National Coding Standards

- Sources of information
  - Centers for Medicare and Medicaid (CMS)
  - Provider Policy Manual 16.3 version (10/2010)
  - NCD’s and LCD’s from Medicare Administrative Contractors (MACs)
  - American Medical Association (AMA)
  - American College of Cardiology (ACC)
  - Heart Rhythm Society (HRS)
  - Society of Interventional Radiology (SIR)
  - Other MAC’s LCDs
Additional Complexity

- Continuous changes in coding rules & regulations
  - CCI Edits, Pass Through Edits, MUE’s (service unit edits)
  - HCPCS Level 2 Codes
    - GO275, GO278 (Non-selective renals or ilio-femorals at time of cath)
    - Hospital only G codes
      - G0290 (Drug Eluting Stent Placement, initial vessel)
  - Category 3 Codes
    - 0075T (Intrathoracic Common Carotid/Extracranial Vertebral Stent Placement, initial vessel)
    - 0024T – DELETED 7/07, use unlisted code 93799
    - 0256T - 0259T (Catheter delivered aortic valve replacement, Jan, 2011)

General Recommendations for Physician Dictations

- State the history, medical necessity, reasons for repeat diagnostic study after prior Angio/CTA/MRA
- State the vascular access site(s)
- State the vessels catheterized, describing the catheter tip location, and any variant anatomy
- State pressures and chambers entered, injected and imaged
- State the vessels injected, the areas imaged (for medical necessity) with interpretation of findings, along with specific documentation of degree stenosis and exact locations of the lesions treated
- State the interventions performed and any complications or additional treatments provided
- State the specific devices and specialty supplies used during the procedure
Anatomy & Physiology
Cardiology Coding

Diagnostic Catheterization
Diagnostic Catheterization

• Three components
  – Type of heart catheterization (RT, LT, RT & LT, normal anatomy vs congenital)
  – Injection procedures (vessels or chambers injected)
  – Imaging procedures (vessels or chambers imaged)
  – 14 types of catheterization procedures, choose the correct one. Medicare payment (hospital APC rate) is the same for each of these procedures
  – Need 2 more! Missing congenital left heart cath code. Missing a single code for combined right heart cath with coronary angiography (must code the two separately if left heart hemodynamics not performed)

Diagnostic Catheterization

• Left heart catheterization
  – Defined as left heart hemodynamics
    • Systolic and left ventricular end-diastolic pressures
    • Not aortic pressure or aortic pullback pressure
      – If a pullback pressure is done, LVEDP is probably also done
    • Not coronary angiography
    • Not ventriculography
      – If ventriculography is done, LVEDP is probably also done
Diagnostic Catheterization

- Left heart catheterization – normal anatomy
  - Percutaneous - 93510
  - Cut down technique - 93511
  - Left ventricular puncture - 93514
  - Transseptal and retrograde - 93524

- Coronary angiography without left heart hemodynamics
  - Coronary angiography - 93508
Diagnostic Catheterization

• Right heart catheterization
  – Percutaneous - 93501
    • Defined as right heart hemodynamics
    • Not just right atrial or ventricular pressure. More involved procedure that may include cardiac output determination, oxygen saturations, wedge pressures, thermodilution studies, nitric oxide studies, etc.
    • Not pulmonary angiography – coded separately
    • Not ventriculography – coded separately
    • Do not additionally code Swan Ganz catheter placement (93503) as right heart catheterization procedure uses this catheter as an integral component to perform the test

Diagnostic Catheterization

• Right and left heart – normal anatomy
  – Right & retrograde left - 93526
  – Right & transseptal left (intact) - 93527
  – Right & left via ventricular puncture - 93528
  – Right & transseptal left (existing) – 93529

  – Codes 93527, 93528 and 93529 include “with or without retrograde left heart catheterization”
Diagnostic Catheterization

