

USING THE SOTERIA CARDIAC PLATFORM™ IN YOUR PRACTICE



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OVERVIEW

To make a positive impact in reducing deaths caused by atherosclerosis, the atherosclerotic trajectory in individuals must be both identified and changed early on. This is further emphasized by the facts that atherosclerosis in its early stage, is a disease-of-the-wall, and even relatively mild wall disease can be deadly in advance of symptoms.

The methods used by physicians today mostly rely on changes in electrical activity of the heart and/or hemodynamic activity of the heart (i.e., blood flow) are not able to detect deadly disease limited to mild changes in the arterial wall. The Soterogram answers this challenge and is able to detect very early and minor changes in the arterial wall by accurately measuring Arterial compliance (Δ volume / Δ pressure). While no “silver bullet” currently exists for curing atherosclerosis, early and aggressive traditional therapies, including risk factor control, has been shown to reduce the progression of the disease and associated EVENTS. Since the Soterogram is noninvasive, painless, and relatively inexpensive, it can be repeated to determine the success of the therapies being used. Research has proven that significant and life-threatening atherosclerosis begins for both males and females before the age of 30. The progression of atherosclerosis is considered a diffuse and slow process that can produce serious spontaneous events, including death. Every year in the United States 600,000 individuals die of myocardial infarction and over 50% die of their first symptom of the disease.

In addition, research has also shown atherosclerosis can change over a 12 month period. It has also been shown that individuals who demonstrate evidence of atherosclerosis can in some cases develop very significant atherosclerotic changes in as little as 6 months.

<i>Elasticity versus Degree of Generalized Atherosclerosis</i>	
Elasticity	Generalized Atherosclerosis
+% to -15%	No evidence of Mild Generalized Atherosclerosis
-16% to -34%	Evidence of Mild Generalized Atherosclerosis
-35% to -49%	Evidence of Moderate Generalized Atherosclerosis
>-49%	Evidence of Severe Generalized Atherosclerosis

MEDICAL FACTS AND STUDIES

1. 50+% of all deaths can be traced to ATHEROSCLEROSIS

There are approximately 326 million people in the United States today. Each year this population experiences approximately 2 million deaths from all causes. Of these deaths, > 50% (> 1 million) can be traced directly to ATHEROSCLEROSIS.

The progression of atherosclerosis is considered a diffuse and slow process that can produce serious spontaneous events, including death.

2. Significant and life threatening atherosclerosis begin for both males and females by age 30 years.

For over thirty years Emory University has been conducting a P-DAY study, to determine at what age atherosclerosis begins. The main message from this study shows that atherosclerosis begins for both males and females by at least age 30.

The methods used by physicians today that rely on changes in electrical activity of the heart and/or hemodynamic activity of the heart (blood flow) are NOT able to detect deadly disease limited to mild changes in the arterial wall. The Soterogram answers this challenge and is able to detect very early and minor changes in the arterial wall by accurately measuring Arterial Compliance (Δ volume/ Δ pressure).

3. In October 2015 Medicare and most private insurers approved a momentous change – Preventive Care.

For the first time, insurance providers approved and encouraged preventive services such as an annual physical, cardiovascular disease (behavioral therapy), and cardiovascular disease screenings. This recognition was based on the findings that early detection is key in reducing medical complications, improving patient quality of life, and reducing medical costs in escalated patient care.

INSURANCE REIMBURSEMENT GUIDELINES

The Soterogram makes peripheral arterial measurements to predict the presence and degree of generalized atherosclerosis. The correct CPT code (i.e., Procedure Code) used for the Soterogram is a peripheral physiologic arterial code.

To properly bill a carrier (CMS or Private), three important components must be present:

- I. The Indication(s) and medical necessity for performing the Soterogram must be documented in the patient's medical record by the referring client physician.
- II. The CPT code, defining the mechanics of the procedure performed must be clearly identified on the claim prepared by the provider (i.e., Client) and submitted to the carrier. The Soterogram requires only one CPT code; that CPT Code is 93923.
- III. Every CPT code must be accompanied by a Diagnostic Code (ICD-10 Code) and included in the submission (i.e., claim) to the carrier. For all procedures performed after 10/15/2015, ICD-10 coding must be used. Carriers want physicians to indicate there is a definitive or expected link present in this patient between the peripheral arterial system and generalized atherosclerosis.

