

Part B Insider (Multispecialty) Coding Alert

Cardiology: CMS Solidifies Coverage for LAAC Using 0281T

Latest decision memo finally illuminates payment rules for left atrial appendage closures.

If you've been waiting patiently for CMS to release its national coverage determination (NCD) for left atrial appendage closures, the time has finally arrived.

The agency posted its final decision memo, stating, the payer "covers percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation (NVAF) through Coverage with Evidence Development (CED)." You've got a few conditions to meet, of course.

For instance, when using a device with FDA Premarket Approval for that device's FDA-approved indication (analysts indicate that at this point, that means the Watchman device), the patient must meet conditions such as a CHADS2 score ≥ 2 and be unable to take long term oral anticoagulation.

The interventional cardiologists, electrophysiologists, or cardiovascular surgeons who perform the procedure have their own conditions to meet, including training and experience requirements.

Coding: As a coder, you'll want to get familiar with 0281T (Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement[s], left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation).

In particular, watch for what you may and may not report separately.

Transseptal puncture: Code 0281T includes transseptal puncture in the descriptor so you should not report that step separately using +93462 (Left heart catheterization by transseptal puncture through intact septum or by transapical puncture [List separately in addition to code for primary procedure]).

Cardiac catheterization: Only report cardiac catheterization (93451-93461, 93530-93533) with LAAC when the indications for the diagnostic cath are distinct from the LAAC.

LV-gram: Similar to cardiac cath, you would need non-LAAC indications to support reporting left ventriculography performed by transseptal approach using +93565 (Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography [List separately in addition to code for primary procedure]). Appropriate primary codes for +93565 include cath codes 93530-93533.

ICD-10: Because the procedure is for NVAF, watch for the appropriate ICD-10 code in I48.- (Atrial fibrillation and flutter).

Resource: Read the full NCD at www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=281.