2012 Cardiology Coding: In the Cath Lab
AAPC National 1B

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Cardiac Catheterization for 2012
Patient presents to ER with Chest pain

As coders we are “story tellers.” It is our job to paint a complete patient health picture to the payer that will enable them to process payment to us on a clean claim without question.

When a patient presents for the initial encounter, we as specialty physicians are required to show medical necessity for the E/M service. Use ICD-9 coding, chief complaints (chest pain, palpitations), indications, abnormal tests (i.e. EKG) to support the E/M.

After the E/M determines the need for a cardiac cath, a more definitive diagnosis (ICD-9), such as MI or angina, is used. We are still in the “diagnostic phase.”

After the cath is performed, CAD (coronary artery disease) is discovered and needs to be treated conservatively with an intervention (before considering CABG). Now, the diagnosis is even more definitive as Coronary Artery Disease.

We have just now told a story from A-Z on why a patient had an E/M, cath, and intervention, and showed coding support for reimbursement of all three services. This is what makes an effective cardiology coder.

TELL THE STORY!

Cardiac Catheterization

• Cardiac catheterization is a common procedure performed to study cardiac function and anatomy and to determine if a patient is a candidate for intervention.
  – From a coding perspective, cardiac catheterization was updated in 2011 and is now combined to reflect catheter placements, contrast injection(s), and S&I procedures all in one code.

• Diagnostic cardiac catheterization is performed by advancing specialized catheters into the heart chambers (ventricles), coronary arteries, and/or bypass grafts. The advancement of a catheter into the heart structures is to evaluate pressures, anatomy, and pathology.

• The codes assigned to report cardiac catheterization procedures are separated into two types:
  – Cardiac catheterization for congenital anomalies; and
  – All other heart-related situations.
93451(26) Right Heart Catheterization

- This procedure includes measurement(s) of oxygen saturation and cardiac output, when performed.
- In this procedure, the physician inserts a catheter into the patient’s venous system under fluoroscopic guidance. The most common approach is via the femoral vein, but the brachial vein, internal jugular vein, or subclavian vein may also be used. The catheter is advanced into the right atrium, right ventricle, pulmonary artery, and pulmonary capillary wedge positions, where pressure measurements are taken and imaging may (or may not) be performed, following which the catheter is removed.

93451(26) Right Heart Catheterization

Coding Guidelines

- For heart catheterizations performed for congenital anomalies, refer to 93530-93533 in the 2011 CPT® manual.
- If right atrial and/or right ventricular angiography is performed, assign add-on code 93566.
- If pulmonary angiography is performed, assign add-on code 93568.
- A right heart catheterization includes the insertion of a Swan-Ganz catheter; therefore, 93503 should not be coded with 93456. If only a Swan-Ganz catheter is inserted for the purpose of monitoring, it is appropriate to report 93503, insertion and placement of flow-directed catheter (e.g., Swan-Ganz) for monitoring purposes (a Swan-Ganz does not need a -26 modifier).
93451 Right Heart Catheterization

- Modifier 26 must be used with 93451 for professional component billing.

- EXAMPLE: The right femoral vein is punctured and a catheter is advanced through the right atrium, right ventricle, and pulmonary artery to a pulmonary capillary wedge position. Pressures and recordings are obtained in multiple positions and the catheter is removed.

- CODE: 93451(-26)

93503 Monitoring via Swan-Ganz Catheter

- A flow-directed catheter (for example, a Swan-Ganz catheter) is frequently inserted to monitor the pulmonary capillary wedge pressure of patients who are critically ill or about to undergo major surgery.

- During this procedure, the catheter is manipulated to the desired site within the right heart, pulmonary artery, or pulmonary wedge positions. A thermistor (temperature probe) at the end of the catheter permits monitoring of temperatures, indirect measuring of left atrial filling pressures when the catheter is “wedged,” measurement of cardiac output, and assessment of other hemodynamic parameters. This code should not be reported with any other catheterization procedure codes.
Left Heart Catheterizations

Coronary and/or Bypass Graft Angiography (including SVG and/or IMA) Performed without Concomitant Left Heart Catheterization Procedure

Coding Guidelines

- Code 93454 (26) should be used when diagnostic coronary artery angiography is performed without a left heart catheterization (i.e., when the physician does NOT cross over the aortic valve and into the left ventricle).

