CSI Coding Strategies℠

Cardiology Coding Issues 2011

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Incentives for Incorrect Coding

- Reimbursement based on number of services or units performed
  - Not quality of care
- Physician bonuses based on RVUs billed

What is a "Modifier?"

CPT® Manual

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.

 3

Modifier - 59

Distinct Procedural Service

- Indicates that a procedure or service was distinct or independent from other services performed on the same day
- Indicates that the ordinarily bundled code represents a service performed independently on the same date

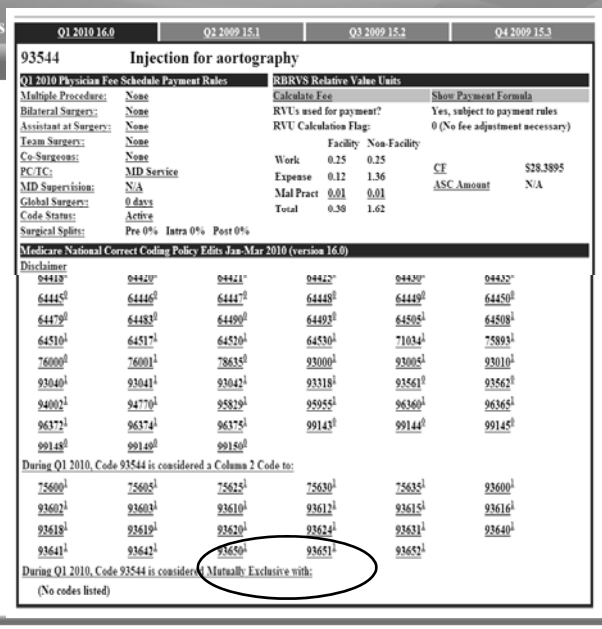
 4

CCI Instructions

It is very important that NCCI-associated modifiers *only be used* when appropriate.

In general these circumstances relate to separate patient encounters, separate anatomical sites or separate specimens.

The existence of the NCCI edit indicates that the two codes cannot be reported together unless the two corresponding procedures are performed at two separate patient encounters or two separate anatomic locations as recognized by coding conventions.



Q1 2010 16.0 | Q2 2009 15.1 | Q3 2009 15.2 | Q4 2009 15.3

93544 Injection for aortography

Q1 2010 Physician Fee Schedule Payment Rules		RBRVS Relative Value Units			
Multiple Procedure:	None	Calculate Fee		Show Payment Formula	
Bilateral Surgery:	None	RVUs used for payment?		Yes, subject to payment rules	
Assistant at Surgery:	None	RVU Calculation Flag:		0 (No fee adjustment necessary)	
Team Surgery:	None		Facility	Non-Facility	
Co-Surgeons:	None	Work	0.25	0.25	
PC/TC:	MD Service	Expense	0.12	1.36	CF $28.3895
MD Supervision:	N/A	Mal Pract	0.01	0.01	ASC Amount N/A
Global Surgery:	0 days	Total	0.38	1.62	
Code Status:	Active				
Surgical Splits:	Pre 0% Intra 0% Post 0%				

Medicare National Correct Coding Policy Edits Jan-Mar 2010 (version 16.0)

Disclaimer

64418*	64420*	64421*	64425*	64430*	64432*
64445[0]	64446[0]	64447[0]	64448[0]	64449[0]	64450[0]
64479[0]	64483[0]	64490[0]	64493[0]	64505[1]	64508[1]
64510[1]	64517[1]	64520[1]	64530[1]	71034[1]	75893[1]
76000[0]	76001[1]	78635[0]	93000[1]	93005[1]	93010[1]
93040[1]	93041[1]	93042[1]	93318[1]	93561[0]	93562[0]
94002[1]	94770[1]	95829[1]	95955[1]	96360[1]	96365[1]
96372[1]	96374[1]	96375[1]	99143[0]	99144[0]	99145[0]
99148[0]	99149[0]	99150[0]			

During Q1 2010, Code 93544 is considered a Column 2 Code to:

75600[1]	75605[1]	75625[1]	75630[1]	75635[1]	93600[1]
93602[1]	93603[1]	93610[1]	93612[1]	93615[1]	93616[1]
93618[1]	93619[1]	93620[1]	93624[1]	93631[1]	93640[1]
93641[1]	93642[1]	93650[1]	93651[1]	93652[1]	

