

Internal Medicine Coding Alert

Subspecialty Spotlight: Cardiology: Doppler Echo Coding Gets a Facelift for 2009

The \$88 fee cut makes coding right the first time more crucial than ever.

Coders working with cardiology have been buzzing about a new instruction in CPT 2009s Echocardiography section -- you may no longer report your trusty echo code 93307 with spectral (+93320, +93321) and color flow (+93325) Doppler. What does this change mean for you in 2009? Heres what you need to know.

Narrow Your Codes From 3 to 1

You still will be able to report transthoracic echo with spectral and color flow Doppler in 2009. You just need to change how you report the combined services.

2008: For 2008 services, you start by reporting 93307 (Echocardiography, transthoracic, real-time with image documentation [2D] with or without M-mode recording;complete).

And you also report add-on codes for the spectral and color flow Doppler, such as both of the following:

" +93320 -- Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

" +93325 -- Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography).

2009: New code 93306 (Echocardiography,transthoracic, real-time with image documentation [2D],includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography) simplifies your coding by combining the services in one code.

Key: The new code (93306) includes spectral and color flow Doppler with the transthoracic echo, so you shouldnt report 93306 with Doppler add-on codes +93320-+93325, explains **Denise Christiansen, CPC,CHC**, compliance analyst with Fletcher Allen Health Care in Burlington, Vt.

Notes with the spectral and color flow Doppler codes show which codes you may use them with. You can see that 93306 and 93307 are not on the lists:

Keep 93307 for Echo Alone

When you have a new comprehensive code such as 93306, you also have to be sure you learn how to report the individual elements when performed separately, says **Deb Kapernick**, advanced coder with Advanced Heart Center in Fort Myers, Fla.

For example: You need to know how to report a complete or limited transthoracic echo without spectral and color flow Doppler, says Kapernick.

What to do: CPT 2009 keeps echo codes 93307 and 93308, but gives them an update:

" **2008:** 93307 -- Echocardiography, transthoracic,real-time with image documentation (2D) with or without M-mode recording; complete

" **2009:** 93307 -- Echocardiography, transthoracic,real-time with image documentation (2D), includes M-mode recording, when performed, complete,without spectral or color Doppler echocardiography (Per CPT 2009, do not report 93307 in conjunction with 93320, 93321, 93325)

" **2008:** 93308 -- Echocardiography, transthoracic,real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study

" **2009:** 93308 -- Echocardiography, transthoracic,real-time with image documentation (2D), includes Mmode recording, when performed, follow-up or limited study.

You should report 93307 for a complete echo and 93308 for follow-up or limited, as the descriptors indicate.

Pay Attention to RVU Change

Practices also often worry that a comprehensive code will result in lower payment than reporting multiple codes for the same service, says Kapernick.

The total relative value units (RVUs) for the professional components of 93307, 93320, and 93325 in 2008 vs. 93306 in 2009 are roughly the same (2.02 in 2008,1.99 in 2009), but the global fee will drop significantly (9.52 total RVUs in 2008, 7.42 in 2009).

Note: Using the 2009 Medicare Physician Fee Schedule, the national rate for 93306 is \$267.61.

If you were supposed to report 93307, 93320, and 93325 for a complete echo with Doppler and color flow in 2009 (as you did in 2008), you would be getting \$46.66 less than you got for the same codes last year. But compare the 2008 total of \$356.11 to the package code (93306, \$267.61) that you report in 2009, and you see roughly \$88 less in reimbursement.

Bottom line: Make the most of the reimbursement you will get by being prepared to use the new code for services on or after Jan. 1.

