Part B Insider (Multispecialty) Coding Alert

Coverage: Medicare Stingy When It Comes to Stent Bundling

The Food & Drug Administra-tion only just approved the first drug-eluting stent from Johnson & Johnson on April 24, but already the National Correct Coding Initiative is full of nonmutually exclusive edits targeting this device. **HCPCS G0290** and **G0291** , for transcatheter placement of a drug-eluting stent, are bundled with a number of other codes.

"Before it even has been picked up and used a lot," Medicare is already putting restrictions on stent billing, complains consultant **Patricia McKinnon** with Berdon Healthcare in Jericho, N.Y. "They give with one hand and take away with the other," she adds. "We have the drugs, but we can't bill for the stent.

"It's going to make coding much more difficult," McKinnon says.

A number of codes become components of G0290 and G0291 in July, including:

1. anesthesia codes 01924, 01925 and 01926
2. open femoral artery exposure code 34812
3. blood vessel repair codes 35206 and 35226
4. cardiovascular therapeutic services codes 92975 and 92980, 92982 (92982 is also a component of 92981, for each additional stent in a transcatheter placement, and 92996, for each additional vessel in a percutaneous transluminal coronary atherectomy)
5. catheter placement code 92995
6. cardiography codes 93040-93042
7. cardiac catheterization codes 93555 and 93556.

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