# Part B Insider (Multispecialty) Coding Alert

## CARDIOLOGY: Reader Question--Don't Have A Heart Attack Over Bundled Angioplasty Codes

**Question:** The recent National Correct Coding Initiative edits for angioplasty coding have me confused. How should I report 35458 and 35475?

Ohio Subscriber

**Answer:** First of all, get ready with extra documentation when you report 35458 (Transluminal balloon angioplasty, open...) or 35475 (Transluminal balloon angioplasty, percutaneous...).

**Important:** NCCI bundles both codes into catheter placement codes 37215 (Transcatheter placement of intravascular stent[s]...) and 37216 (...without distal embolic protection)--rather than bundling the catheter placement codes into the angioplasty codes, as you might expect. Further, NCCI goes against CPT's instructions on how you can report catheter placement.

**The difference:** CPT says that you should "report codes for catheter placement and the radiologic supervision and interpretation" in addition to "code(s) for the therapeutic aspect of the procedure." In this case, you report the catheter placement code separately because "the relative value units for [these procedures] do not include the work of getting the catheter into the blood vessel," says **Jackie Miller, RHIA, CPC**, senior consultant at **Coding Strategies Inc.** in Dallas, GA.

**Beware:** If you use these codes based on the NCCI edits, you need to add modifier 59 (Distinct procedural service) because the edits seem to be set up wrong.

**Remember:** You still have a modifier indicator of "1," meaning that you can use a modifier to bypass the edit. Modifier 59 will show the payor that the procedures weren't components of one another, but were both medically necessary and separate from one another, explains **Heather Corcoran**, coding manager at **CGH Billing Services** in Louisville, KY. Don't forget: To use modifier 59, you must supply documentation showing these procedures are separate and distinct.