Medical Necessity in the Diagnostic Cardiology Office

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Diagnostic Cardiology Procedures and Medical Necessity

- **Objectives for Today’s Session:**
  - Explore diagnostic cardiology diagnostic procedures
  - Discuss medical necessity for diagnostic cardiology procedures
  - Review ICD-9 Guidelines relative to cardiology diagnosis coding
  - Sneak a peak at ICD-10 cardiology coding
Diagnostic Cardiology Procedures and Medical Necessity

- Heart disease and stroke are two of the leading causes of death in the US for both men and women*
- Americans suffer 1.5 million heart attacks and strokes each year*
- Many conditions undermine the heart’s ability to do its job
  - Coronary artery disease
  - Cardiomyopathy
  - Arrhythmia
  - Heart failure

*Million Hearts®, Centers for Disease Control and Prevention

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- Cardiovascular risk factors
  - Minor
    - LDL cholesterol over 130
    - Elevated C-reactive protein (hs CRP)
    - Previous smoking history
    - Elevated creatinine or abnormal kidney function
    - Abnormal carotid artery thickness (CIMT)
  - Major
    - Age: Men over 45, Women over 55
    - HDL less than 40
    - Active smoker
    - Hypertension
    - Family history for heart attacks
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- **Cardiovascular risk factors (Continued)**
  - Metabolic syndrome (3 or more of the following)
    - Waist size: 40"+ for men, 35"+ for women
    - 35" and 32" for Asians
    - Fasting blood sugar over 100
    - HDL less than 40 for men, less than 50 for women
    - Triglyceride over 150
    - Blood pressure greater than 130/85

- **Documented CV problems**
  - Previous heart attack, stroke or TIA
  - Previous bypass, carotid or vascular surgery or stent placement
  - Atrial fibrillation and over 65 years of age
  - Pacemaker or AICD implantation
  - History of cardiomyopathy or heart failure
  - Ejection fraction less than 45%
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- Cardiologists have available a variety of diagnostic procedures to aid in the evaluation and/or treatment of these risk factors
  - EKG
  - Monitors
  - Chest x-ray
  - Stress tests (EKG, echocardiogram, nuclear, PET, complex pulmonary)
  - Tilt table
  - Echocardiogram
  - Vascular studies
  - Cardiac catheterization

EKG (93000, 93005, 93010)
- Records electrical activity of the heart
  - Assesses heart rhythm
  - Diagnose ischemia
  - Diagnose a heart attack
  - Evaluate certain abnormalities of heart, e.g., enlarged heart
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- Reporting Medical Necessity (continued)
  - Positive cardiac findings
  - Many signs and symptoms – consult NCD, LCD and carrier coverage policies
  - Pre-operative evaluation
    - Proper reporting of negative pre-op EKG
      - V72.81 (Preoperative cardiovascular exam)
      - Followed by diagnosis for anticipated surgery, e.g., 574.20 for gall stones
  - 794.31 Abnormal EKG

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- Echocardiography (93303 – 93308)
  - Ultrasound image of heart in real time
    - Measures all four chambers
    - Measures heart walls
    - Evaluates all four heart valves
    - Evaluates heart’s performance

- Clinical indications
  - Murmurs
  - Chest pain
  - Heart attack
  - Heart defect
  - Family history
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- **Components of echocardiogram**
  - M-Mode
  - 2-D
  - Doppler

  Code selection depends on:
  - **Intent:**
    - congenital cardiac anomalies (93303, 93304)
    - follow-up or limited study (93308)
  - Modalities included (93306, 93307)

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- **Reporting medical necessity for echocardiograms**
  - Ventricular function and cardiomyopathies
  - Hypertensive CV disease
  - Acute MI and coronary insufficiency
  - Exposure to cardiotoxic agents
  - Native valvular heart disease
  - Prosthetic heart valves
  - Endocarditis
  - Congenital heart disease
  - Suspected cardiac thrombus and emboli
  - Cardiac tumors and masses
  - Critically ill and trauma patients
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- **Stress Tests**
  - Evaluate heart’s response to stress
    - Adequate blood flow
    - Effectiveness of heart medications
    - Likelihood of having coronary heart disease
    - Effectiveness of previous procedures to improve blood flow
    - Identify abnormal heart rhythms