- Right heart catheterization and coronary artery imaging (no left heart hemodynamics, occurs most frequently when the aortic valve is replaced and in patients with tortuous and elongated thoracic aorta)
  - 93508 & 93501
    - Not a right and left heart catheterization
      (no single code describing this procedure available)

Diagnostic Catheterization

- Heart Catheterization for Congenital Anomaly
  - Right heart catheterization only - 93530
  - Right & retrograde left - 93531
  - Right & transseptal left (intact) - 93532
  - Right & transseptal left (existing) – 93533
    - Once a patient has been diagnosed as a congenital cardiac patient, catheterization procedures are always considered congenital for coding purposes (including heart transplants).
    - Codes 93532 and 93533 include “with or without retrograde left heart catheterization”
Diagnostic Catheterization

• Injection Procedures – use one time per case
  – 93539 – Injection of arterial conduits
  – 93540 – Injection of venous bypass grafts
  – 93541 – Injection for pulmonary angiography
  – 93542 – Injection for right ventricular/atrial angiography
  – 93543 – Injection for left ventricular/atrial angiography
  – 93544 – Injection for aortography
  – 93545 – Injection for native coronary angiography

Note: Codes 93539, 93540, 93542, 93543, and 93545 require selective catheter placement. Pulmonary artery and aortic root may be performed non-selectively.

• Imaging Procedures – use one time per case
  – 93555 – Imaging of heart chambers
  – 93556 – Imaging of cardiac related vessels (aortic root, pulmonary and native coronary arteries, vein and arterial bypass grafts)
Diagnostic Catheterization

**Rules**

- Injection of drugs directly into the coronary arteries are bundled.
- Venous infusions during coronary intervention are bundled (the drug may be billed separately).
- Thermo-dilution and all blood sampling are bundled.
- Catheter placements are bundled.
- Cardiac output and ejection fraction are bundled.
- Closure device angiography is bundled (the closure device and its placement may be billed separately with C1760 and G0269). **Do not bill 75710, 75736, 75774 or G0278 for this imaging.**

Diagnostic Catheterization

- Charge separately for intravascular Doppler (FFR)
- Charge separately for intravascular spectroscopy (0205T)
- Charge separately for intravascular ultrasound
- Charge separately for any coronary intervention
- Charge separately for injection procedures
- Charge separately for imaging procedures
- Charge separately for peripheral imaging S&I codes, catheter placements and interventions. (Use “G” codes as appropriate for non-selective diagnostic renal and ilio-femoral angiography at the time of cardiac catheterization)
- All of these procedures are N-status (except coronary artery angioplasty, atherectomy, stent, thrombectomy, and brachytherapy) for hospital Medicare billing
Diagnostic Catheterization

• Non-cardiac imaging performed with a heart catheterization
  – G0275 – Non-selective Renal(s)
    • Includes catheter placement and S&I
    • If the renal arteries are selected, do not code G0275 (per CMS 10/10 16.3 provider policy manual, “renal artery angiography at the time of cardiac catheterization should be reported as HCPCS code G0275 if selective catheterization of the renal artery is not performed”, “If it is medically necessary to perform selective renal artery catheterization and renal angiography, HCPCS code G0275 should not be additionally reported.”)
    • G0275 zero edits 75724. Do not bill both together.
    • Many “selective renals” (75724) are not medically necessary (per LCD’s) and are refused payment by the Medicare payers.

Diagnostic Catheterization

• Non-cardiac imaging performed with a heart catheterization
  – G0278 – Non-selective Ilio-femoral (oblique views of the pelvis)
    • Terminology changes October 1, 2008
    • Includes catheter placement
    • Includes S&I
    • Do not code G0278 for closure device placement angiography (per provider policy manual 16.3) It is included in G0269
    • G0278 zero edits 75716. Do not bill both together.
Diagnostic Catheterization Case 1:

PROCEDURE: A 6 Fr sheath is placed in the right femoral artery. Selective coronary angiography is performed with #4 Judkins left and right catheters. Selective left internal mammary angiography along with selection of 3 vein bypass graft is performed. An angulated pigtail is used for left heart cath and ventriculography. Aortography is performed with the same catheter to evaluate for aortic valve disease. Right leg angiogram is performed. A closure device is not placed.

