Coding Updates for 2013: Cardiology

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National Coding Standards

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

Recommendations for Physician Dictations of Cardiac Catheterization and Intervention

- State the vascular access site(s)
- State the vessels catheterized, describing the catheter tip location, and any variant anatomy or surgically created grafts
- State the history (acute MI), prior surgeries or interventions, medical necessity for diagnostic and interventional procedure, reasons for repeat diagnostic study after prior Angio/CTA/MRA
- State heart pressures and chambers entered, injected and imaged
- State the vessels injected, the areas imaged (for medical necessity) with interpretation of findings (CTO's, grafts), along with specific documentation of degree stenosis and exact locations of the lesions treated
- State the interventions (including IVUS, FFR, OCT, etc., with findings and % stenoses) performed and any complications or additional treatments provided
- State the specific devices (BMS, DES) and specialty supplies used during the procedure
Interventional Cardiology: 2013
Native Coronary Artery Revascularization

DELETED CODES

- CPT 92982: Angioplasty, initial vessel
- CPT 92984: Angioplasty, each additional vessel
- CPT 92995: Atherectomy, initial vessel
- CPT 92996: Atherectomy, each additional vessel
- CPT 92980: Stent placement, initial vessel
- CPT 92981: Stent placement, each additional vessel
- HCPCS G0290: Drug eluting stent, initial vessel
- HCPCS G0291: Drug eluting stent, each additional vessel

Interventional Cardiology: 2013
Coronary Artery Intervention Basics

- The deleted codes are replaced with more specific codes that allow for improved description of complex coronary arterial interventions.
- Accurate coding for these interventions will require even more detailed physician documentation.
- There are 13 new CPT and 9 new HCPCS level II codes that describe coronary arterial interventions that involve vessel revascularization with combinations of angioplasty, atherectomy, stent placement, and drug-eluting stent placements (C9600-C9608).
Interventional Cardiology: 2013 Native Coronary Artery Angioplasty, Atherectomy and Stent Placement

- CPT 92920: Angioplasty, single artery or branch
- CPT +92921: Angioplasty, each additional

- CPT 92924: Atherectomy, single artery or branch
- CPT +92925: Atherectomy, each additional

- CPT 92928/C9600: Stent placement, single artery or branch
- CPT +92929/+C9601: Stent placement, each additional

- CPT 92933/C9602: Atherectomy with stent, single artery or branch
- CPT +92934/+C9603: Atherectomy with stent, each additional

Interventional Cardiology: 2013 Grafts, Acute Occlusion and CTO

- CPT 92937/C9604: Graft revascularization, single vessel
- CPT +92938/+C9605: Graft revascularization, each additional branch

- CPT 92941/C9606: Revascularization of acute total/subtotal occlusion during myocardial infarction, single vessel

- CPT 92943/C9607: Revascularization of CTO, single vessel, native coronary artery, branch or bypass graft
- CPT +92944/+C9608: Revascularization of CTO, each additional native coronary artery, branch or bypass graft

Revascularization codes 92937-92944/C9604-C9608 include any combination of stent placement, atherectomy, and angioplasty.
Interventional Cardiology: 2013

Major Coronary Artery Interventions

- There are now 5 major coronary arteries recognized for interventional coding: the Left Main (LM), Left Circumflex (LC), Left Anterior Descending (LD), Right Coronary (RC), and Ramus Intermedius (RI).
- There is one base code submitted per major coronary artery or branch intervention. Use the hierarchy for each vascular distribution and code the highest level intervention (major OR branch) as the “base” code, and the lower level intervention (major OR branch) for any additional interventions.

Interventional Cardiology: 2013

Additional Vessel Interventions

- Up to two branch interventions may also be coded when performed in the Left anterior descending (diagonals), Left circumflex (marginals), and Right coronary (posterior descending, posterolaterals).
- Additional intervention codes are submitted when these interventions are performed in branches of a major coronary vessel (when the major coronary vessel has already had an intervention).