During Q1 2010, Code 93544 is considered Mutually Exclusive with:

(No codes listed)

Cardiac Catheterization

Screening for CAD

- EKG
  - May show electrical changes such as ST depressions or Q waves
  - Findings lead to initial screening test(s)
- Stress Tests
  - Exercise or physiologic stress testing
- Radionuclide stress test (thallium)
- Stress Echocardiography
- Gold standard … coronary angiogram
  - Confirms severity but also exact location

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Components

- The following services are included in heart cath and not separately reportable:
  - Local anesthesia and/or sedation
  - Vascular access
  - Introduction, positioning, and repositioning of catheters
  - Pressure measurements
  - Routine infusion of intracoronary drugs
  - Taking of blood samples
  - Interpretation and report

 9

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Cardiac Catheterization

- Includes
  - Introduction, positioning, repositioning caths
  - Recording intracardiac and/or intravascular pressures
  - Final evaluation and report
- There are two distinct code families
  - Congenital heart disease
  - All other conditions

 10

CPT Assistant Q&A Jan 1998

- **Q: Frequently intracoronary injections/infusions (eg, nitrates, calcium channel blockers) are performed during a cardiac catheterization procedure. Should we code 37202 once for each medication infused or once per session?**
- **A: Code 37202** was first intended and developed to describe prolonged infusions into peripheral arteries. Transcatheter infusion/injection of intracoronary drugs (eg, nitrates, calcium channel blockers) during cardiac catheterization procedures have ***become routine and are considered an integral part of both the diagnostic catheterization codes (93501-93556) and the coronary intervention codes (92980-92996).***

Congenital vs. "all others"

"Regardless of the patient's age, (CHD) codes are available to report basic cardiac catheterization procedures *if* the patient's primary diagnosis is a type of congenital heart disease."

Cardiovascular Coding – American College of Cardiology Foundation

CLASSIFICATION OF DISEASES AND INJURIES

14. CONGENITAL ANOMALIES (740-759.9)

Congenital Specific Codes

- Intent to recognize the additional work
- Do not use for very minor CHD conditions
  - Anomalous coronary arteries
  - Patent foramen ovale (PFO)
  - Mitral valve prolapsed
  - Bicuspid aortic valve

CPT 2011 Guidelines Cardiac Catheterizations

 13

Coding Considerations – NON CHD

- Cardiac Catheterization (93452* – 93461)
  - Include contrast injections
  - Include imaging supervision, interp, reports
- Codes for LT HC
  - Include injections for LT ventricular, LT atrial angiography
  - Include imaging supervision, interp, reports

**93451 – RHC does not inherently include injections*

 14

Considerations – NON CHD con't…

- Codes for coronary cath placement
  - Include injections for coronary angiography
  - Includes imaging supervision, interp, reports
- Codes for cath placement bypass grafts
  - Includes injections for bypass angiography
  - Includes imaging supervision, interp, reports

Considerations – NON CHD con't…

- If a separate code exists … it may be used
  - RT Ventricular/RT Atrial Angiography (93566)
  - Aortography (93567)
  - Pulmonary angiography (93568)
  - Non-coronary arteries/veins – see appropriate Radiology/Vascular injection section

Non-CHD LT Heart Cath

CPT® Code	Definition
93452 (26)	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

- Previously 93510
- Now includes injections (previously 93543)
- Now includes S&I (previously 93555)
- Transseptal puncture will be reported separately

 17

Transseptal Puncture w/ LHC

CPT® Code	Definition
+ 93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)

- Use in addition to
  - 93452 (LT HC)
  - 93453 (Combined RT/LT HC)
  - 93458-93461 (Coronary Angiography wo LT HC)
  - 93651-93652 (Focal ablation)
- Does not require modifier 26

 18

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IMA

- Internal mammary arteriogram
- Used only for exam of the IMA without left heart cath or coronary artery cath

CPT® Code	Description
75756(-26)	*Angiography, internal mammary, radiological supervision and interpretation*

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Injection Procedures w/ LT or RT HC

CPT® Code	Definition
+ 93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective LEFT VENTRICULAR or LEFT ATRIAL angiography (List separately in addition to code for primary procedure)
+ 93566	… ; for selective RIGHT VENTRICULAR or RIGHT ATRIAL angiography (List separately in addition to code for primary procedure)