- If the physician performs injections for guiding during coronary interventions, 93454 is not appropriate.
Coronary and Bypass Graft (including SVG and/or IMA) Angiography without Concomitant Left Heart Catheterization

**Coding Guidelines**

- Code **93455(26)** should be used when diagnostic coronary artery and bypass (including SVG and/or IMA) angiography is performed without the left heart catheterization (i.e., when the physician does NOT cross over the aortic valve into the left ventricle).

- **If the physician performs injections for guiding during coronary interventions, 93455 is not appropriate.**

**Left Heart Catheterization** with or without Left Ventriculography and Coronary Angiography

- **93458(26)** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Left Heart Catheterization with or without Left Ventriculography and Coronary Angiography

**Coding Guidelines**
- **Code 93458(26)** (left heart catheterization with or without left ventriculography and coronary angiography) includes vascular access, sedation and monitoring, insertion and positioning of the left heart catheter, measurement of pressures, removal of catheter(s), left ventriculography (when performed), coronary angiography, closure device angiography, closure device deployment, and report generation.

- **EXAMPLE:** The catheter is inserted into the right common femoral artery and advanced in retrograde fashion to the left atrium, left ventricle, and coronary arteries. Injection of dye and permanent images, supervision and interpretation. (LHC)
- **CODE:** 93458(26)
- **If supravalvular aortography is performed (Aortic Root inj.), assign add-on code 93567.**
- **If an abdominal aortogram is performed, report e.g. 75625 (26) or G0275 if a Medicare patient w/cath**
- For heart catheterizations performed for congenital anomalies, reference codes 93530-93533.
Left Heart Catheterization with or without Left Ventriculography, Coronary Angiography and Bypass Graft Angiography (Including SVG and IMA)

- **93459(26)** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography.

Right and Left Heart Catheterization

- A right and left heart catheterization includes all left heart catheterization elements, including function of the mitral and aortic valves and left side aortic valve regurgitation, and may include angiography evaluation of coronary arteries and the left ventricle for disease such as stenosis or occlusion, mitral valve stenosis or regurgitation, ventricular hypertrophy, or aneurysm. The right heart catheterization evaluates the tricuspid and pulmonary valve function, measures pressures of the right atrium and ventricle, pulmonary artery, pulmonary valve stenosis, tricuspid valve stenosis, atrial and ventricular septal defects.
Right and Left Heart Catheterization with or without Left Ventriculography

• **93453(26)** Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

Right and Left Heart Catheterization with or without Left Ventriculography

**Coding Guidelines**

• Code **93453(26)** includes vascular access, sedation and monitoring, insertion and positioning of the left heart catheter, measurement of pressures, catheter(s) removal, left ventriculography (when performed), closure device angiography, closure device deployment, and report generation.

• For right and left heart catheterization with coronary angiography, reference **93460**.

• For right and left heart catheterization with coronary and bypass graft (including SVG and IMA) angiography, reference **93461**.
Right and Left Heart Catheterization with or without Left Ventriculography and Coronary Angiography

• **93460(26)** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

Right and Left Heart Catheterization with or without Left Ventriculography, Coronary Angiography and Bypass (Including SVG and/or IMA) Angiography

• **93461(26)** Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Injection Procedures for Congenital Cardiac Catheterization

• The following injection procedures are “add-on” (+) codes that should be assigned in addition to the primary cardiac catheterization code. When performed, 93563-93565 are specific codes assigned with the congenital cardiac catheterization.

• *(Use 93563-93565 with 93530-93533)*

• Modifier 26 is NOT used with the following codes because they are for injections procedures.

Coronary Angiography when Performed with Congenital Cardiac Catheterization

• + 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)
Bypass Graft Angiography (Including SVG, IMA and radial) with Congenital Cardiac Catheterization

- + 93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (e.g., aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (e.g., 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)

Left ventricular or Left Atrial Angiography Performed with Congenital Cardiac Catheterization

- + 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)
Injection Procedures for Cardiac Catheterization

- When performed, services described by codes 93566-93568 are not specific codes for certain cardiac catheterization procedures. These codes are assigned with the appropriate cardiac catheterization code both for congenital and non-congenital catheterization procedures.