- **Stress Tests from simple to complex**
  - Treadmill EKG stress
    - Evaluate for EKG changes or chest pain
  - Stress echocardiogram (93350, 93351)
    - Visualize heart wall motion and pumping action when heart is stressed
    - May reveal lack of blood flow not apparent on other tests
    - Stress induced via exercise or pharmacologically
      - Pharmaceuticals reported separately via HCPCs codes
    - **Includes** rest and stress echo studies, interpretation and report
    - 93351 includes physician supervision
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- Reporting Medical Necessity for Stress Echocardiogram
  - Ventricular function and cardiomyopathies
  - Hypertensive CV disease
  - Acute MI and coronary insufficiency
  - Exposure to cardiotoxic agents
  - Cardiac transplant and rejection monitoring
  - Native valvular heart disease
  - Prosthetic heart valves
  - Endocarditis
  - Congenital heart disease
  - Suspected cardiac thrombus and emboli
  - Cardiac tumors and masses
  - Critically ill and trauma patients

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Doppler Ultrasound

- Figure 1: Normal artery (with color)
- Figure 2: Calcified plaque in artery

Normal artery (no color)
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- Extremity Arterial and Venous Studies
  - 93922 – 93980
  - Vein vs artery
  - Upper vs lower extremities
  - Complete vs limited study
  - Unilateral vs bilateral study

![Fragment of blood clot (embolus) traveling through vein]

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- Cerebrovascular Arterial Studies
  - 93880-93882
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- Coronary Calcium Scan  CPT 75571
- Screening vs diagnostic

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- **Reporting Nuclear Stress Test** – CPT 78451-52
  - Append modifier -26 if appropriate
  - Two-day procedures are reported with 78452
  - Report CV Stress separately
    - 93015 for global service performed in office
  - Radiopharmaceutical is reported separately via HCPCs code
  - Pharmaceutical (if used for stress) is reported separately via HCPCs code
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› Nuclear Stress/SPECT

PET (Positron Emission Tomography) stress

› Utilizes different modality from nuclear stress test to:
  › Determine which parts of heart are healthy and function normally
  › Utilizes radioactive substance to enable physician to visualize coronary artery flow and ventricular function
  › Comparison of rest and stress images allows physicians to identify areas of ischemia and identify scar tissue (prior MI)

› Cardiac PET testing offers sensitivity of 93%
› Procedure takes approximately 45 minutes vs 3-4 hours for nuclear
› Sharper images than nuclear
Diagnostic Cardiology Procedures and Medical Necessity

- Reporting PET test (78491, 78492)
  - Append modifier -26 if appropriate
  - Report CV Stress separately
    - 93015 for global service performed in office
  - Radiopharmaceutical is reported separately via HCPCs code
  - Pharmaceutical if used for stress is reported separately via HCPCs code
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- **Submaximal Heart and Pulmonary Evaluation (SHAPE)**
  - aka Pulmonary stress testing, complex (94621)
  - Screening test to assess heart and lung function
  - Determine whether patient’s exercise intolerance is cardiac-related vs pulmonary-related vs both vs neither (e.g., lack of conditioning or poor effort)
  - Includes:
    - 6-minute stair-step stress,
    - CO₂ measurement
    - O₂ uptake
    - EKG recording
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- Reporting Medical Necessity for SHAPE
  - Many pulmonary diagnoses covered
  - Insomnia and sleep apnea
  - Pre-op respiratory examination (V72.82)
  - Signs and Symptoms:
    - shortness of breath and dyspnea (786.05, 786.09)
    - cough (786.2)
    - hemoptysis (786.30, 786.39)

- Medical necessity for all procedures and services is reported via ICD-9 codes

- Specific ICD-9 Guidelines addressing cardiology coding may be confusing
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- Hypertension with Heart Disease - Chapter 7. a. 2)

  - “Heart conditions (425.8, 429.0-429.3, 429.9) are assigned to a code from category 402 when a causal relationship is stated (due to hypertension) or implied (hypertensive). Use an additional code from category 428 to identify the type of heart failure in those patients with heart failure.”