- 93565 used with the CHD heart cath codes
- Modifier 26 is not required for professional billing

Injection Procedures w/ CHD HC

CPT® Code	Definition
+ 93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation and report; for selective coronary angiography ***DURING CONGENITAL HEART CATHETERIZATION*** (List separately in addition to code for primary procedure)
+ 93564	… ; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg internal mammary), whether native or used for bypass to one or more coronary arteries ***DURING CONGENITAL HEART CATHETERIZATION***, when performed (List separately in addition to code for primary procedure)

For Example …

Example #31

INDICATIONS: Pressure-type mid-sternal pain and palpitations. Abnormal stress test.

TECHNIQUE:
The patient was brought to the cath lab and placed on the table. The planned puncture sites were prepped and draped in the usual sterile fashion. The risks and alternatives of the procedure and conscious sedation were explained to the patient and informed consent was obtained. The puncture site was infiltrated with 1% lidocaine, and the right femoral artery was accessed using the Seldinger technique. A wire was threaded into the vessel and a 6F 10 cm Pinnacle sheath was advanced over the wire into the vessel. A JL4 Expo catheter was advanced to the aorta and positioned in the ostium of the left main coronary artery under fluoroscopic guidance. Angiography was performed in multiple projections using hand injection of contrast.

A 6F JR4 Expo catheter was advanced to the aorta and positioned in the right coronary artery ostium under fluoroscopic guidance. Angiography was performed in multiple projections using hand injection of contrast.

A pigtail catheter was advanced to the ascending aorta. After recording ascending aortic pressure, the catheter was advanced across the aortic valve and left ventricular pressure was recorded. Ventriculography was performed using power injection of Omnipaque (40 ml) at 11 cc/sec. Imaging was performed using an RAO projection. Post-ventriculography LV pressure was obtained. The catheter was gradually withdrawn into the aorta under continuous pressure monitoring and aortic pressure was recorded.

There were no complications. Fluoro time: 2.9 minutes.

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For Example …

Example #34

INDICATION: Recurrent chest pain in patient with coronary disease; status post stenting of the LAD

A large bore needle was inserted through the right femoral artery; guide wire passed through the needle and the needle withdrawn. A 6 French guiding sheath was placed into the right femoral artery. Subsequently all catheters and sheaths were aspirated and flushed in usual fashion. A 6 French pigtail catheter was advanced into the right femoral artery up to the ascending aorta and prolapsed into the left ventricle under fluoroscopic and guide wire guidance. Left ventricular pressures were obtained with ventriculography performed; pullback pressure into the aorta obtained. That catheter was removed. A 6 French JL4 coronary catheter was advanced into the ascending aorta and engaged into the left coronary artery for angiography. That catheter was removed. A 6 French JL4 coronary catheter was advanced into the ascending aorta and engaged into the right coronary artery for angiography. That catheter was removed. CLS 3.5 guide catheter was advanced into the ascending aorta and engaged into the left coronary artery. A 300 Sport wire was used to traverse the left anterior descending past the area of stent. Intravascular ultrasound was then advanced across the area of the stent site and slowly withdrawn with continous imaging.

Subsequently all catheters and sheaths were removed and hemostasis was obtained via manual pressure. The patient tolerated the procedure well without immediate complications.

 23

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For Example …

Example #35

PROCEDURE: Right and left heart catheterization, coronary angiography, left ventriculogram

INDICATION: Abnormal echo and treadmill; chest pain

The right groin was infiltrated subcutaneously with 2% Lidocaine for local anesthesia. Using the modified Seldinger technique, a #8 French sheath was placed in the right femoral vein and a #6 French sheath was in the right femoral artery. A #6 French pulmonary artery flotation catheter was advanced into the right atrium and through to the pulmonary artery where appropriate hemodynamic and oxygen saturation measurements were taken. A #6 French straight pigtail catheter was then advanced into the aortic outflow tract and through this a straight-tipped wire was advanced across the aortic valve, and this was followed with the pigtail catheter. Simultaneous aortic outflow tract and left ventricular measurements were then taken. Contrast was injected for the performance of selective left ventriculograms. Pullback was then obtained. The catheter was then removed.

