

## Part B Insider (Multispecialty) Coding Alert

## Angiography: Use CPT Codes, Not G Codes, for Selective Renal/Iliac Angiographies

## CMS clarifies long descriptors for G0275 and G0278

If your practice bills frequently for G0275 and G0278, you ought to take note of a change to the language regarding those codes.

In program memo AB-03-119, published in August, CMS changed the long descriptors for two codes: G0275 (Renal angiography, cardiac cath) and G0278 (Iliac artery angiography, cardiac cath). This change slipped past most coders without notice, and the new descriptions were retroactive to Jan. 1. Only now are coders starting to notice the difference.

In both cases, CMS added the word "non-selective" to the long descriptor of the code, clarifying that coders should use the corresponding **CPT Codes** to bill for a selective renal or iliac angiography. These include 36245 (Selective catheter placement, arterial system) and 75724 (Angiography, renal, bilateral, selective). You may need to use modifier -26 (Professional component) with 75724.

The new code descriptors also clarify that these non-selective angiographies can be performed at the same time as either a cardiac catheterization or a coronary angiography (or both). And G0278 includes placement of the catheter "in the distal aorta or ipsilateral femoral or iliac artery."

The American College of Cardiology worked for several months with CMS to come up with better descriptors for the renal and iliac angiography codes, says **Anne Marie Bicha**, the ACC's director of regulatory and legal affairs. "CMS accepted the ACC's revised descriptors with a retroactive date to Jan. 1, 2003," she says.

The main problem with the new wording of the long descriptor of G0275 is the fact that it specifically says "renal angiography" but doesn't mention that people sometimes use an abdominal aortogram to visualize an abdominal aortal aneurysm instead of the renals, says consultant **Terry Fletcher** with McVey Associates in Laguna Beach, Calif. So there could be a fight if the carriers begin denying renal angiographies to visualize AAAs.

Editor's note: The program memo is at www.cms.hhs.gov/manuals/pm trans/AB03119.pdf.