

Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: Are You Billing The Wrong Code For Heart CTAs?

Hint: Get heart CTA claims off your chest

Coders are clinging to CPT code 71275 for heart computed tomographic angiography (CTA) claims--even though CPT 2006 includes new Category III codes for this service (0144T-0151T). (See PBI, Vol. 6, No. 26.)

Caution: Many Medicare carriers won't pay for 0144T-0151T, or may pay for them only if you make special arrangements. But that doesn't mean you can [bill 71275](#) for a coronary CTA, experts warn. 71275 is only for a chest CTA, not a heart CTA.

"So many doctors are still using the chest CT code incorrectly," laments **Terry Fletcher**, a healthcare consultant in Laguna Beach, CA.

"These codes are for new technology," adds Fletcher. You may have to contract directly with your carriers to obtain payment for these codes, she adds. But you shouldn't change your coding based on what the carriers are willing to reimburse. It's your responsibility to bill based on what the physician did.

But if your physician performed a CTA of the chest, you can still bill 71275 instead of the new codes, says coder **Rehna Burge** with **North Oaks Health System** in Hammond, LA. Even if your physician performs calcium scoring, you should use 71275 unless the physician also looks at the heart, she says.

Coverage Policies

Trailblazer has already come out with a policy saying it won't cover 0144T-0151T. Others, like **Empire**, will only pay for the codes in that series that don't include calcium scoring, because calcium scoring is a screening test.

Cigna Healthcare says it will cover 0144T-0151T for cardiac evaluation of a patient with any of the following conditions:

- chest pain syndrome as an alternative to cardiac catheterization;
- known coronary artery disease and active symptoms (for example, after a coronary artery bypass graft) to guide the decision for a repeat invasive surgical intervention;
- suspected congenital anomalies of coronary circulation;
- equivocal stress test results, with or without cardiac imaging, as an alternative to diagnostic coronary angiography;
- a need for evaluation of pulmonary veins prior to arrhythmia ablation procedures; or
- a need for evaluation of cardiac veins prior to insertion of a biventricular pacemaker.

Cigna also says you may be able to bill for both 71275 and one of the new "T" codes in cases where you need to evaluate a patient for both cardiac and non-cardiac disease.

In some cases, a patient may need a chest CTA as well as cardiac CTA with calcium scoring, notes **Cheryl Klarkowski**, coder with **BayCare Health Systems** in Green Bay, WI. In those instances, BayCare will have a radiologist bill 71275 and have the cardiologist bill 0144T-26 separately.

In many cases, the patient may have to pay out-of-pocket for the calcium scoring since it's a screening test, notes Klarkowski. The patient will sign an advance beneficiary notice (ABN) agreeing to cover this portion of the treatment.