Interventional Cardiology: 2013

Basic Guidelines

- The left main is its own major vessel, as is the ramus and interventions may be reported in both when performed.
- For common procedures (92920-92934): atherectomy with stent placement supersedes atherectomy, which supersedes stent placement, which supersedes angioplasty.
- Angioplasty is included in ALL interventions, if performed.
- Only code one intervention for bridging lesions treated with one device.
- Code two interventions for treatment of bifurcation lesions.
Interventional Cardiology: 2013
Basic Guidelines

- An atherectomy can be rotational, laser, side cutting, or pulverization.
- Hospitals use new HCPCS codes C9600-C9608 and not 92928-92944) for reporting drug eluting stents (e.g., ION, TAXUS, ENDEAVOR PROMUS, XIENCE V, and RESOLUTE INTEGRITY).
- All coronary artery interventions include temporary pacemaker insertion (zero CCI edit for physician, one edit for facility).
- Coronary artery angioplasty, atherectomy, and stent placement includes intracoronary thrombolysis.

Interventional Cardiology: 2013
Basic Guidelines

- Diagnostic angiography performed at same session may be coded separately (requires -59).
  - Must not have prior diagnostic angiogram and decision to perform intervention is based on this new angiogram, OR:
  - There must be new clinical indication, documentation of poor visualization of anatomy/pathology or change in clinical symptoms during the procedure outside the target zone.
  - Must always meet new medical necessity to code for another diagnostic coronary angiogram.

Interventional Cardiology: 2013
Base Vessel Interventions

- Base Codes: 92920, 92924, 92928, 92933, 92937, 92941, and 92943
- Hierarchy of Base Codes: 92943 = 92941 > 92933 > 92924 > 92928 > 92937 > 92920
- CTO = Acute MI > Atherectomy with Stent Placement > Atherectomy > Stent placement > Graft Revascularization > Angioplasty
- New hierarchy per AMA CPT 2013 Annual Symposium
Interventional Cardiology: 2013
Additional Vessel Interventions

- Additional interventions are described by add-on codes: +92921, +92925, +92929, +92934, +92938, and +92944.
- Hierarchy of additional interventional codes:
  +92944 = +92938 > +92934 > +92925 > +92929 > +92921
- CTO = graft revascularization > atherectomy with stent placement > atherectomy > stent placement > angioplasty
- There is no code for additional acute MI occlusion revascularization.

Interventional Cardiology: 2013
Basic Guidelines

- Acute MI treatment (92941) includes thrombolysis, embolic protection, and “aspiration” thrombectomy.
- Acute MI treatment does NOT include “mechanical” thrombectomy (92973) which can be separately coded when documented. This would be with AngioJet device.
- Acute MI treatment (92941) includes revascularization by any combination of angioplasty, atherectomy, and stent placement.
- If additional branches of the same major coronary artery are treated for stenosis at the same setting as an acute MI treatment, use the additional intervention code that best describes the intervention performed.

Interventional Cardiology: 2013 Grafts

- Use as many “graft” base codes as different graft origins are selected and intervention performed on.
- Interventions through bypass grafts are coded to the major coronary artery the graft is anastomosed to.
- If one segment of a major native coronary artery is intervened on via the native vessel access and another segment via a graft access, two base codes should be submitted (graft and native).
- Use graft codes for any interventions performed via graft access.
- Use “additional” graft codes for Y graft branch interventions.
- Use “additional” graft codes (e.g., 92938) for native vessel branch interventions performed through a graft access (not the major coronary artery the graft is attached to).
- All graft interventions include use of embolic protection devices.
Interventional Cardiology Case 1:

PROCEDURE: Rotablation of the left main and left circumflex arteries, PTCA of the left circumflex artery, stent implantation times three to the left circumflex artery, angioplasty and stent placement times two in the 1st obtuse marginal.

INDICATION: Known symptomatic coronary stenoses. Here for intervention.