Contrast was injected for the performance of coronary angiography. The left main coronary artery was then cannulated with a #6 French JL4 catheter and selective cineangiography was performed. The right coronary artery was then cannulated with a #6 French JR4 catheter and selective cineangiography was performed. After this, the pulmonary artery catheter was then removed.

All catheters and sheaths were placed with the use of a guidewire. Following the procedure, all catheters and sheaths were removed and excellent hemostasis obtained using manual pressure.

 24

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For Example …

Example #37

FINAL DIAGNOSES/ IMPRESSION: Tetralogy of Fallot with pulmonary atresia, multiple aortopulmonary collateral arteries (MAPCA's). Patent foramen ovale. Right aortic arch. DiGeorge syndrome. Diffuse hypoxic ischemic encephalopathy.

A complete right and left heart catheterization with the patient intubated and ventilated on room air at 21% oxygen. The left heart was entered transseptally across the foramen ovale. A 5-French Cordis sheath was placed in the right femoral vein via a cut down by cardiovascular surgery, after multiple attempts were made to access percutaneously. Pediatric anesthesia was in attendance and managed sedation and ventilation during the procedure.

After venous access was obtained, a 4-French Arrow wedge catheter was advanced through the venous sheath and coursed normally from the IVC into the right heart chamber and into the right SVC, where oxygen saturation was obtained. Using this catheter, all right and left heart chambers were entered. The left heart chamber was entered transseptally across the foramen ovale. At the conclusion of hemodynamics, the 4-French wedge catheter was exchanged for a 5-French Berman catheter, which with the aid of a tip deflecting wire, was passed transseptally prograde across the aortic valve and into the ascending aorta. Digital cineangiography of the aorta was then performed. Subsequent angiograms were performed in the left ventricle.

At the conclusion of angiography, the catheter was removed along with the vascular sheath from the femoral vein. Pressure bandage was applied for hemostasis and the vein was closed by cardiovascular surgery. Of note, the patient received no additional heparin except that in the standard flush solution. There were no complications noted, although the procedure was prolonged due to the difficulty in obtaining access promptly.

Oxygen Saturations: . . . [*Detail omitted*]
Pressures and resistance: [*Detail omitted*]

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Coding Considerations

Cardiac Interventions

1) Were the stents and/or balloons placed within coronary or non-coronary vessels;
2) Was a separate diagnostic heart catheterization performed and documented; *and medically necessary* ***and***
3) What (if any) additional vessels were accessed or treated during the encounter.

Coding Guidelines

- Diagnostic angiography/venography performed at the time of an interventional procedure is separately reportable *if*:
  - No prior catheter-based angiography/venographic study is available and a full diagnostic study is performed and the decision to intervene is based on the diagnostic study OR

 27

Coding Guidelines

- A prior study is available, but as documented in the medical record:
  - The patient's condition with respect to the clinical indication has changed since the prior study, OR
  - There is inadequate visualization of the anatomy and/or pathology, OR
  - There is a clinical change during the procedure that requires new evaluation outside the target area of intervention

 28

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For Example …

Example #40

PROCEDURE: Coronary Angiography; Stent Placement

INDICATION: The patient is three months status post coronary intervention and now presents with recurrent symptoms of coronary artery disease

DESCRIPTION OF PROCEDURE: After obtaining written informed consent, the patient was taken to the cardiac catheterization laboratory where the left femoral area was prepped and draped in the usual sterile fashion. The patient was then sedated with 2 mg of IV Versed. Local anesthesia of the left femoral area was obtained with 1% Xylocaine.

The left femoral artery was then accessed and a 6-French introducer sheath advanced into the artery. Appropriate combinations of JL and JR 4-cm catheters were used to obtain selective coronary angiograms in multiple projections. No left ventriculogram was performed. The patient was found to have approximately 70% stenosis of the proximal left circumflex.

We then proceeded with intervention. Guiding catheter was a JL 4-cm, 6-French catheter. The guiding catheter was inserted via the sheath. The circumflex artery was

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Compared to …

Example #41

PROCEDURE: Percutaneous transluminal coronary angioplasty/stent

INDICATION: Previous cardiac catheterization revealed critical lesions of the right coronary and circumflex mid and distal arteries.