Right Ventricular or Right Atrial Angiography Performed with Cardiac Catheterization

- + 93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
Supravalvular Aortography (aortic root injection) Performed with Cardiac Catheterization

• + 93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure) — *ascending aortogram (aortic root inj.)*.

Pulmonary Angiography Performed with Cardiac Catheterization

• + 93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
The 2012 table below illustrates how these codes should be reported when a cardiac catheterization is performed at the same session.

<table>
<thead>
<tr>
<th>Exam</th>
<th>CPT and/or HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortography at time of cardiac catheterization</td>
<td><strong>MEDICARE:</strong> 93458(26) + 93567 (aortic root inj.)</td>
</tr>
<tr>
<td>Abdominal Aortogram</td>
<td><strong>NON-MEDICARE:</strong> same</td>
</tr>
<tr>
<td>Abdominal aortography and bilateral iliolumbar angiography (with catheter in abdominal aorta), same time as cath</td>
<td><strong>MEDICARE:</strong> 93458(26) + G0275 + G0278</td>
</tr>
<tr>
<td>Unilateral or Bilateral selective renal angiography (catheter in renal arteries) and flush aortogram</td>
<td><strong>NON-MEDICARE:</strong> 93458(26) + 75630(-26) OR 75625(-26) + 75716(-26)</td>
</tr>
<tr>
<td></td>
<td><strong>MEDICARE AND NON-MEDICARE:</strong> NEW FOR 2012!!! 36251 Unilateral Selective Renal 36252 Bilateral Selective Renal angiography</td>
</tr>
</tbody>
</table>

*Flush/Abd Aortogram is bundled into any selective Renal. New 2012 Renal Angiography codes include cath placement, injections, and interpretations.

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**Left Heart Catheterization by Transseptal or Transapical Puncture**

- Code **93462** describes a procedure performed to obtain a left heart catheterization via access into left ventricle via transapical puncture or via transseptal approach through an intact septum. It is an “add-on” code and is assigned in addition to:
  - 93452 Left Heart Catheterization with or without left ventriculogram
  - 93453 Right and left heart catheterization with or without left ventriculography
  - 93458 Left Heart Catheterization with or without left ventriculography and coronary angiography
  - 93459 Left heart catheterization with or without left ventriculography, coronary angiography and bypass graft angiography (including SVG and IMA)
  - 93460 Right and left heart catheterization with or without left ventriculography and coronary angiography
  - 93461 Right and left heart catheterization with or without left ventriculography, coronary angiography and bypass (including SVG and/or IMA) angiography

- **+ 93462** Left heart catheterization by *transseptal puncture* through intact septum or by transapical puncture (List separately in addition to the code for primary procedure)
ELECTROPHYSIOLOGY

• If a transseptal approach is performed during an electrophysiology ablation study within the left atrium or left ventricle, assign 93462(26) in addition to the following:
  – 93651 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
  – 93652 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia

PHARMACOLOGIC AGENT AND EXERCISE STUDY W/CATH

• Add-on code + 93463 has been established to describe pharmacologic agent administration when performed with a cardiac catheterization.
• Add-on code + 93464 has been established to describe physiologic exercise study performed with cardiac catheterization.
Pharmacologic Agent Administration

- **+93463** Pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) **(-26 modifier not required)**

*Coding Guidelines*
- Code **93463** describes the administration of an agent during a cardiac catheterization to access hemodynamic response. It is allowed once per encounter and is not assigned for the administration of agents injected or infused during vascular (coronary) interventions (e.g. nitroglycerine).

Physiologic Exercise Study

- **+93464** Physiologic exercise study (e.g., bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure) **-26 IS required for professional billing.**

*Coding Guidelines*
- Code **93464** describes exercise during a cardiac catheterization to access hemodynamic response and is allowed once per encounter. It is an “add-on” code and is assigned in addition to the cardiac catheterization codes.
Coding Alert!!!

• Devices deployed for hemostasis following a cardiac catheterization are now included within the cardiac catheterization codes. HCPCS code G0269 should no longer be assigned to report the deployment of a vascular seal (e.g., Angioseal, Star Closure, Perclose, Mynx).