DESCRIPTION OF THE PROCEDURE: A 7 French sheath is placed and selective guiding angiograms are obtained of the left main coronary artery. Atherectomy of the Left Main is performed. Next, due to the intermediate narrowing in the native LAD, a wave wire is placed and a fractional flow reserve is done. The lesion is not hemodynamically significant. Interventions of the separate 99% stenoses in the left circumflex artery and first obtuse marginal branch is done. We first performed rotablation utilizing 1.25 burr with three passes in the LC. Following this, we performed angioplasty in the LC and a separate angioplasty of the 1st obtuse marginal with a 2.5 x 15 mm balloon. We then deployed an ion 2.5 x 15 mm drug eluting stent in the mid left circumflex artery followed by two additional 3.0 x 15 mm drug eluting Ion stents in the proximal left circumflex artery. Two additional drug eluting Ion stents are placed in the obtuse marginal. Final angiograms reveal 0% residual stenosis.

Interventional Cardiology Case 1 Codes:

+93571-LD – Intravascular Doppler
92924-LM – Atherectomy, Left Main
C9602-LC – Stent and atherectomy in LC, initial vessel (use 92933-LC for physician billing)
C9601-LC – Coronary stent placement, additional branch vessel, left circumflex OM1 artery (use 92929-LC for physician billing)

NOTE: Use C9600-C9608 for Hospital Medicare coding for placement of drug eluting stents (DES). Use codes 92928-92944 for physician coding for placement of DES. Hospitals should consult their non-Medicare payers when coding for DES.
Interventional Cardiology

- Intravascular Ultrasound (Coronary Only)
  - Initial vessel – +92978
  - Each additional vessel – +92979
- Intravascular Doppler/Pressure (FFR, Wavewire) (Coronary Only)
  - Initial vessel – +93571
  - Each additional vessel – +93572
- Near Infrared Spectroscopy (NIRS, "Lipiscan"). Coronary Only. During dx evaluation and/or therapeutic intervention, includes imaging S&I, and report. Evaluates for necrotic lipid core. Expires 1/2015)
  - Each vessel – +0205T
- Optical Coherence Tomography (Coronary Only. Measures fibrous cap thickness. Expires 1/2017)
  - Initial vessel – +0291T
  - Each additional vessel – +0292T

Percutaneous Heart Assist Devices: 2013

- Codes 0048T and 0050T are deleted in 2013
- Code 33990: Insertion Impella Device (arterial only)- Single catheter with blood from LV into aorta
- Code 33991: Insertion Tandem Heart (arterial & transseptal venous)- LA to device to femoral artery
- Code 33992: Removal of percutaneous VAD at separate session
- Code 33993: Repositioning of percutaneous VAD at separate session
- Code 34812 is appropriate when "open" arterial exposure is necessary to place a "percutaneous" VAD (code 33990 or 33991).
- Code 35226 or 35286 may be necessary for extensive repair or replacement of the access artery (not for routine closure).
Percutaneous Heart Assist Devices: Removal or Replacement

- Use code 33992 with -59 modifier when the removal of a VAD is on the same date of service as placement, but at a separate distinct session.
- Do NOT use code 33992 when VAD removed at same session as placement.
- Use code 33990 or 33991 when an old percutaneous VAD is removed and a new percutaneous VAD is placed (replacement).
- Do NOT use code 33992 (removal of percutaneous VAD) when an existing VAD is removed and replaced with a new device. The removal is considered a bundled component with the new device placement.

Percutaneous Heart Assist Devices: Repositioning

- Use code 33993 with -59 modifier when the repositioning of a VAD is on the same date of service as the placement, but at a separate distinct session. This requires the use of imaging guidance.
- Do NOT use 33993 when VAD repositioned at the same session as placement or when repositioning is performed without imaging.
- Repositioning of a percutaneous VAD without imaging guidance is not a reportable procedure.
Heart Assist Devices:
Balloon Pumps

PERCUTANEOUS APPROACH
- Code 33967: Intra-aortic balloon pump placement (percutaneous)
- Code 33968: Intra-aortic balloon pump removal (percutaneous)
- Balloon inflates during diastole to increase coronary artery perfusion and deflates during systole to reduce afterload

“OPEN” FEMORAL APPROACH
- Code 33970: Intra-aortic balloon pump placement (open femoral)
- Code 33971: Intra-aortic balloon pump removal (open femoral)