DESCRIPTION OF PROCEDURE: The right groin was prepped and draped in the usual sterile fashion. The patient was sedated with 1 mg of IV Versed and 50 mcg of IV Fentanyl. Local anesthesia of the right femoral area was obtained with 1% Xylocaine. The right femoral artery was then accessed and a 7-French introducer sheath advanced into the artery. Guiding catheter used was a JR 4-cm, 7-French catheter. The patient was given 4800 units of intra-arterial heparin per protocol. Guiding shots of the RCA were obtained and a 0.014 x 190 BMW wire was used to cross the right coronary lesion that was in the proximal portion. Primary stenting was then done with a 3.0 x 8-mm RX Tristar stent. The stent was deployed at 9 atmospheres, and post-deployment dilatation was done with the mounting device to 10 atmospheres. At this time, the guiding catheter

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For Example …..

DESCRIPTION OF PROCEDURE:

The patient was brought to the cardiac catheterization laboratory and general anesthesia … were prepped and draped in the usual sterile fashion. Vascular access was through the right femoral artery … Following vascular access, the patient was given … intra arterially through the right femoral sheath after the upgrade. Retrograde left heart catheterization was performed using a 4-French pigtail catheter. This was advanced from the right femoral artery to the descending aorta and around the aortic arch to the ascending aorta, then across the aortic valve into the left ventricle. Saturations were measured. Pressures were obtained. An ascending aortogram was then performed. Balloon angioplasty of the re-coarctation area was accomplished. This was followed by repeat aortogram. For details about the interventional procedure, see note below. At the end of the procedure, all catheters and sheaths were removed and adequate hemostasis was achieved. The patient tolerated the procedure quite well with no complications.

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Endomyocardial Biopsy

- Removal of tissue specimens to evaluate for cardiomyopathy, myocarditis, or transplant rejection
- Specimens are typically taken from the right ventricle (*same technique as right heart cath)*

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Biopsy

- Report only one biopsy regardless of how many specimens are taken

CPT® Code	Definition
93505(-26)	*Endomyocardial biopsy*

 33

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The basics …

- Coronary stent is not medically necessary without at least a 70% lesion (CAD) and symptoms of blockage.
- Widely accepted medical standards use stents when artery blockage is greater than 70%.
- Docs in some cases use stents for 60% blockage .. But those that recently made headlines had “angiographically insignificant narrowing of 50% or less”

 34

Major Coronary Arteries

- Medicare recognizes only three –
  - Right coronary
  - Left circumflex
  - Left anterior descending
  - Left Main *ONLY* if treatment is not done in LC or LD

For Example …

ANGIOPLASTY RESULTS:

LAD/diagonal branch angioplasty: Prior to dilatation of the LAD and the diagonal branch there was an 855 eccentric critical lesion. Following PTCA and stenting there was no residual stenosis.

Left main coronary artery: Prior to dilatation and stenting of the left main coronary artery there was a 50% occlusive lesion of the proximal portion of left main coronary. Following PTCA and stenting there was no residual stenosis.

One may not be enough…

- Providers should report diagnosis code(s) for all conditions treated.
- "Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present."

 37

Reasonable & Necessary

- Safe and effective
- Not experimental or investigational
- Appropriate, including duration and frequency
  - Furnished in accordance with accepted standards of medical practice for the diagnosis and treatment of the condition or to improve the function of a malformed body member
  - Furnished in a setting appropriate to the patient's medical needs and condition
  - ~~Ordered and/or furnished by qualified personnel~~
  - **Meets, but does not exceed, the patient's medical need**
  - ~~At least as beneficial as an existing and available medically appropriate~~ alternative

 38

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Medical Necessity

- "Drive-by" angiograms and interventions (peripheral procedures performed at same session as cardiac cath) are frequently subject to coverage restrictions
- The physician must document the reason why the peripheral procedures were performed!

 39

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Medical Necessity

- 1999 Journal of Invasive Cardiology
  - ..direct relationship between the severity of the coronary disease and the presence of renal artery stenosis; 1-vessel disease 10% incidence; 2-vessel disease 20% incidence; 3-vessel disease 30% incidence. Forty percent of patients w/left main disease were found to have some degree of renal artery stenosis.

 40

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Unacceptable Documentation

PROCEDURE DESCRIPTION:
Right Renal 1st order: (36245) Nonobstructive Left Renal 1st order: (36245) Nonobstructive.

