



January 2014

# Ultrasound Reimbursement Information



## Carotid Intima-Media Thickness (IMT) Scanning

*This guide provides coding and coverage information regarding diagnostic ultrasound for common carotid intima-media thickness screening. SonoSite provides this information as a courtesy to assist providers in determining the appropriate coding and other information for reimbursement purposes. It is the provider's responsibility to determine and submit appropriate codes, modifiers and claims for services rendered. SonoSite makes no guarantees concerning reimbursement or coverage. Please feel free to contact the SonoSite reimbursement staff if you have any questions at 1-888-482-9449.*

### Coding

Effective January 1, 2006, the AMA issued a Category III CPT<sup>1</sup> code to report carotid intima-media thickness (IMT) studies.

0126T - Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment.

Category III codes are assigned to emerging technology, services and procedures and allow for data collection on clinical efficacy, utilization and outcomes. No relative value units (RVUs) are assigned to Category III codes and thus there is no predetermined payment amount.

Many private insurance companies do not recognize Category III codes. Providers are advised to discuss proper coding for this procedure with their payers prior to submitting any claims for an IMT study.

### Third Party Insurance Coverage Policies

Although there is significant clinical literature showing the accuracy of carotid IMT as a surrogate marker for coronary artery disease, carotid IMT scanning is not yet a part of third party payers' standard benefits packages.

Private insurance coverage policy varies by payer and plan. If policies are not available on the carrier website, please check with each carrier directly. Several Blue Cross Blue Shield Association member companies have issued policies classifying carotid IMT scanning as "investigational/not medically necessary."

CMS gives authority to individual Medicare carriers to set coverage criteria for category III codes. To date, most carriers have not established policy regarding IMT scanning. However, Noridian Medicare determines that intima-media thickness (IMT) scanning is a screening tool and thus not a Medicare covered service.

Therefore, SonoSite recommends that physicians performing carotid IMT scanning undertake the following activities to pursue coverage for carotid IMT scanning.

- Contact the relevant payers to negotiate coverage directly. Information that you may wish to provide is a description of the test, the clinical indications for use, and the contribution the test results can have on the patient's care path.
- SonoSite recommends the following literature be attached to requests for coverage:
  - Association of Coronary Heart Disease Incidence with Carotid Arterial Wall Thickness and Major Risk Factors: The Atherosclerosis Risk in Communities (ARIC) Study, 1987-1993. Chambless, et al. American Journal of Epidemiology, Volume 146, No. 6, 1997.
  - Carotid Artery Intima and Media Thickness as a Risk Factor for Myocardial Infarction and Stroke in Older Adults. O'Leary, et al., New England Journal of Medicine, 1999; 340:14-22.
  - Prevention Conference V, Beyond Secondary Prevention: Identifying the High-Risk patient for Primary Prevention, Noninvasive Test of Atherosclerotic Burden, Writing Group III, Greenland, et al. Circulation. 2000;101:e16-e22.
  - Vascular Age: Integrating Carotid Intima-Media Thickness Measurements with Global Coronary Risk Assessment, Clinical Cardiology, 27, 388-392 (2004).
  - Effect of Carotid Atherosclerosis Screening on Risk Stratification During Primary Cardiovascular Disease Prevention, Bard, et al., The American Journal of Cardiology, Vol. 93 April 15, 2004.

Request that patients sign an Advance Beneficiary Notification (ABN) for Medicare beneficiaries, or the appropriate waiver for other insurance carriers, prior to the performance of the test alerting them to their potential responsibility for the charges in the event that the third party insurance company does not provide coverage for the carotid IMT test.

The information in this handout is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available to SonoSite as of the date listed above. Subsequent guidance might alter the information provided. SonoSite disclaims any responsibility to update the information provided. The only persons authorized by SonoSite to supply information regarding any reimbursement matter not reflected in a circular such as this are members of SonoSite's reimbursement staff.

It is the provider's responsibility to determine and submit appropriate codes, modifiers, and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. SonoSite makes no guarantees concerning reimbursement or coverage. A provider should not rely on any information provided by SonoSite in submitting any claim for payment, without confirming that information with an authoritative source.

<sup>1</sup>Current Procedural Terminology (CPT®) Copyright 2013 American Medical Association