

Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: Be Prepared To Fight For Reimbursement For 93508 With 92980

Don't use 93508 for "roadmap to stent placement"

Is your cardiologist receiving proper reimbursement for all the procedures you're billing?

Not necessarily, say experts, if you're billing your catheterization using 93508 instead of 93510, along with a 92980 for stent placement.

The problem: Many carriers will pay for 93510 along with 92980, but not 93508. This is because the carriers mistakenly believe you're only using the 93508 to bill for the necessary catheter placement to guide the stent placement, not as a separate procedure, say coders.

The difference: 93508 is the same procedure as 93510, except that the physician doesn't pass the catheter through the aortic valve into the left ventricle. There are a few scenarios in which the doctor might not want to cross the aortic valve, says **Sandy Fuller**, compliance officer with **Cardiovascular Associates of East Texas** in Tyler:

- The patient has dye issues, such as kidney failure, so the doctor does not want to put too much contrast into the patient. Too much contrast can affect the kidneys.

- The patient has an artificial aortic valve and the doctor doesn't want to cross an artificial valve.

- The patient already had a diagnostic catheterization the same day or a day earlier. Then the patient has a new onset of chest pain and other symptoms of a recurrence, so the doctor needs a new diagnostic catheter, but doesn't need to do a left ventriculogram.

CPT actually says 93508 is for catheter placement for coronary angiography. You should not be billing this code to report catheter placement for stenting, Fuller stresses. Any coder who uses this for the -roadmap to stent placement- is misusing the code.

Tip: Use the 59 modifier in addition to the 26 modifier if you're worried your carrier will deny the 93508 in addition to the stent placement code, says Fuller. -A lot of the carriers denying the 93508 billed with a 92980 require a -59 modifier and will pay on first submission,- says Jackson.

But some commercial carriers, including **United Healthcare and Harvard Pilgrim**, won't pay for 93508 and 92980 on the same date, no matter what, Jackson says.

If you have to appeal, your letter should explain why this was a diagnostic procedure separate from the stent placement, Jackson adds. She has two different letters for first and second level appeals, and the second letter includes more details, such as the **American College of Cardiology-s** support for billing 93508 separately.

Also, make sure your doctor's report clearly states why the doctor performed the catheterization and why he or she didn't cross the aortic valve.

If your doctor actually performs both 93508 and 93510 on the same day, you may be stuck appealing a denial, Fuller says. You could try using the 78 modifier (Return to the operating room) in this case.