• The iliac or femoral angiogram performed to determine if the patient’s anatomy will support a vascular seal is not separately coded. Chapter 11 of the CMS CCI Coding Manual states, “A physician should not separately report an associated imaging code such as CPT® code 75710 or HCPCS code G0278.”

Coronary Interventions
Interventional Cardiology

- Interventional cardiology is the branch of medicine that diagnoses and treats cardiovascular diseases using percutaneous or minimally invasive techniques under imaging guidance. Correct reporting of interventional cardiology services requires knowledge of cardiac anatomy, as well as an understanding of CPT® coding conventions.

Coronary Anatomy

- According to the American Medical Association, there are four major coronary vessels (shown below with their common abbreviations):
  - Right coronary artery (RCA)
  - Left main coronary artery (LMCA)
  - Left anterior descending coronary artery (LAD)
  - Left circumflex coronary artery (LCX)

“The left main bifurcates into the LAD & LCX.”

Coronary Anatomy

- Many payors, including Medicare, recognize only three major coronary arteries. The left main coronary artery is not recognized as a separate major coronary artery. The table below shows the three major coronary arteries recognized by Medicare.

<table>
<thead>
<tr>
<th>Arteries</th>
<th>Branches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Coronary</td>
<td>Posterior Ventricular</td>
</tr>
<tr>
<td></td>
<td>Posterior Descending</td>
</tr>
<tr>
<td>Left Circumflex</td>
<td>Obtuse Marginal 1</td>
</tr>
<tr>
<td></td>
<td>Obtuse Marginal 2</td>
</tr>
<tr>
<td>Left Anterior Descending</td>
<td>Diagonal Branch 1</td>
</tr>
<tr>
<td></td>
<td>Diagonal Branch 2</td>
</tr>
</tbody>
</table>

Coding Guidelines for Coronary Interventions

- Coding guidelines for coronary interventions are summarized here and will be reiterated in the following sections as individual therapeutic techniques are discussed.
Multiple Interventions in One Artery

• Only one of the three most commonly performed therapeutic coronary techniques (stenting, atherectomy, or angioplasty) can be reported in each major coronary artery (and its branches), even if more than one technique is performed. Stenting includes any angioplasty or atherectomy that is performed in the same coronary artery, and atherectomy includes any angioplasty that is performed in the same coronary artery.

The National Correct Coding Initiative (NCCI) Policy Manual for part B Medicare Carriers, Chapter 11 (Medicine), states:

• For a given coronary artery and its branches, the provider should report only one intervention, the most complex, and regardless of the number of stent placements, atherectomies, or balloon angioplasties performed in that coronary artery and it branches. From a coding perspective, stent placement is considered more complex that an atherectomy which is considered more complex that a balloon angioplasty.

• For example, if both stenting and atherectomy are performed in the left anterior descending coronary artery, only the stent (CPT® 92980) should be reported.
Interventions in **Multiple Arteries**

- When two or more coronary arteries are treated, only one “single vessel” code can be reported. Interventions in the other arteries are reported with the “each additional vessel” codes.

The NCCI Policy Manual for Part B Medicare Carriers, Chapter 11 (Medicine), states:

- The first reported procedure must use a primary code (CPT® 92980, 92982, or 92995) corresponding to the most complex procedure performed. The procedure(s) performed in the other [coronary arteries] are reported with the CPT® add-on codes (92981, 92984, and 92996).

- **For example:** If the physician places a stent in the left circumflex and performs an angioplasty in the obtuse marginal 1 (which is a branch of the circumflex), only the stenting should be reported (92980-LC).
Left Main Coronary Artery

• The left main coronary artery splits into the left anterior descending and the left circumflex, both of which are recognized by Medicare as major coronary arteries; however, the left main itself is not recognized as a major coronary artery.

• According to the American College of Cardiology,¹
  – The approach most consistent with existing policy is as follows: Consider the LMCA as a major artery when a lesion is treated in the left main only. When separate lesions are treated in the LMCA and either the LAD or the LCX, code for only one intervention.

  ¹ American College of Cardiology, Guide to CPT® 2004, p. 66.

Anatomic Variants

• In approximately ⅓ of the population, an additional coronary artery, known as the ramus intermedius, arises from the left main coronary artery between the LAD and the circumflex.

• Correct coding of therapeutic interventions performed in the ramus intermedius can be problematic.