 41

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Unacceptable Documentation

CPT Codes:
Coronary Angiography only, Peripheral Angiography, (CORS) Coronary Angiography, selective (93545), and S-I,all other Injec Procs (93556)

CATHETERIZATION REPORT
Coronary Angiography only, Peripheral Angiography, and Coronary Angiogram.

PROCEDURE DESCRIPTION:
S and I, Renal, bilateral with flush: 75724.26Non obstructive.

 42

Coding Considerations

- When a non-selective peripheral exam is performed in conjunction with LHC or coronary artery cath, do NOT report 36200 for catheter placement in the aorta
  - The heart cath code includes catheter placement in any portion of the aorta.
- However, the non-selective peripheral imaging can be separately reported

NCCI Policy Manual con't…

- In order to report angiography CPT codes 75625, 75630, 75722, 75724 or others with a cardiac catheterization procedure, ***the angiography procedure must be as complete a procedure as it would be without concomitant cardiac catheterization***.

Basic Checklist

- Comparative Data
  - Provider to Provider
  - Facility to Provider
- Frequency reports
- Use of modifiers
- Use of unlisted procedure codes
- Participation within PQRS

 45

Why Aren't the Codes the Same?

- Hospital and cardiologist codes have frequently differed because of:
  - Differing coding processes
  - Differing payment mechanisms
  - Historically poor accuracy of hospital coding
  - Payment methods differ
  - Legitimate exceptions

 46

Payor Billing Guidelines

- In some instances the payor will instruct the two parties to report different codes
  - Payor instructions should be followed
- Example:
  - Stress echocardiogram w/contrast performed in OP Dept. with spectral Doppler and color Doppler

Hospital Codes (MCR) – C8930, 93320, 93325

Provider – 93350-26, 93352, 93320-26, 93325-26, 93016, 93018

 47

ADDITIONAL RESOURCES

 48

CSI Coding Strategies℠ AMA Changes An Insider's View

Rationale

Injection procedure codes 93539-93556 have been deleted and new codes 93563-93568 have been established. Codes 93563-93568 include imaging supervision, interpretation, and report. Report 93563-93565 with cardiac catheterization codes 93530-93533. Codes 93563-93565 should not be reported with codes 93452-93461. Report codes 93566-93568 with 93530-93533 and 93451-93461.

The guidelines have been revised and expanded to explain appropriate reporting of the new coding structure. New parenthetical notes have been added as well to provide instruction on appropriate reporting of the new codes.

Clinical Example (93563)

A patient with progressive chest pain is undergoing diagnostic heart catheterization (reported using congenital catheterization codes 93530-93533) including coronary angiography.

Description of Procedure (93563)

Codes 93530-93533 include the work of passing a catheter into the aortic root. The work of 93563 begins when the catheter is manipulated into the ostium of a coronary artery using fluoroscopic guidance. The arterial pressure and waveform are checked to be sure there is no evidence of catheter malposition or impairment of coronary flow due to an ostial stenosis. Test contrast injections under fluoroscopy are performed to check catheter position. Multiple coronary injections are performed, each with the imaging system aligned in a different orientation, with simultaneous panning (moving the table) to assess for stenoses. The catheter is then removed over the wire. Additional catheters are introduced over the guidewire and manipulated into the ostium (a) of other coronary artery(s) to inject them in multiple views while moving the table in similar fashion. Typically, a

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Editor's Note

The CPT Editorial Panel has made an important change in the coding convention for reporting different therapeutic coronary artery procedures performed in multiple vessels. Now the most highly valued service is reported with the initial vessel code, while any other therapeutic coronary artery procedures employed in different vessels are reported using the appropriate "each additional vessel" code(s).

Angioplasty that is performed before, or as part of, atherectomy or stenting of the same vessel is not coded separately. Only the more complex procedure (atherectomy or stenting) is coded.

Chapter 4 *Therapeutic Services* Coronary Interventions

Example 1: The patient undergoes stenting of the LAD, atherectomy of the LCX and angioplasty of the RCA.

Coding Solution: The single-vessel code for stenting (**92980**) is used because it has the highest level of complexity. "Each additional vessel" codes are used for atherectomy of the LCx (**92996**) and angioplasty of the RCA (**92984**).

Example 2: The patient undergoes stenting of the LAD, then angioplasty of the RCA fails and is followed by bail-out stenting of the RCA.

