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‘Note bloat’ culture: Fresh rounds of coding changes continue to filter through

Vascular surgeons urged to avoid admissions not an immediate threat to life and limb
BY DANNY KAY

Vascular surgeons were issued with a plea to support the health of the U.S. population “by immediately reducing resource expenditure, avoiding all surgical admissions unless immediately life- or limb-threatening and, most importantly, by staying home” from a prominent membership body.

The advisory came in the form of a statement from the Vascular and Endovascular Surgery Society (VESS) on COVID-19, designed to help foster understanding of changes being put in place to allow use of telemedicine so specialists can continue to treat patients and mitigate exposure risk.

The VESS executive committee, the statement assured, “supports the decision of surgical providers to rapidly curtail surgical services in response to the public health threat posed by COVID-19 patients to overwhelm hospital resources in the next weeks.”

COVID-19: Focusing minds on need to act as virus tears path across North America
BY BENJAMIN W. STARNES, MD, AND NITEN SINGH, MD

SEATTLE—We live in unprecedented times. On Jan. 19, patient zero arrived in the United States at Seattle-Tacoma International Airport after returning from a visit to his family in Wuhan, China. He tested positive for COVID-19 on Jan. 20. Fast forward one month, and the heroic efforts of Helen Chu, MD, at the University of Washington, who, despite running against a cease-and-desist order by the federal government, ran COVID-19 tests on 2,500 sputum samples being used for

As this issue went to press, the SVS leadership was reviewing the full picture of events related to the coronavirus and the 2020 Vascular Annual Meeting, assessing information daily and anticipating making a decision by March 31. Thus, the information in the “News from SVS” pages could be outdated by the time readers receive this issue of Vascular Specialist. All SVS members should stay tuned to the SVS website, vascular.org, and the Pulse electronic newsletter (vascular.org/Pulse) for more information as this changing situation unfolds.
Headlines
What has SVS PAC ever done for you?
Quality: Global Vascular Guidelines now available in pocket guide format
VAM adds Career Fair for 2020
Technology drives vascular future
Vascular Trainee Program redesigned for VAM 2020
Evaluation and management coding: Dizzying rounds of changes continue to filter through
Journal watch: Open-source papers on deck
Newly FDA-approved device for central venous occlusions hailed as exciting advance

BY BRYAN KAY

HOUSTON—These are exciting times in the theater of dialysis access, expert in the field Eric Fedro, MD, noted in the latter part of last year—and that’s not always been easy to say because dialysis has had not too much change for many decades. That’s starting to change, the division chief and program director for vascular surgery at Houston Methodist DeBakey Heart & Vascular Center said. And so it was that, in the middle of February, one of those latest developments gained Food and Drug Administration (FDA) approval. The new device of technology named the Sherwin Inside-Out Access Catheter System and developed by private medical technology company Bluegrass Vascular Technologies (BVT), was designed to help patients with central venous occlusions.

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‘No evidence’ to suggest spinal cord injury is decreased by prophylactic drainage during EVAR procedures

BY BRYAN KAY

MIAMI—Cerebrospinal fluid (CSF) drainage is a key component in the treatment of spinal cord injury, but the evidence that prophylactic drainage decreases each injury during endovascular repair (EVAR) is “at best weak,” Gustavo S. Oderich, MD, told the Critical Issues America annual meeting in Miami, Florida, held Feb. 7-8.

Last year, Oderich et al, of the Mayo Clinic in Rochester, Minnesota, published a study in the Journal of Vascular Surgery that discovered seven complications from placement of cerebrospinal fluid drains (CSFD) during first-stage thoracic endovascular aortic repair (TEVAR) and fenestrated/branched endovascular repair (F-TEVAR) of paravertebral and thoracolumbar aortic aneurysms (TAAAs). As that note, Oderich and colleagues found they were occurring at an “alarming rate” in their prospective, nonrandomized study.

In this latest presentation, Oderich sought to answer the question: “Are preventative spinal drains necessary?” See Delonge: page 4
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Headlines
How SVS-STS tandem developed TBAD reporting standards
VRIC discussion agenda: Immune cell dysfunction and immunotherapy for vascular disease
VSIG webinar from APDVS coming soon?
Your SVS: Storming into 2020 and horizons beyond?
O Canada: VAM 2020 housing, registration now open?
Leadership: Developing mission, vision and strategy?
SVS PAC donations and Congressional committees of most impact?
Mysteries of market forces and surprise billing?
Purchase tickets today for 2020 VAM ‘Spectacular’ Gala?
CMS publishes 2020 round of coding changes for vascular surgeons

BY FRANCESCO AIELLO, MD, AND MATTHEW SIDEMAN, MD

The Centers for Medicare and Medicaid Services (CMS) has provided some light reading with the publication of the Physician Fee Schedule (PFS), Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems, as well as Quality Reporting Programs final rules for calendar year 2020. The combined updates are captured in thousands of pages, covering a wide variety of changes, updates and comments. We would like to focus our attention on those changes that will impact vascular surgeons.

The PFS lists all clinical services and procedures along with their relative value units (RVUs) for the fiscal year. Those RVUs are converted to dollar amounts using the annual Medicare conversion factor (CF). In

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Hotly-contested meta-analysis suggests a higher risk of death or amputation at one year when paclitaxel-coated balloons are used in infrapopliteal arteries

BY SUZE MARSHALL AND JOCELYN HUDSON

A new meta-analysis, just published in the Journal of Vascular and Interventional Radiology (JVIR), suggests significantly reduced amputation-free survival at one year when paclitaxel-coated balloons are applied in arteries below the knee for critical limb-threatening ischemia (CLTI) treatment, but some experts advise cautious interpretation of the results and question whether these data will impact practice. The new systematic review and study-level meta-analysis of eight randomized controlled trials was conducted by Konstantinos Katsanos, MD, assistant professor in the School of Medicine, University of Patras, Patras, Greece, and colleagues.

Several physician thought leaders believe that the conclusions are not yet definitive, with multiple peripheral vascular interventionalists cautioning how these data should be interpreted. Most emphasized the challenge of testing out scientifically meaningful information from a patient cohort that suffered
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VRIC agenda taking shape, poster sessions to return
New registry to keep track of vascular patients launched
Presenting public policy issues of importance to vascular surgeons: SVS PAC, Congress and you?
Deadline for Seed Grant applications falls March 1
Zero hour: SVS awards nominations come due
‘There is no perfect job’: Benefits of working across VA system outlined by current practitioners
SVS rolls out Leadership Development Program
Wider VAM 2020 schedule unveiled
Welcome to our new members
Bridging the gap to future surgical success: Surgeon-coaches can help colleagues thrive?
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Leadership: Strengths and weaknesses of team members
Advocacy: Coding and Reimbursement Committee experiences lead to greater sense of awareness
Countdown: VESAP4 set to expire in six months
Learn all about coding updates at Jan. 22 webinar?
Vital importance of funding for pair of separate needs?
SVS launches key valuation study?
Registration open for VRIC?
Save the date for 2020 SVS Foundation Gala?
Burned out on burnout? Changing course with peer support?