• According to the American College of Cardiology,
  – Code treatment of a lesion in the ramus intermedius as one procedure in one major artery. When one lesion is treated in the ramus intermedius in addition to a second lesion in either the LAD or the LCX, code the ramus intermedius as a separate major vessel.

Coronary Artery Stenting

• Intracoronary stent placement involves deployment of a wire mesh device into the coronary artery to hold the vessel lumen open. In some cases, a balloon angioplasty is performed in addition to stent placement to either pre-dilate the coronary artery or to expand the stent.

Codes for Coronary Artery Stenting

• Code 92980 is reported for stenting of a single coronary artery. Code 92981 is an add-on code that is reported for stenting of each additional coronary artery. Like other add-on codes, +92981 is exempt from modifier 51 (Multiple procedures).

• Both of these codes are assigned per vessel; therefore, if multiple stents are placed in the same vessel (or its branches), only one stent placement is coded.

• EXAMPLE: Placement of two stents in the mid and distal portions of the LAD.
• CODES: 92980-LD
Codes for Coronary Artery Stenting

• If stenting is performed in two or more coronary arteries, the first is reported with 92980 and the second and subsequent with 92981.

• EXAMPLE: Stenting of the right coronary artery and left circumflex coronary artery.
• CODES: 92980-RC and 92981-LC

Codes for Coronary Artery Stenting

• If stenting is performed in one vessel and an angioplasty is also performed in that vessel, only the stent can be coded.

• EXAMPLE: PTCA and Stenting of the right coronary artery.
• CODES: 92980-RC
Codes for Coronary Artery Stenting

• When stenting and angioplasty (or atherectomy) are performed in different vessels, both are reported. The stenting is reported with the “single vessel” code, and the other procedure is reported with the “each additional vessel” code.

• EXAMPLE: Stenting of the right coronary artery and angioplasty of the left circumflex.
• CODES: 92980-RC, 92984-LC

Drug-Eluting Stents (DES)

• Drug-eluting stents are coated with a medication (typically sirolimus) that is absorbed into the lining of the blood vessel and prevents intimal hyperplasia (overgrowth of the vessel lining) With non-drug-eluting stents, intimal hyperplasia frequently causes in-stent restenosis, resulting in the need for further interventions to reopen the artery. The Cypher® stent is an example of a drug-eluting stent.

• Physicians should report the placement of drug-eluting stents in the same manner as non-drug-eluting stents (with CPT® codes 92980-92981).
Drug-Eluting Stents (DES)

- Code **G0290** is used by hospital facilities to report transcatheter placement of drug-eluting coronary stent(s) in a single vessel. Code **G0291** is an add-on code used to report placement of drug-eluting coronary stent(s) in each additional vessel.

- Codes G0290-G0291 should **not** be used on claims for physician services.

Coronary Atherectomy

- Atherectomy is the removal of atherosclerotic plaque from the interior of an artery or vein graft. It should not be confused with thrombectomy, which is the removal of blood clot.
Coronary Atherectomy

Types of Atherectomy
• Different types of atherectomy catheters use different methods for removing the plaque. Some examples include:

  – Directional atherectomy: Uses a cup-shaped blade to shave the plaque off the vessel wall and into a container. An example of a directional atherectomy device is the Flexi-Cut® catheter.

  – Extraction atherectomy: Uses blades to shave plaque off the vessel wall, and vacuums the plaque out of the vessel. An example of an extraction atherectomy device is the TEC™ catheter.

Coronary Atherectomy

Types of Atherectomy (con’t.)
• Some examples include:

  – Rotational atherectomy: Uses a rotating bur to abrade plaque from the vessel wall, and debris is suctioned out. An example of a rotational atherectomy device is the Rotablator® system.

  – Laser atherectomy: Uses a laser-tipped catheter to ablate the plaque. The patient may be injected prior to the procedure with antibodies that bond to the plaque, allowing the laser beam to be more accurately focused. An example of a laser atherectomy device is the Vitesse® excimer laser system.
Codes for Atherectomy

- Code 92995 is reported for atherectomy of a single coronary artery. Code 92996 is an add-on code that is reported for atherectomy of each additional coronary artery. Like other add-on codes, +92996 is exempt from modifier 51 (Multiple procedures).

