

Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: Master The Art Of Coding For Interventions & Coronary Arteries

Use 92980 or 92981 depending on the number of stents

Modifier 51 won't cut the mustard when you're trying to code interventions. Find out which modifiers Medicare will accept--and how you can accurately bill for repairs to coronary vessels during multiple interventions.

Do: Report 92980 or 92981 only once if your cardiologist places one or more stents per vessel.

Don't: Avoid modifier 51 (Multiple procedures). Instead, when coding interventions, you'll likely use the modifiers for three Medicare-recognized coronary arteries:

- Modifier LD--Left anterior descending, or LAD
- Modifier LC--Left circumflex, or LCX
- Modifier RC--Right coronary, or RCA

Important: Most carriers cover only one intervention per coronary artery (or vessel)--including the associated branches. You can bill for multiple coronary stents only if they are in different vessels, notes **Sylvia Krummer, CPC, CCP**, certified coder and internal auditor for **CardioVascular Associations** in Louisville, KY.

Example: It's okay to report two coronary stents if the cardiologist places one stent in the distal LAD and one stent in the mid RCA.

Keep in mind: The number of coronary vessels the cardiologist repairs during multiple interventions determines how you should code the service. The type or number of interventions doesn't affect the way you code the procedure, notes **Melissa Bedford**, a coding specialist at **Austin Heart PA** in Texas.

How to code vessels:

- One vessel (LC/LD or RC), report 92980
- Two vessels (LC/LD and/or RC), report 92980, 92981
- Three vessels (LC/LD and RC), report 92980, 92981 x 2

Caution: You may face a claim denial if you report both stenting of the LCX and the obtuse marginal (OM). Why? Medicare considers both to be part of the LCX.