Percutaneous Aortic Valve Replacement: 2013
- Codes 0256T-0259T are deleted.
- Code 33361: TAVR/TAVI, percutaneous femoral approach
- Code 33362: TAVR, open femoral approach
- Code 33363: TAVR, open axillary approach
- Code 33364: TAVR, open iliac approach
- Code 33365: TAVR, open aortic approach (e.g., median sternotomy)
- Code 0318T: TAVR, open transapical approach (e.g., left thoractomy)
- Do NOT use 34812 for open unilateral femoral access or 34833 for open brachial access as open surgical access is bundled.
- Sapien valve, from Edwards Lifesciences, FDA approved on Nov. 2, 2011, for use in patients with calcified annulus and aortic stenosis and who are not surgical candidates.

Percutaneous Aortic Valve Replacement: 2013
- Code +33367: Cardiopulmonary bypass support for TAVR with percutaneous peripheral arterial and venous cannulations
- Code +33368: Cardiopulmonary bypass support for TAVR with open peripheral arterial and venous cannulations
- Code +33369: Cardiopulmonary bypass support for TAVR with central (e.g., aorta, right atrium, pulmonary artery) arterial and venous cannulations
- Codes for cardiopulmonary bypass are add-on codes.
- Only one type of cardiopulmonary bypass procedure can be submitted during TAVR. The appropriate code is added on to one of the TAVR codes (33361-33365, 0318T) when performed.
Percutaneous Aortic Valve Replacement: 2013

- Temporary pacemaker placement (33210), catheter placements, balloon valvuloplasty (92986), open vascular exposure (e.g., 34812), vascular closure, and valve placement, repositioning and deployment are bundled with 2013 TAVR codes.
- Swan-Ganz catheter placement (93503), all necessary aortic and left ventricular outflow tract measurements pre and post deployment, and imaging to guide, document and complete the procedure are bundled.
- Diagnostic cardiac catheterization IS separately reportable with -59 modifier, but only if:
  - a prior catheter-based angiogram is not available and a complete diagnostic study is performed
  - the prior study does not adequately visualize the involved anatomy or pathology
  - the patient condition has changed since the prior study or
  - the patient condition changes during the procedure requiring repeat study

Percutaneous Aortic Valve Replacement

- Do code for any percutaneous coronary or other cardiac interventions necessary at the same session as the TAVR.
- Do code for necessary placement of a percutaneous or open ventricular assist device at the time of the TAVR (e.g., 33990, 33991).
- Do code for necessary placement of a percutaneous or open aortic balloon pump at the time of TAVR (e.g., 33967, 33970).
- Do code for cardiopulmonary bypass support at the time of TAVR (e.g., add-on code +33367, +33368, or +33369).
- TAVR requires two physicians. CPT codes 33361-33365 and 0318T require use of -62 modifier for physician billing (if not, payment will be denied). Codes 33367-33369 do not have this requirement.

Electrophysiology 2013

- Ablation codes 93651 and 93652 are deleted in 2013.
- Five new codes (93653-93657) are implemented in 2013.
- The new codes include a diagnostic EP study at the time of ablation, so, if an ablation is performed, only one primary ablation code should be submitted (codes 93650, 93653, 93654 or 93656) even if a full diagnostic study is performed.
- Codes +93655 and +93657 are add-on codes for additional ablations of separate mechanisms of arrhythmia or of continuing atrial fibrillation after pulmonary vein isolation during the same session as primary procedure.
### Electrophysiology 2013

- **Code 93653**: Ablation of SVT (single focus of atrial re-entry including cavo-tricuspid isthmus, fast or slow atrioventricular pathway, and/or accessory atrioventricular connection). It includes a comprehensive diagnostic study of the right side. Can add left sided diagnostic (93621, 93622), mapping (93609 or 93613), and transseptal approach (93462) when performed.

- **Code 93654**: VT or ventricular ectopy focus ablation. Includes a comprehensive diagnostic study of the right side and left ventricle (93622) if necessary. Includes mapping. Can add left atrial diagnostic (93621) and transseptal approach (93462) when performed.