To further focus the billing process, please see Table 1 below. Listed are the appropriate CPT ICD-10 Codes used in Soterogram billing:

Medical Indications for Soterogram	Clinical Correlation for Soterogram	Type of Procedure
Overweight, Physical inactivity, Cigarette Smoking, Obesity, Diabetes, High Blood Pressure, High Cholesterol, Family History of Heart Disease, Older age.	ICD – 10 Codes: I73.9, I70.201, I70.202 Patients with/or expected arterial links to atherosclerosis.	CPT Code: 93923 Non-invasive physiological studies of the lower extremities.
Table 1		

The Soterogram is for the evaluation of generalized atherosclerosis. The ABIGram is for evaluation of peripheral arterial disease. (the one screen provides the data results for both test s simultaneously) It is common for a physician to want to use the Soteria Cardiac Platform to evaluate both generalized atherosclerosis and peripheral arterial disease. To i.e.,clarify the two distinct procedures, use Modifier Code 59.

See Table 2 for billing information for the ABIGram (CPT 93922).

Medical Indications for ABIGram	Clinical Correlation for ABIGram	Type of procedure	Modifier Code
Overweight, History of Smoking, Diabetes, High Blood Pressure, High Cholesterol, Older Age, Symptoms of PAD.	ICD – 10 Codes: I70.203, Diagnosis of unspecified atherosclerosis of native arteries of extremities.	CPT Code: 93922 Non-Invasive Extremity Arterial Studies.	Modifier 59: Distinct Procedural Service indicating that a procedure or service was distinct or independent from other services performed on the same day.
Table 2			

With the presence of generalized atherosclerosis and PAD (peripheral arterial disease) IBT (intensive cardiovascular disease training) also called cardiovascular disease risk reduction is indicated. This assessment opens the opportunity for the physician to provide behavioral counseling intervention services. This stand-alone benefit is reimbursable using HCPCS code G0446. The behavioral counseling intervention should be consistent with the 5A's approach adopted by the USPSTF (United States Preventive Services Task Force). HCPCS code G0446 can be billed 1 time annually when furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting.

Example: A 40-year-old male presents to a family physician for a physical examination. The physician knows that at least 20% of patients, like the current patient, harbor generalized atherosclerosis that perhaps places this patient on a cardiovascular trajectory that will have negative future consequences. Further, the physician knows that if that is the finding, corrective action can be taken to adjust the current cardiovascular trajectory and that waiting will decrease the potential for successful treatment. The physician orders a Soterogram. The physician clearly and briefly documents the rationale for ordering the Soterogram in the patient's medical record (i.e., Overweight, Physical inactivity, Cigarette Smoking, Obesity, Diabetes, High Blood Pressure, High Cholesterol, Family History of Heart Disease, Older age).

The patient would then undergo the 10 minute noninvasive, comfortable test performed by an office tech (no certification is necessary for Florida).

For billing purposes, the Soterogram is a non-invasive peripheral arterial test with the diagnosis of the generalized atherosclerotic disease which requires CPT code 93923 and ICD-10 code I73.9 to be used.

Based on the Soterogram results the physician may elect to assess the ABIgram results. This would technically qualify as two related procedures done on the same day, but for different reasons. For example, the physician feels the patient may have a peripheral vascular disease and needs the findings of an ABIgram to clarify this diagnosis (CPT 93922). At the same time, he wants to know the status of this patient's arterial elasticity and atherosclerotic burden. For this, the physician orders a Soterogram (CPT 93923). Since CPT 93922 and 93923 are not normally performed on the SAME day. To make this rationale clear to the claim reviewer, a modifier should be used. In such a case, it is recommended Modifier 59 be used.

With positive findings of Soterogram, the physician would also want to do cardiovascular disease risk reduction on the same day. To make this clear the HCPCS code G0446 is added.

PAYMENT HISTORICAL DATA

To date, Soteria has performed >10,000 Soteria procedures. Soteria has never had a carrier denial for a properly submitted claim. The reimbursement for CPT 93922 and CPT 93923 is considered fair. On average, these CPT codes return \$80, \$120, and \$25 respectively.