- Both of these codes are assigned per vessel; therefore, if multiple lesions are treated in the same vessel (or its branches), only one atherectomy is coded.

Coronary Atherectomy Examples:

- EXAMPLE: Atherectomy of left circumflex and obtuse marginal branch.
  - CODES: 92995-LC

- If atherectomy is performed in two or more coronary arteries, the first artery is reported with 92995 and the second or additional vessel is coded with the add-on code 92996.

- EXAMPLE: Atherectomy of the right coronary artery and left circumflex coronary artery.
  - CODES: 92995-RC and 92996-LC
Coronary Angioplasty (PTCA)

- Percutaneous transluminal coronary angioplasty (PTCA) is a therapeutic procedure performed to dilate coronary artery strictures. A balloon-tipped catheter is advanced into the coronary artery (typically from a femoral access). When the balloon is inflated inside the narrowed section of artery, this compresses the plaque against the wall of the vessel, restoring a more normal diameter.

Coronary Angioplasty (PTCA)

**Codes for PTCA**

- Code **92982** is reported for PTCA of a single vessel. Code **92984** is an add-on code that is reported for PTCA of each additional vessel. Like other add-on codes, +92984 is exempt from modifier 51 (Multiple procedures).

- Both of these codes are assigned *per vessel*; therefore, if multiple dilations are performed in the same vessel (or its branches), only one angioplasty is coded.

- EXAMPLE: Balloon angioplasty of the RCA and posterior ventricular branch of the RCA.

- CODES: 92982-RC
Procedure Report Example Cardiac Cath & Intervention

- **PROCEDURE:** Cardiac Catheterization and Percutaneous Transluminal Coronary Angioplasty

- **INDICATION:** Recurrent chest discomfort, status post stent placement, and irradiation of left circumflex artery.

- **DESCRIPTION OF PROCEDURE:** The patient was taken to the catheterization laboratory where the right groin was prepped and draped in the usual sterile fashion. The patient was sedated with 1 mg of IV Versed and 25 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 6-French introducer sheath advanced into the artery. Appropriate combinations of JL and JR 4-cm 6-French catheters were then used to obtain selective coronary angiograms in multiple projections using contrast. After this selective left ventriculogram was performed in the RAO position by hand injection. The patient tolerated this portion of the procedure well.

Procedure Report Example Cardiac Cath & Intervention

- **Catheterization Findings:**

- **HEMODYNAMICS** – LV pressure 122. Aortic pressure 117/47. LVEDP 7. Estimated ejection fraction 40%. The left ventriculogram shows hypokinesis of the anterior wall.

- **CORONARY ANGIOGRAPHY** – The left main is intact. It gives rise to the left anterior descending and circumflex arteries. The left anterior descending artery arises normally and travels in the normal interventricular groove. There is a proximal stent in the LAD that is widely patent. There is 50% stenosis in the midvessel. The vessel gives rise to several normal diagonal branches and septal perforators. The left circumflex artery arises normally and travels in the normal interatrial groove. There is a proximal stent in the vessel with ostial 90% in-stent restenosis. The obtuse marginal branches are normal. The right coronary artery has some luminal irregularities but no evidence of obstruction.
**Procedure Report Example Cardiac Cath & Intervention**

**ASSESSMENT:**
- 90% in-stent restenosis of the left circumflex.
- 50% mid left anterior descending stenosis.
- Mild left ventricular dysfunction, ejection fraction 40%.

**PLAN:** Proceed with PTCA of the ostial left circumflex.

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**Procedure Report Example Cardiac Cath & Intervention**

**ANGIOPLASTY PROCEDURE:** Guiding catheter for the procedure was a JL 4-cm 6-French catheter. Guiding shots were obtained. The patient was given an Integrilin bolus and placed on an infusion. A 0.014 x 300 PT Grafix wire was then used to cross the ostial circumflex lesion after guiding shots were obtained. A 3.0 x 10-mm RX CrossSail balloon was then inserted over the wire to the stenosed area. Several inflations in this area were performed. After the final inflation was done, angiography showed the 90% lesion reduced to less than 10% and the procedure was terminated. The patient tolerated the procedure well. There were no complications.

**IMPRESSION:** Successful percutaneous transluminal coronary angioplasty of a previously stented and irradiated ostial left circumflex.
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CEU Code: