Coding Updates for 2014: IR and Cardiology

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National Coding Standards

- Sources of Information
  - Centers for Medicare and Medicare (CMS)
  - Provider Policy Manual 19.0 version
  - NCDs and LCDs from Medicare Administrative Contractors (MACs)
  - American Medical Association (AMA)
  - Society of Interventional Radiology (SIR)
  - American College of Cardiology (ACC)
  - Heart Rhythm Society (HRS)
  - Other MAC’s LCDs
2014 CPT Changes

- 90 codes impacted in cardiology and interventional radiology
- 52 new codes
- 32 deleted codes
- 6 revised codes

Percutaneous Aortic Valve Replacement: 2014

- Code 0318T is deleted.

- **New code 33366** - TAVR/TAVI, transapical exposure (e.g., left thoracotomy)
  - Code 33366 includes the cardiac/thoracic approach.
Percutaneous Mitral Valve Repair: 2014

- **Code 0343T** – Percutaneous repair of mitral valve, initial prosthesis
- **Code 0344T** – Additional prosthesis
- **Code 0345T** – Percutaneous repair of mitral valve via the coronary sinus

- Transseptal puncture is included when performed.
- Code 0345T includes an anchor system with spring to narrow mitral valve annulus over time.

Repair of Structural Heart Defect: 2014

- **93582** – Percutaneous closure of patent ductus arteriosus
- Do not report catheter selection or aortogram.
- Heart catheterization is included.
- Use code 93662 if intracardiac echocardiography (ICE) is utilized during procedure.
Repair of Structural Heart Defect: 2014

- **93583** – Percutaneous septal reduction therapy
  - This codes includes temporary pacemaker.
  - Left heart catheterization is included.
  - LAD coronary angiography included if for guiding. May report true diagnostic, first time angiography, or if clinical change in patient.
  - Use 93662 if ICE is utilized during procedure.

Revisions, Electrophysiology: 2014

- **Code 33222** – Relocation skin pocket, pacemaker
- **Code 33223** – Relocation skin pocket, defibrillator

- New descriptors clarify these codes are to be used when a completely new pocket is created at a different location.
- Do not report these codes for revision during generator or lead work to accommodate a different size/shape generator.
- Do not report the drainage, repair, or debridement codes with 33222 and 33223.
Revisions, Electrophysiology: 2014

- **Code 93653** – Ablation of SVT
- **Code 93654** – Ablation of VT
- **Code 93656** – Ablation of afib by PVI

These ablation codes include a comprehensive electrophysiology study. The revised descriptors clarify that the various pacing/recording in the code descriptor are included but that all components are not required. In 2014, “(when necessary)” was added to these three codes after the various pacing/recording verbiage.

Cardiology New Technology Codes for 2014

- **Codes 0319T-0328T** – These codes were active in 2013 but did not make it into the 2013 *CPT Codebook*. They are in the 2014 Category III section. These codes are for subcutaneous defibrillator systems.
Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Codes 37205-37208 and 75960 are deleted and replaced with codes 37236-37239.
- Codes 37236-37239 include both open and percutaneous endovascular approaches.

Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- New stent procedure codes are specific to arteries or veins:
  - Arterial Stent, percutaneous or open
    - **37236** – Stent placement, initial artery *(NOT coronary, vertebral, carotid, cerebral, or lower extremity artery)*
    - **+37237** – Stent placement, each additional artery
Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Venous Stent, percutaneous or open
  - 37238 – Stent placement, initial vein
  - +37239 – Stent placement, each additional vein

Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Stent placement includes the access creation, access closure, guiding shots, follow-up imaging, and the S&I.
Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Code per vessel treated (not per lesion)
- Code separately for...
  - US guidance for vascular access (76937)
  - Catheter placement
  - Diagnostic angiography (must meet medical necessity)
  - IVUS (37250, 37251, 75945, 75946)

Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Angioplasty is never billed for angioplasty at the same session when performed in the same vessel as a stent is placed.
- If angioplasty treats a stenosis in one segment of vessel and a stent treats a different stenosis in the same vessel, ONLY the stent can be coded.
- Angioplasty is coded if in a separate vessel than a vessel treated with a stent.
Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Bridging lesions are treated as one stent placement.
- Only one initial arterial stent is coded per encounter.
- Only one initial venous stent is coded per encounter.
- Additional arterial stent code 37237 is an add-on to 37236.
- Additional venous stent code 37239 is an add-on to 37238.

Non-Carotid/Vertebral/Lower Extremity Stent Placement Rules: 2014

- Code for stent placement if a stent or covered stent is used as the sole treatment for an aneurysm, pseudoaneursym, vessel trauma, etc. Do not code as an embolization.
- If a stent is placed to facilitate vessel occlusion in addition to embolization techniques (e.g., coils), code the embolization and do not code the stent.
Example

A right femoral access is made and the known right subclavian stenosis is angioplastied followed by placement of a stent for residual stenosis. Then the left subclavian stenosis is angioplastied with good results.

- **37236** — for right subclavian stent (includes the initial angioplasty of same stenosis)
- **35475, 75962** — for the left subclavian angioplasty

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Carotid Stent Placement

- **37215**: Carotid cervical stent placement **WITH** embolic protection
- **37216**: Carotid cervical stent placement **WITHOUT** embolic protection

- **New 2014 Code**
  - **37217** — Common carotid or brachiocephalic stent placement via carotid cutdown

- These codes include...
  - Ipsilateral selective catheterization
  - Ipsilateral carotid cervical and cerebral artery S&I
  - All other related S&I during stent placement procedure
  - All road-mapping, guiding shots and follow-up images
  - All angioplasties within the region of stent deployment
  - Codes 37215, 37216, & 37217 are inpatient C-status indicator procedures
AAA Stent Grafts Involving Visceral Vessels

Deleted Codes for 2014

- Code 0078T
  - Abdominal aortic stent graft involving visceral branches (celiac, SMA, and renal arteries)
- Code 0079T
  - Placement of visceral extension device, each branch placed
- Codes 0080T and 0081T
  - S&I components for 0078T and 0079T respectively

Fenestrated Stent Grafts for AAA: 2014

- Codes 34841-34844
  - Fenestrated abdominal aortic stent graft involving visceral branches (celiac, SMA, and renal arteries) alone or with infrarenal aorta as well

- 34841 – Repair visceral aorta with fenestrated graft; including one visceral artery endoprosthesis
- 34842 – Including two visceral artery endoprostheses
- 34843 – Including three visceral artery endoprostheses
- 34844 – Including four or more visceral artery endoprostheses
Fenestrated Stent Grafts for AAA: 2014

- Codes 34845-34848
  - Fenestrated abdominal aortic stent graft involving visceral branches AND infrarenal abdominal aorta requiring distal placement into the common iliac arteries

- 34845 – Repair visceral aorta and infrarenal aorta with fenestrated graft that extends into common iliacs including one visceral endoprosthesis
- 34846 – Including two visceral artery endoprostheses
- 34847 – Including three visceral artery endoprostheses
- 34848 – Including four or more visceral artery endoprostheses

Fenestrated Stent Grafts for AAA: 2014

- Codes 34841-34848 can NOT be used for chimneys, snorkels, periscopes. These procedures are considered unlisted procedures and may not be covered, so check with payer.
Fenestrated Stent Grafts for AAA: 2014

- Bundles diagnostic imaging, guiding shots, follow-up angiography, angioplasty, and stent placement in the stent graft deployment zone
- NEW bundling of all catheter placements in the stent graft deployment zone AND extensions with distal end terminating in the common iliac arteries and proximal aortic extensions

Fenestrated Stent Grafts for AAA: 2014

- CAN separately code for extensions into internal iliac, external iliac, or common femoral arteries with 34825, 75953 and 34826, 75953.
- CAN code separately for embolization
- CAN code separately for catheter placements outside the stent graft deployment zone and open approach (e.g., 34812)
Vascular Embolization Procedures: 2014

- Codes 37204 and 37210 are deleted.
- There are NO changes to existing CNS and head and neck embolizations: 61624 and 61626 and 75894.
- There are NEW 2014 embolization codes 37241-37244.
- Code based on the primary reason for the embolization as there can be overlap.

Vascular Embolization Procedures: 2014

- May submit diagnostic angiography
- May submit catheter placements
- New bundling of S&I (do not code 75894) with the new embo codes
- New bundling of follow-up angiography (do not code 75898) with the new embo codes
- Only report one embo code for each surgical field.
Vascular Embolization Procedures: 2014

- **37241** – For venous abnormalities other than hemorrhage (venous malformations, hemangiomas, varices, varicocele, side branch of dialysis fistula)

- **37242** – For arterial abnormalities other than hemorrhage or tumor (AVM, aneurysm, arteriovenous fistula)

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Vascular Embolization Procedures: 2014

- **37243** – For tumors or organ infarction (benign or malignant tumors including uterine fibroids)

- **37244** – Hemorrhage- arterial or venous or lymphatic extravasation (uterine arteries for postpartum hemorrhage, GI hemorrhage, hemorrhage secondary to trauma, thoracic duct for chyloous effusion
Example
A patient with a splenic aneurysm presents with rupture of the aneurysm with significant bleeding.

- **37244** – for embolization for hemorrhage (not 37242, which is for embolization of an aneurysm as the primary indication here is the hemorrhage)

Category III Codes: 2014

- **0338T** – Renal sympathetic denervation, unilateral
- **0339T** – Renal sympathetic denervation, bilateral

- These codes include access and catheter selections.
- Imaging including renal angiography and aortography is included.
Category III Codes: 2014

- S&I is included in renal denervations.
- Pressure gradients, if performed, are included.
- Do not report codes 36251-36254 with 0338T and 0339T.

Category III Codes: 2014

- **0340T** – Ablation of pulmonary tumor(s), percutaneous, cryoablation
  - Unilateral code
  - Includes imaging
  - Includes extensions of tumor to chest wall/pleura
Drainage Procedures: 2014

- **Deleted** Codes: 32201, 44901, 47011, 48511, 49021, 49041, 49061, 50021, and 58823

- **New Abscess Drainage Codes (10030, 49405-49407)**
  - Imaging guidance is bundled.
  - These codes are specific to anatomical area drained.

Drainage Procedures: 2014

- **10030** – Image-guided drainage by catheter, soft tissue
  - Use this code for each separate collection drained with catheter
  - Includes imaging
Drainage Procedures: 2014

- **49405** – Image-guided drainage by catheter; visceral
  - Imaging is included
  - Not for thoracentesis, pleural drainage or cholecystostomy

Drainage Procedures: 2014

- **49406** – Image-guided drainage by catheter; peritoneal or retroperitoneal, *percutaneous* approach
  - Imaging included
  - Not for abdominal paracentesis or peritoneal lavage

- **49407** – Image-guided drainage by catheter; peritoneal or retroperitoneal, *transvaginal* or *transrectal* approach
Drainage Procedures: 2014

- Do not use imaging codes 75989, 76942, 77002, 77003, 77012, or 77021 with the image-guided drainage codes.
- Code for each separate collection drained with separate catheter.

Breast Biopsies: 2014

- **Deleted** codes: 19102, 19103, 19290, 19291, 19295, 77031, and 77032
- New breast biopsy codes (19081-19086)
- New breast localization device placement codes (19281-19288)
- Imaging guidance is bundled with all.
Breast Biopsies: 2014

- New biopsy codes (19081-19086) are inclusive of:
  - Imaging guidance
  - Biopsy itself
  - Placement of markers
  - Specimen radiograph (*Code 76098 cannot be reported with 19081-19086.*)

Breast Biopsies: 2014

- **19081** – Percutaneous breast biopsy, first lesion, with stereotactic guidance
- **+19082** – Each additional lesion with stereotactic guidance
- **19083** – Percutaneous breast biopsy, first lesion, with ultrasound guidance
- **+19084** – Each additional lesion with ultrasound guidance
Breast Biopsies: 2014

- **19085** – Percutaneous breast biopsy, first lesion, with magnetic resonance guidance
- **+19086** – Each additional lesion with magnetic resonance guidance

- Use add-on code for additional biopsies with same imaging modality.
- Use another primary code if additional biopsy is performed with different imaging modality.

Example

A biopsy is performed with stereotactic guidance of a solid mass. A clip is left as well. A biopsy under ultrasound guidance of a separate lesion is also performed.

- 19081
- 19083

✓ Use two primary codes here, as different imaging modalities were utilized.
Breast Biopsies: 2014

- Codes 19281-19288 are for placement of breast marker or devices for localization purposes, but without performance of an image-guided biopsy. This could include clips, wires, needle, and seeds/pellets.

Breast Biopsies: 2014

- **19281** – Percutaneous placement of breast localization device(s), first lesion, with mammographic guidance
- **+19282** – Each additional lesion with mammographic guidance
- **19283** – Percutaneous placement of breast localization device(s), first lesion with stereotactic guidance
- **+19284** – Each additional lesion with stereotactic guidance
Breast Biopsies: 2014

- **19285** – Percutaneous placement of breast localization device(s), first lesion, with ultrasound guidance
- **+19286** – Each additional lesion with ultrasound guidance
- **19287** – Percutaneous placement of breast localization device(s), first lesion with magnetic resonance guidance
- **+19288** – Each additional lesion with magnetic resonance guidance

Breast Biopsies: 2014

- Use add-on code for additional localization device placements with same imaging modality.
- Use another primary code if additional localization device placement is performed with different imaging modality.