Coding Solution: **Codes 92980-LD** and **92981-LC** are used to describe stenting, single-vessel, of the LAD and stenting, each additional vessel, for the RCA. A separate code for the angioplasty of the RCA is not used because the procedure is considered part of the stenting procedure that was eventually performed on that artery.

Example 3: The pati… LAD an… diagonal …

Coding Solution: Use cod… vessel. N… for angi… because … coronary …

Example 4: A stent … is perfor… angiopla… branch …

Coding Solution: Use 929… demonst… atherecto…

Editor's Note

Medicare policy has not de… performed in the left main … intermedius branch, which … from the LAD or LCX. The e… existing policy is as follows: … when a lesion is treated in … lesions are treated in the LAD … code for only one interventi… ramus intermedius as one …

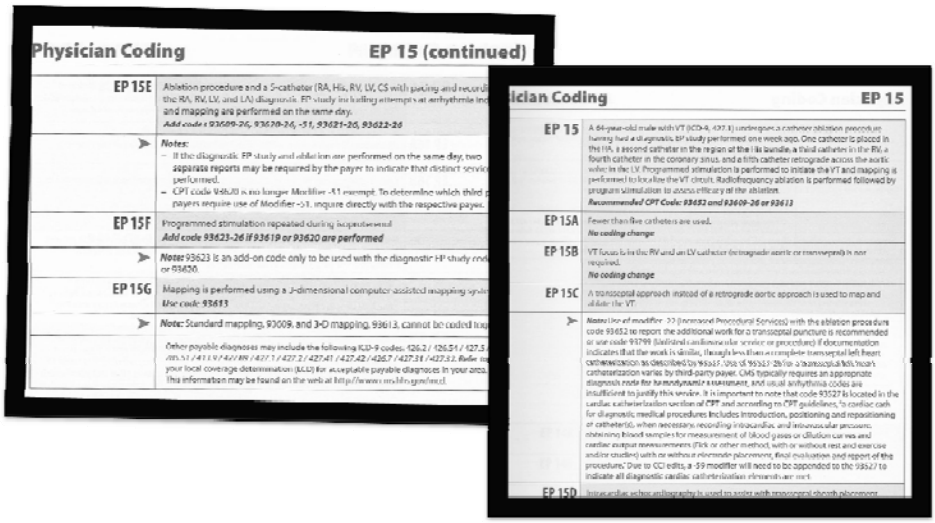
When one lesion is treat… addition to a second lesi… code the ramus intermed… wise to submit compreh… procedure to maximize … reimbursement.

Payment Policy Alert

When billing for interventions on more than one coronary vessel, the first code should be for the highest level procedure performed on any of the vessels — in the following order: 1) **92980** *if stenting was performed in any vessel; 2)* **92995** *if atherectomy was performed in any vessel and stenting was not performed in any vessel; or 3)* **92982** *if only balloon angioplasty was performed in all vessels. Then, for each additional different vessel approached (chosen from LAD, circumflex, and RCA), up to two "additional vessel" codes should be used, again using the hierarchy of stenting before atherectomy before balloon angioplasty. If multiple interventions were performed on a single vessel (and/or its branches), then only one may be billed. One should bill the highest relative value unit (RVU) service for that vessel, as per the above convention: stenting, if performed; if not, then atherectomy, if performed; if not, then balloon angioplasty. Remember to use the specific coronary artery modifier as noted in the preceding paragraph.*

One may utilize the standard add-on codes such brachytherapy **(92974)** *in addition to the above codes, if performed.*

Heart Rhythm Society



Physician Coding — EP 15 (continued)

EP 15E Ablation procedure and a 5-catheter (RA, His, RV, LV, CS with pacing and recordi... the RA, RV, LV, and LA) diagnostic EP study including attempt at arrhythmia ind... and mapping are performed on the same day.
Add code s 93609-26, 93620-26, -51, 93621-26, 93622-26

Notes:
– If the diagnostic EP study and ablation are performed on the same day, two separate reports may be required by the payer to indicate that distinct service... performed.
– CPT code 93620 is no longer Modifier -51 exempt. To determine which third p... payers require use of Modifier -51, inquire directly with the respective payer.

EP 15F Programmed stimulation repeated during isoproterenol
Add code 93623-26 if 93619 or 93620 are performed

Notes: 93623 is an add-on code only to be used with the diagnostic HP study co... or 93620.