RESULTS:
LC: 90% left main proximally. There is 60% stenosis of the LC.
LD: Occluded at its origin.
RC: 99% origin stenosis. 20-30% stenosis is seen distally in the PDA.
IMA(left): Patent proximally and distally.
Vein grafts: LC and diagonal are occluded. Graft to the RCA is widely patent.
LEFT HEART CATH and VENTRICULOGRAPHY: Systemic pressures are normal. No systolic gradient across the aortic valve. LVED is 15. EF is 35% with decreased septal wall motion.
Aorta: Aortic root is dilated, but there is no aneurysm or aortic valve reflux.
LEG ANGIOGRAM: This is done through the short 6 French introducer and shows the introducer entering the proximal superficial femoral artery. No significant iliac or femoral vascular disease is seen. The patient is not a candidate for a percutaneous closure device.

Diagnostic Catheterization Case 1 Codes:

93510 – Left heart catheterization
93539 – Selective IMA injection
93540 – Selective Saphenous Vein Graft injection
93543 – Left ventricular injection
93544 – Aortic root injection
93545 – Coronary artery injection (native)
93555 – Imaging S&I, ventricular and/or atrial angiography
93556 – Imaging S&I, pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits
Do not use code G0278, 75710 or 75774 for “leg” angio
Diagnostic Catheterization Case 2:

BRIEF HISTORY: A 62-year-old lady who was admitted because of worsening chest pain with EKG changes of ischemia.

PROCEDURE:
Left heart catheterization.
Right heart catheterization.
Coronary arteriography.
Left ventriculography.
Cardiac output examination.

TECHNIQUE: Using a modified Seldinger technique, sheaths are placed in both the right common femoral vein and artery.

Diagnostic Catheterization Case 2 (continued):
6-French Judkins catheters are placed in the right and left coronary arteries for coronary angiography in multiple projections. A pigtail catheter is placed into the left ventricle with ventriculography done. The patient has severe left main disease requiring surgery; therefore, it is decided to do a right heart catheterization also. Right heart pressures, pulmonary artery pressures, oxygenations, cardiac output and index are performed. Right atrial injection along with selective R & L pulmonary angiography performed due to low oxygenations suggesting R to L shunt.

RCA: 70% lesion in the proximal RCA. 90% lesion in the proximal PDA.
Left Main: There is an ostial lesion present; this is about 80%.
LC: There is an 80% lesion seen in the first obtuse marginal.
LD: There is a long 80% lesion seen in the proximal portion.
RIGHT ATRIAL ANGIOGRAPHY: No evidence of right to left shunt.
PULMONARY ANGIOGRAPHY: No evidence of pulmonary artery fistula.
VENTRICULOGRAPHY: Left ventriculography shows normal size and normal contraction of the left ventricle present. EF is 40%.
Diagnostic Catheterization Case 2 (continued):

RESULTS HEMODYNAMICS:

<table>
<thead>
<tr>
<th>SITE</th>
<th>PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-angio:</td>
<td></td>
</tr>
<tr>
<td>AO</td>
<td>160/80</td>
</tr>
<tr>
<td>LV</td>
<td>155/20</td>
</tr>
<tr>
<td>RV</td>
<td>37/12</td>
</tr>
<tr>
<td>2. Post-angio</td>
<td></td>
</tr>
<tr>
<td>AO</td>
<td>156/70</td>
</tr>
<tr>
<td>LV</td>
<td>160/27</td>
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<td>PA</td>
<td>40/12/25</td>
</tr>
<tr>
<td>PCW</td>
<td>15 mmHg (mean)</td>
</tr>
</tbody>
</table>

Cardiac output is 4.83. Cardiac index is 2.31. There is no gradient across the aortic valve or pulmonic valve demonstrated.

