

## Part B Insider (Multispecialty) Coding Alert

### CODING & REIMBURSEMENT: You Can Keep Using CPT Codes For Selective Angiography

#### Rules return to 2004 version

The **Centers for Medicare and Medicaid Services** caused a stir when it changed the definitions for two angiography codes: non-selective renal angiography (G0275) and non-selective iliac and/or femoral angiography (G0278).

For the 2005 update to the HCPCS code set, CMS removed the word "non-selective" from the descriptors for both codes. Coding experts feared this meant "you would have to use these codes for all nonselective and selective renal and iliofemoral angiograms, and that meant not getting paid for a selective procedure," says **Deborah Ovall**, lead coder and data quality analyst with **Medical College Hospitals** of Ohio in Toledo.

"You could infer that the 2005 definitions apply to both selective and nonselective studies. Depending on your interpretation, you would effect a substantial financial impact on billing," says consultant **Jim Collins** with **Compliant MD** in Matthews, NC.

But the **Cardiology Coalition**, a group representing cardiology practices, has been in talks with CMS for the past few months about clarifying the usage of G0275 and G0278. CMS has agreed to review the definitions of both codes to fit more closely with usage.

"Before our discussions, the CMS representatives with whom we were working did not understand that cardiologists are especially well-suited to perform peripheral vascular procedures because of their experience and precision utilizing catheters in the coronary arteries," says Collins, who works with the Coalition.

Until CMS completes its review, the agency says you can keep using the CPT Codes to report selective renal and iliac studies instead of G0275 and G0278. CMS informally indicated that this will be the final resolution of this concern, and a CMS publication is anticipated soon.

"The clarification that the Coalition obtained resets everything back the way it was in 2004 and allows us once again to code, and get paid for, the more work-intensive selective procedures," Ovall says.

"It is good to know that there are professionals out there trying to get some type of resolution from CMS," says **Donna McDonald**, follow-up specialist in the central billing office of **Ohio Heart and Vascular Center** in Cincinnati.