EP 15G Mapping is performed using a 3-dimensional computer-assisted mapping sy...
Use code: 93613

Note: Standard mapping, 93609, and 3-D mapping, 93613, cannot be coded tog...

Other payable diagnoses may include the following ICD-9 codes: 426.2 / 426.51 / 427.5... /.51 / 427.9 / 427.89 / 427.1 / 427.2 / 427.41 / 427.42 / 426.7 / 427.31 / 427.32. Refer to... your local coverage determination (LCD) for acceptable payable diagnoses. In your area... this information may be found on the web at http://www.cms.hhs.gov/mcd.

Physician Coding — EP 15

EP 15 A 64-year-old male with VT (ICD-9, 427.1) undergoes a catheter ablation procedure... having had a diagnostic EP study performed one week ago. One catheter is placed in... the HIS, a second catheter in the region of the His bundle, a third catheter in the RV, a... fourth catheter in the coronary sinus, and a fifth catheter retrograde across the aortic... valve in the LV. Programmed stimulation is performed to initiate the VT and mapping is... performed to localize the VT circuit. Radiofrequency ablation is performed followed by... program stimulation to assess efficacy of the ablation.
Recommended CPT Code: 93652 and 93609-26 or 93613

EP 15A Fewer than five catheters are used.
No coding change

EP 15B VT focus is in the RV and an LV catheter (retrograde aortic or transseptal) is not required.
No coding change

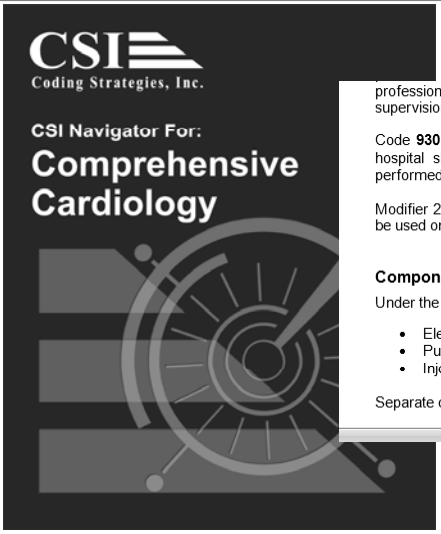
EP 15C A transseptal approach instead of a retrograde aortic approach is used to map and ablate the VT.

Note: Use of modifier -33 (Increased Procedural Services) with the ablation procedure code 93652 to report the additional work for a transseptal puncture is recommended or use code 93799 (Unlisted cardiovascular service or procedure) if documentation indicates that the work is similar, though less than a complete transseptal left heart catheterization as described by 93565. Use of 93567-26 for a transseptal left heart catheterization varies by third-party payer. CMS typically requires an appropriate diagnostic code for hemodynamic assessment, and usual arrhythmia codes are insufficient to justify this service. It is important to note that code 93527 is located in the cardiac catheterization section of CPT and according to CPT guidelines, "a cardiac cath for diagnostic medical procedures includes introduction, positioning and repositioning of catheter(s), when necessary; recording intracardiac and intravascular pressures; obtaining blood samples for measurement of blood gases or dilution curves and cardiac output measurements (Fick or other method, with or without rest and exercise and/or studies) with or without a pacemaker placement; final evaluation and report of the procedure." Due to CCI edits, a -59 modifier will need to be appended to the 93527 to indicate all diagnostic cardiac catheterization procedures are met.

EP 15D Intracardiac echocardiography is used as assist with transseptal sheath placement

 51

Navigator – Comprehensive Cardiology



professional component of the test. Note: If the physician does not pro... supervision and interpretation, then only one of these codes should be reported.

Code **93017** represents the technical component service (i.e., taking the traci... hospital should report this code on the UB-04 claim form when the stres... performed in the hospital outpatient department.

Modifier 26 (professional component) and modifier TC (technical component) s... be used on codes 93015-93018.

Components of the Stress Test

Under the CCI edits, the following services are included in the stress test:

- Electrocardiogram (93000-93010) and rhythm strip (93040-93042)
- Pulse oximetry (94760-94761)
- Injection or infusion (c.g., 96374)

Separate charges should not be submitted for these services.

 52

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Thank You!

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Coding Metrix

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