Diagnostic Catheterization Case 2 Codes:

93526 – Left and right heart catheterization
93541 – Pulmonary artery injection
93542 – Right atrial injection
93543 – Left ventricular injection
93545 – Coronary artery injection (native)
93555 – Imaging S&I, ventricular and/or atrial angiography
93556 – Imaging S&I, pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits
Peripheral at time of heart cath Case 3:
Abdominal aortography from high catheter position (to look at renals) and oblique pelvic angiography from low aortic catheter position, (to look at iliacs) all done during a left heart cath

GO275 - Nonselective renal angiography at the time of cardiac cath
GO278 - Nonselective ilio-femoral angiography at the time of cardiac cath
(Catheter placement aorta is bundled)

Peripheral Case 4:
Abdominal aortography from high catheter position and oblique pelvic angiography from low aortic catheter position for aortic aneurysm evaluation

36200 – Catheter placement aorta
75630 – Aorto-ilio-femoral angiography, S&I

If during a heart cath, delete 36200
Peripheral and Heart Catheterization Case 5:

Left heart catheterization: Ventriculography and left sided hemodynamics are performed. Coronary angiography with selective imaging of the right and left coronary arteries is performed. The catheter is withdrawn into the aorta and placed above the renal arteries. An injection is performed with imaging of the abdominal aorta with attention to the renals. The catheter is withdrawn to the bifurcation. An injection with imaging of both legs to a level just above the ankles.

The coronary arteries show 90% RCA stenosis proximally. The LV injection shows 55% EF, normal contractility and normal hemodynamics. The abdominal aorta has minor plaque but no aneurysm or stenosis is identified. The renal arteries show 70% stenosis on the left, normal right side.

Bilateral lower extremity: The right iliac artery shows a 60% narrowing in the proximal vessel. The superficial femoral, popliteal and tibial arteries are normal. The left leg shows stenoses of 80% at Hunter’s Canal and 40% in the mid anterior tibial with occluded peroneal and posterior tibial arteries.

Peripheral and Heart Catheterization Case 5 Codes:

93510 – Left heart catheterization
93543 – Left ventriculogram
93545 – Coronary angiogram
93555 – Imaging S&I, ventriculogram
93556 – Imaging S&I coronary angiogram
G0275 – Non-selective renal angiogram
75716-59 – Bilateral lower extremity angiogram, S&I
Cardiology Coding

Interventional Cardiology

- IVUS
- Intravascular Doppler
- Angioplasty
- Atherectomy
- Stent Placement

- ICE
- Thrombolysis
- Thrombectomy
- Brachytherapy
- Alcohol Ablation and Septal Embolization
Interventional Cardiology

**Rules**

- One code describes the procedure – not component coded
- Only the three main arteries are recognized for reimbursement
- Branches of the main vessels are considered part of the main vessel
- Ramus Intermedius considered a branch of either the LC or LD, depending on other vessel interventions

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**Interventional Cardiology**

- Intravascular Ultrasound
  - Initial vessel – 92978
  - Each additional vessel – 92979
- Intravascular Doppler (FFR)
  - Initial vessel – 93571
  - Each additional vessel – 93572
  - Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared), during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel – 0205T
    - Add-on code to 92980, 92982, 92995, 93508, and 93510 – 93533
    - Status Indicator “N” (unconditionally bundled) for hospitals
    - Status Indicator “C” (Carriers price the code) for physicians
- Intracardiac Echo (ICE) - 93662
Interventional Cardiology

- **Angioplasty (coronary)**
  - Coronary artery initial vessel – 92982
  - Coronary artery each additional vessel – 92984
  - Cutting balloon angioplasty is coded as a POBA, “plain old balloon angioplasty”, not an atherectomy.