### Electrophysiology

- **Code +93655**: Ablation of separate discrete mechanism of arrhythmia distinct from primary mechanism already treated with ablation. This can be added on to any of the comprehensive ablation codes 93653, 93654, and 93656.

- **Code 93656**: Atrial fibrillation ablation by pulmonary vein isolation technique. Includes complete diagnostic study. Includes transseptal approach (93462). Can add left ventricular diagnostic (93622), and mapping (93609 or 93613). Drug testing (93623) is a gray zone with CPT instructions allowing use of this code, but NCCI PPM 19.0 states **NOT** to use 93623 with any of the ablation codes.

- **Code +93657**: Additional ablation of right or left atrium for treatment of continuing atrial fibrillation after pulmonary vein isolation ablation. Use only with code 93656 as appropriate.

### Electrophysiology

- Do not submit codes 93653, 93654, and 93656 together. Use add-on codes 93655 or 93657 as appropriate to describe additional ablations.

- Some of the parentheticals need additional base codes, for example, +93622 states to use in conjunction with 93620 in the parenthetical note but the intro. section states +93622 may be added to 93656. Code +93462 for transseptal was updated for use with new codes 93653, 93654 in the parenthetical for code +93462. Also, the parenthetical for +93621 still only states to use +93621 with 93620.
Cardiology: New Technology Codes for 2013

- Codes 0302T-0307T: Intracardiac ischemia monitoring system (IMD) codes (AngelMed Guardian System)
- Electrode placed in RV to detect impending ischemic events (monitors ECG signals for ST elevation changes and warns patient via auditory/vibratory signals so can seek earlier treatment

Cardiology: New Technology Codes for 2013

- Code 0302T: Insertion of a complete system, or removal and replacement of IMD, including both device and electrode, interrogation and programming
- Code 0303T: Insertion of electrode only, or removal and replacement of the electrode
- Code 0304T: Insertion of the device only, or removal and replacement of the device.
- Code 0305T: Programming device evaluation (in person) of IMD, with iterative adjustment, analysis, review and report
- Code 0306T: Interrogation device evaluation (in person) of IMD, with analysis, review and report
- Code 0307T: Removal (without replacement) of IMD

Cardiology: New Technology Codes for 2013

- Codes 0319T-0328T: Subcutaneous defibrillator (SICD) codes
- Generator and one lead placed subcutaneously so easier insertion and less potential complications such as vein stenosis and infected leads within the heart. This system does not allow pacing as in a conventional defibrillator system.
Cardiology: New Technology Codes for 2013

- Code 0319T: Insertion of a complete system, or removal and replacement of complete SICD, including both device and electrode, interrogation and programming, pocket revision and pocket repositioning if done. If existing generator and lead are removed, additionally use codes 0322T and 0324T.
- Code 0320T: Insertion of electrode only
- Code 0321T: Insertion of the generator only (when pre-existing lead is in place)
- Code 0322T: Removal of SICD generator
- Code 0323T: Removal and replacement of SICD generator
- Code 0324T: Removal of SICD electrode

Cardiology: New Technology Codes for 2013

- Code 0325T: Repositioning of SICD electrode and/or generator
- Code 0326T: EP evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, testing sensing, programming or reprogramming of parameters)
- Code 0327T: Interrogation device evaluation (in person) with analysis, review and report, including connection, recording and disconnection per patient encounter
- Code 0328T: Programming device evaluation (in person) with iterative adjustment of SICD to test function of device and select optimal permanent programmed values with analysis

Cardiology: New Technology Codes for 2013

- Codes 0293T-0294T: Left atrial hemodynamic monitor
- System monitors left atrial pressures to identify changes in patients with heart failure to allow for potential earlier treatment
Cardiology: New Technology Codes for 2013

- Code 0293T: Insertion of LA hemodynamic monitor, complete with module and pressure sensor lead
- Code 0294T: Insertion of pressure sensitive lead at time of insertion of pacing cardioverter-defibrillator
- Note: Transseptal code (93462) is bundled as well as ICE (93662) when utilized with these codes