

## Part B Insider (Multispecialty) Coding Alert

### CARDIOLOGY: Keep Your Eyes Open For 'Slang Terms' For Coronary Blood Flow Measurement

**Payments have gone up, and primary procedure list has grown**

**Heads up:** You could be letting extra reimbursement during coronary angiograms or cardiac catheterizations slip away.

**Good news:** The 2007 physician fee schedule raised the average payment for 93571 (Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement... initial vessel) by 7.4 percent to \$99.29, and the payment for 93572 (...each additional vessel) rose 6.8 percent to \$77.31. But some providers are missing out on opportunities to bill these codes.

**Terminology:** Physicians use various techniques that you can bill for using 93571-93571. Look for terms such as - pressure wire,- -fractional flow reserve study,- or -Doppler ultrasonography- in your documentation. These all refer to a scan for coronary blood flow.

You can look for clues in your physician's documentation that he or she measured the coronary blood flow, says **Cheryl Klarkowski**, coding specialist with **Baycare Health Systems** in Green Bay, WI. She keeps a list of the -slang terms- for coronary blood flow measurement in her CPT book next to the entry for 93571.

**Also:** In the past, Medicare would only pay for 93571-93572 if he/she repaired a coronary lesion in addition to scanning it. But since 2001, Medicare will pay for 93571-93572 in conjunction with a coronary angiogram or cardiac catheterization too.

Medicare regularly updates the list of -primary procedures- you can bill 93571-93572 with, says Klarkowski. You should keep a list of primary procedures for these codes. -The payable list has changed since I originally started coding the flow wire,- she notes. -I would caution coders to keep the primary procedure list updated.-

She sent information about these codes, along with a list of the primary procedures you can bill them with, to her cardiologists. -The physicians are aware of the reimbursement and they rarely if ever- miss documenting this procedure, she says.

**More confusion:** The coding guidelines for 93571-93572 are unclear. The descriptor for 93572 refers to -each additional vessel.- But it's not clear if each bifurcation or bypass is a new vessel (as would be the case with a peripheral intervention), or if the whole coronary system only contains three -vessels- (as in coronary interventions.)

**Answer:** To bill for multiple coronary lesions, the physician should measure flow in different vessels. There are really only three separate coronary arteries and branches, says **Christina Neighbors**, charge capture/reconciliation specialist with **Franciscan Health System** in South Puget Sound, WA. The three vessels are the left anterior descending (LAD or LD); the left circumflex (LCX or LC); and the right coronary artery (RC), which includes the posterior ventricle branch, right posterior descending, acute marginal, right ventricle branch, conus, and SA nodal.

**Important:** Klarkowski tried billing for 93571-93572 using the LC, LD and RC modifiers to indicate which primary vessel the cardiologist scanned. She received denials from her carrier for these claims. Now, she doesn't use a location modifier for the vessel scanned. Instead, she treats each vessel the cardiologist catheterized to measure flow velocity as either initial or additional.