- **Angioplasty (pulmonary)**
  - Pulmonary artery initial vessel – 92997
  - Pulmonary artery each additional vessel – 92998

- **Atherectomy (includes laser, rotablator, etc)**
  - Coronary artery initial vessel – 92995
  - Coronary artery each additional vessel – 92996

Interventional Cardiology

- **Stent placement**
  - Coronary artery initial vessel – 92980
  - Coronary artery each additional vessel – 92981

- **Drug eluting stent placement (Hospital Only)**
  - Coronary artery initial vessel – G0290
  - Coronary artery each additional vessel – G0291

- Do not code both G0290 and 92980 for the same vessel or patient.
- Current DES’s include TAXUS, CYPHER, ENDEAVOR PROMUS, XIENCE and new releases TAXUS Liberte Long, TAXUS Liberte Atom, TAXUS Express Atom and other versions of established stents.
Interventional Cardiology

- **Rules for angioplasty, atherectomy and stent placement**
  - Hierarchy of coding
    - Atherectomy supercedes angioplasty
    - Bare metal stent placement supercedes atherectomy and angioplasty
    - Drug-eluting stent placement supersedes bare metal stent placement, atherectomy and angioplasty
    - All coronary artery interventions include temporary pacemaker insertion
    - Coronary artery angioplasty, atherectomy and stenting includes intracoronary thrombolysis

Interventional Cardiology

- **Rules for angioplasty, atherectomy and stent placement**
  - Hierarchy of coding
    - Code highest level intervention with initial vessel code
    - Code other vessel interventions with each additional vessel code (Use modifiers to document the procedure as performed in a separate vascular distribution)
  - Modifiers
    - RC – Right Coronary Artery
    - LD – Left Anterior Descending Artery
    - LC – Left Circumflex Artery
Interventional Cardiology

• **Rules for angioplasty, atherectomy and stent placement**
  
  – True diagnostic angiography performed at same session is coded separately. Must meet new medical necessity to code for another diagnostic coronary angiogram.
  
  – Modifiers required on diagnostic codes at time of intervention
    • 93555-59
    • 93556-59
  
  – Modifiers required when more than one intervention performed in separate and distinct coronary arteries
    • 92981 with vessel modifier LC, LD, RC
    • 92984 with vessel modifier LC, LD, RC
    • 92996 with vessel modifier LC, LD, RC

Interventional Cardiology

• **Rules for angioplasty, atherectomy, and stent placement**
  
  – Code intervention in the ramus intermedius as either LC or LD. Only three vessels are recognized for intervention (the LC, LD and RC). If LC, LD and Ramus are intervened on, the Ramus must be considered a branch of the LC or LD and cannot be separately coded (this is infrequent)
  
  – Use modifier LC or LD for left main coronary artery intervention
  
  – Left main is considered part of distal vessel if both have an intervention
  
  – (e.g., if a Left main and a separate LAD lesion are treated with stents, only code the LD stent placement as the Left main is considered part of the inflow into the distal LAD vessel)
Interventional Cardiology

- **Rules for angioplasty, atherectomy, and stent placement**
  - For graft vessel interventions, use the modifier for the major artery that the bypass graft is anastomosed to.
  - If an intervention is done in one vascular distribution from two separate approaches, you may be able to code two interventions in certain circumstances (i.e., approach from a right coronary saphenous vein graft which is anastomosed to the PDA treated with a stent in its mid portion, followed by approach via the native RC across a chronic occlusion followed by stent placement at this site) with a modifier 59 and send report to payer. This will be up to payer discretion on reimbursement. This occurs more frequently due to new technology and the ability to recanalize previous occlusions.

