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 peek at ICD-10 cardiology coding
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

**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
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%

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
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- **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

- **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
    - Followed by diagnosis for anticipated surgery, e.g., 574.20 for gall stones
  - 794.31 Abnormal EKG

- **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)

- 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

- 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
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- **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
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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

- Cerebrovascular Arterial Studies
  - 93880-93882

- 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**

![Stress Rest Images]

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- **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
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- 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
  - Pharmacetical 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)

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- 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

- **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

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
Sneak Peek at ICD-10 (continued)

Intraoperative and Post procedural Cerebrovascular Accident
- Code assignment based on
  - Infarction vs. hemorrhage
  - Intra-operatively vs. post-operatively

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

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
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- Sneak Peek at ICD-10 Cardiology codes (continued)

- 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

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Questions?

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Thank you.