

**Abstract 8****Getting Paid for What We Do: Vascular procedures under CPT 2000.**

Henry C. Veldenz, MD , Peter S. Dovgan, MD, James W. Dennis, MD, Kathy Johnson, CPC; University of Florida Health Sciences Center - Jacksonville, Jacksonville Florida

**Introduction:** Medicare reimbursement guidelines changes for vascular surgical procedures over the years has made obtaining adequate compensation for work done difficult. Understanding the new codes, the use of pre-existing codes, as well as modifiers that apply under CPT 2000 can increase reimbursement for the same clinical work.

**Methods:** A review of billing practices for three high volume procedures was done. Careful analysis of operative records in 1998 through 2000 documented all the work done for Insertion of Greenfield Filter, Femoral-Popliteal Bypass (Vein), and Exposure Assistance for Spine L5-S1 fusions. The major difference was recognizing what additional procedures whose performance been taken for granted in 1998 could also be listed for reimbursement with appropriate codes and modifiers in 2000. Many routine aspects of vascular cases, even if done by nursing under surgeon orders, were captured in the 2000-year cases. Complete documentation in the chart and the operative reports was an essential component of the charge capture efforts

**Results:**

Procedure	'Old' CPT codes	'Old' Charges	Added Procedure Charges	2000 CPT Codes	CPT 2000 Charges	Percent Increase
Greenfield filter,	37620	1689.06	IVC cavagram, Radiology based codes	37620,76940-26, 36010-51, 75825-26	\$2221.00	+31.5%
Femoral- Popliteal bypass (Vein)	35556	\$3605.00	IV antibiotics, Foley catheter, angiogram, Interpretation	35556, 36140-51, 75710-26, 90784-51, 53670-51	\$4065.00	+ 12.7%
L5-S1 exposure as Unlisted vascular case	34899	\$400.00	L5-S1 Exposure as two surgeon case	22558-62	\$2099.00*	+ 420%

\* Vascular surgery charge after agreed fee percentage with primary spine surgeon.

The charges as noted have been reimbursed, albeit at the insurance carriers respective rates. This utilization of charge capturing does not include any –22 modifiers, which stand to allow more charges for complex cases.

**Conclusions:** The knowledge of CPT 2000 billing codes is essential to capturing deserved reimbursement from Medicare. Compulsive documentation of work already routinely done on a vascular surgery service can increase recoverable charges under current CPT 2000 guidelines.