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Do not code two initial interventions in the same patient. You may only code one initial vessel intervention, all other vessel interventions are “additional.”
Interventional Cardiology

- **Rules for angioplasty, atherectomy, and stent placement**
  - CCI edits with 92981
    - 92982 (0 edit)
    - 92984
    - 92995 (0 edit)
    - 92996

  Code the highest level of intervention as the “initial vessel” intervention, then all others are “additional vessel” interventions.

Interventional Cardiology

- Thrombolysis
  - Intracoronary infusion – 92975 (This is a catheter-directed, selective infusion. It is an inpatient only procedure and is not billable with other intracoronary interventions)
  - Intravenous infusion - 92977 (e.g., 100mg TPA by ER nurse in IV)
  - Do not use 92977 for IV Reopro, Angiomax, Integrillin, etc infusion during coronary intervention (bill with appropriate “J” codes)

- CTO with Frontrunner
  - Considered part of the subsequent intervention, not separately billable

- Thrombectomy (e.g., Export Catheter)
  - Each vessel – 92973 (add-on code) (Use of a distal embolic protection device is not a thrombectomy. Some payers allow code 93799 for this)

  - Brachytherapy
    - Each vessel – 92974

- Coronary Sinus Perfusion during coronary intervention
  - Unlisted code 93799
Interventional Cardiology

• Endomyocardial Biopsy – 93505 (may code for a right heart catheterization if meets medical necessity and not done just to guide the biopsy procedure. Do not bill with 75970)
• Non-surgical septal reduction therapy – 93799 (alcohol ablation of septal hypertrophy in patients with HOCM, (hypertrophic obstructive cardiomyopathy), with necessary coronary angiography, with or without temporary pacemaker (Effective 7/1/07 code 0024T was inactivated)
• Septal perforator coil embolization for treatment of septal hypertrophy – 93799
• Coil embolization of coronary artery fistula – 37204, 75894,75898
• Femoral Artery Psuedoaneurysm Tx – 76936 or 36002/76942

Heart Assist Devices

• Percutaneous extracorporeal transeptal ventricular assist device (VAD), single or dual cannulation (Tandem Heart) with arterial catheter in abdominal aorta, venous catheter in left atrium
  ➢ Initial 24 hours use of percutaneous transeptal VAD – 0048T
  ➢ Prolonged use of perc. transeptal VAD beyond 24 hours – 33999
  ➢ Removal of percutaneous transeptal VAD – 0050T
  ➢ Replacement of percutaneous transeptal VAD, -33999
• Impella Device (not a transeptal device) – consider unlisted codes 33999 (per AMA). Abiomed website has excellent coding guidance available. Should discuss with your payer.
• Intra-aortic balloon pump placement – 33967
• Intra-aortic balloon pump removal – 33968
Interventional Cardiology Case 6:

PROCEDURE: Coronary angiography. Selective left main coronary angiography, PTCA/stent of left anterior descending artery. PTCA/stent to right coronary artery.
INDICATION: High-grade stenosis LD and RC arteries on recent angiography. Acute coronary syndrome with hypotension.

PROCEDURE: 7 French sheath followed by an 7 French catheter is used to cannulate the left main and angiograms reveals an 80% stenosis of the first diagonal branch proximally. There is a separate 40% lesion noted in the mid portion of the left circumflex artery. Right coronary injection shows complete occlusion suggesting interval thrombosis.

INTERVENTION: An Export catheter was used to remove thrombus from the RC. Angiography after this shows an underlying 80% stenosis which is treated with a 3.5 x 15mm Promus drug-eluting stent at 11 ATMS with excellent result. The LD lesion is stented using a 2.75 x 12mm Cypher drug-eluting stent. IVUS was performed at this site, demonstrating incomplete deployment of the stent. This was further dilated with a 3.0mm balloon. Patient was stable at the completion of the intervention.

