicare Code Edits (MCE)

Example ICD-10 Codes for Endothelial Dysfunction Testing	
Code	**Description**
Z13.6	Encounter for screening for cardiovascular disorders • 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:
https://www.itamar-medical.com/watchpat-reimbursement/