

Internal Medicine Coding Alert

Reader Questions: Use V Code to Embody Past Heart Procedure

Question: The internist meets an established Medicare patient at the hospital and orders a cardiopulmonary stress test. The internist diagnoses "atherosclerotic heart disease, plaque in native vessels, status post-angioplasty 1994." Should I assign a V code for this procedure?

Michigan Subscriber

Answer: There is good reason to report a V code along with a primary ICD-9. No matter how long ago the angioplasty occurred, it is still part of the patient's history, and the procedure might have affected the internist's medical decision making.

Dx coding: Append 414.01 (Coronary atherosclerosis; of native coronary artery) to your test code to represent the patient's heart condition, and include V45.82 (Percutaneous transluminal coronary angioplasty status) as a secondary diagnosis to represent the angioplasty.

CPT coding: Your description does not provide enough information to zero in on one of the cardiac stress test codes. Go back and check the notes, then choose one of the following test codes based on the notes:

- 93015 -- " Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
- 93016 -- physician supervision only, without interpretation and report
- 93017 -- tracing only, without interpretation and report
- 93018 -- interpretation and report only.