Interventional Cardiology Case 6 Codes:

93508 – Coronary angiography
93545 – Coronary artery injection (native)
93556-59 – Imaging of coronary arteries
GO290-RC – Coronary stent placement, initial vessel, right coronary
92978-LD - IVUS
92973-RC – Coronary artery thrombectomy, right coronary
GO291-LD – Coronary stent placement, each additional vessel, left anterior descending artery

(Use 92980RC and 92981LD for MDs)
Interventional Cardiology Case 7:

PROCEDURE: Selective vein graft angiography to the right coronary artery, selective left main coronary angiography with rotablation of the left main and circumflex, PTCA of the left circumflex artery, stent implantation times three to the left circumflex artery, angioplasty and stent placement times two in 1st obtuse marginal.


DESCRIPTION OF THE PROCEDURE: A 7 French sheath is placed in the right common femoral artery. We cannulated using a 6 French catheter and selective angiograms are obtained of the saphenous vein graft leading to the right coronary artery showing that it is widely patent. Following this, a 7 French EBU 3.5 catheter is used to cannulate the left main coronary artery and angiograms show the left anterior descending artery to be diffusely diseased. Next, due to the intermediate narrowing in the native LAD, a wave wire is placed after 5000 units of intravenous heparin and a fractional flow reserve is calculated and measured 0.72. The left circumflex artery is also heavily calcified with severe diffuse disease with sequential 99% stenoses.

Interventional Cardiology Case 7 (continued):

Following this, a decision was made to intervene on the left circumflex artery. The patient was given Heparin and ReoPro for anticoagulation. We elected to Buddy wire with a rota-floppy wire and were able to get it to the mid portion of the circumflex artery. We then performed rotablation utilizing 1.25 burr with three passes. Following this, we performed angioplasty in the left circumflex artery and the 1st obtuse marginal with a 2.5 x 15 mm balloon. We then deployed a Cypher 2.5 x 15 mm stent in the mid left circumflex artery followed by two additional 3.0 x 15 mm Cypher stents in the proximal left circumflex artery and two Taxus stents in the OM. Final angiograms revealed TIMI II antegrade flow with no evidence of dissection and 0% residual stenosis. Perclose was placed.
Interventional Cardiology Case 7 Codes:

93508 – Coronary angiography without left heart catheterization
93540 – Venous bypass graft angiogram
93545 – Coronary angiogram
93556-59 – Imaging S&I, coronary and bypass graft angiogram
93571-LD – Intravascular Doppler
GO290LC – Coronary stent placement, initial vessel, left circumflex artery (use 92980-LC for physician billing)
G0269 – Placement of closure device

Interventional Cardiology Case 8:

PROCEDURE: Left main coronary artery stent placement. High risk patient.
DESCRIPTION OF PROCEDURE: Angimax bolus and infusion was started via a peripheral IV. Via a left femoral approach, a 14 FR sheath was placed followed by placement of an Impella 2.5 device into the left ventricle. Via a right femoral approach, a sheath was placed and a guiding catheter advanced to the left main coronary artery. Using this as a guide, a wire traversed the 95% stenosis of the proximal left main coronary artery, followed by balloon angioplasty to 2mm followed by deployment of a 4.5mm drug eluting Xience V stent. IVUS after deployment shows good stent placement. Follow-up angiography shows complete occlusion of the LD secondary to embolus/thrombus. Export catheter was immediately deployed and the LD was cleared of occlusion. Thrombolytic infusion of 5mg TPA was given after thrombectomy. The Impella device was left in for cardiac support for another 4 hours. This was removed in the ICU. Patient tolerated the procedure well.
Interventional Cardiology Case 8 Codes:

33999 – Internal cardio-support (Impella 2.5 device)
  • consider 93799, discuss with payer as may vary
G0290-LC – Coronary stent placement, initial vessel, left coronary artery (use 92980LC for physician billing)
92978 – IVUS left main coronary artery
92973 – Coronary artery thrombectomy, Export catheter

Do NOT code 92977 for Angiomax.
Do NOT code 92975 for coronary artery thrombolysis as bundled with intervention.