  - Hypertensive myocarditis 402.91
  - Congestive heart failure due to hypertension 402.91, 428.0

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- Hypertension with Heart Disease - Chapter 7. a. 2)

  - A cause and effect relationship between HTN and heart disease cannot be assumed.

  - “The same heart conditions with hypertension, but without a stated causal relationship, are coded separately”

  - Congestive heart failure and HTN 428.0, 401.9
  - Atherosclerotic heart disease w/essential HTN 414.00, 401.9
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- Hypertensive Chronic Kidney Disease - Chapter 7. a. 3)

- “Assign codes from category 403, Hypertensive chronic kidney disease, when conditions classified to category 585 are present. Unlike hypertension with heart disease, ICD-9-CM presumes a cause and effect relationship and classifies chronic kidney disease (CKD) with hypertension as hypertensive chronic kidney disease.”

- Hypertensive nephropathy, benign 403.10
- Accelerated HTN with CKD 403.00, 585.9

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- Coronary Atherosclerosis (Code 414.0x)
  - Includes coronary atherosclerosis, arteriosclerotic heart disease, coronary arteriosclerosis, coronary structure, coronary sclerosis or atheroma.
  - Fifth digit indicates the coronary artery involved
    - 414.01 Native artery
    - 414.02 Autologous vein bypass graft
    - 414.03 Nonautologous biological bypass graft
    - 414.04 Artery bypass graft, incl. internal mammary artery
    - 414.05 Unspecified type of bypass graft
    - 414.06 Native coronary artery of transplanted heart
    - 414.07 Bypass graft of transplanted heart
    - 414.00 Unspecified type of vessel
Sneak Peek at Cardiology Codes in ICD-10

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- Sneak Peek at Cardiology Codes in ICD-10
  - Chapter 9, Diseases of the Circulatory System I00 to I99 (eye zero zero to eye nine nine)
  - Hypertension (401.x) coded in ICD-10 is I10
  - Combination codes for atherosclerotic heart disease with angina pectoris:
    - I25.11 Atherosclerotic heart disease of the native coronary artery with angina pectoris
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- Sneak Peek at ICD-10 (continued)

- Intraoperative and Post procedural Cerebrovascular Accident
  - Code assignment based on
    - Infarction vs hemorrhage
    - Intraoperatively vs postoperatively

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AMI (categories I21-I22) Guidelines

- ICD-9: Acute vs chronic (8-week rule)
- ICD-10: Initial and subsequent (4-week rule)
- 4th character describes site
- 5th character describes coronary artery
  - Example:
    I21.01 STEMI of other sites involving left main coronary artery

- STEMI vs NSTEMI
  - NSTEMI evolves to STEMI, assign STEMI code
  - STEMI converts to NSTEMI due to therapeutic intervention, assign STEMI code
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- Sneak Peek at ICD-10 (continued)
- Use additional code
  - Exposure to tobacco
    - Z77.22 exposure to environmental tobacco smoke
    - Z57.31 occupational exposure to tobacco smoke
    - Z87.891 history of tobacco use
    - F17.- tobacco dependence
    - Z72.0 tobacco use
  - S/P tPA administration Z92.82

- Try code translators on AAPC website
  - ICD-10-CM to ICD-9-CM
  - ICD-9-CM to ICD-10-CM

- Countdown to ICD-10
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- Whether coded with ICD-9 or ICD-10 . . . . Medical necessity is still the driving force for all medical procedures whether diagnostic or therapeutic

- Accurately documenting and reporting medical necessity will assist providers by receiving prompt and proper reimbursement for the services they provide

Questions?

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Thank you.