

Part B Insider (Multispecialty) Coding Alert

CPT 2013: CPT Moves TAVR Into Category I Territory

New code series differs from previous Category III codes, so check documentation carefully.

If you code cardiology services, you may be under the distinct impression that coding TAVR is difficult because the rules are constantly changing. And you'd be correct.

Next year will be no different, when CPT introduces dedicated codes for transcatheter aortic valve replacement (TAVR) procedures. Currently, you're reporting Category III codes 0256T-0259T for these services, but as of Jan. 1, you'll report the following new codes:

- 33361--Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- 33362--...open femoral artery approach
- 33363--...open axillary artery approach
- 33364--...open iliac artery approach
- 33365--...transaortic approach (e.g., median sternotomy, mediastinotomy)
- +33367--...cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg., femoral vessels) (List separately in addition to code for primary procedure)
- +33368--...cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
- +33369--...cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)

What may surprise you: The new codes don't perfectly match up to the previous Category III codes, which many coders expected. Therefore, look carefully at the descriptors before you select a TAVR code. Ensure that the code explanation matches precisely what your physician documented. If he doesn't record the type of approach (open, percutaneous...) or location of entry (femoral, axillary...), then query him so you can code properly.

Coverage: It was just a few months ago that CMS actually released its coverage guidelines for TAVR. Although it's unclear whether new LCDs will be issued based on the new codes assigned to this procedure, you should still continue to meet Medicare's requirements until that happens. According to the coverage decision memo (available at www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=257), you'll have to meet the following requirements, among others, to collect for this procedure:

- The treatment must be aimed at "symptomatic aortic valve stenosis when furnished according to an FDA approved indication"
- Two cardiac surgeons must independently examine the patient
- The patient must be under the care of a heart team (meeting specific experience requirements) in a hospital (meeting specific infrastructure and program requirements)
- An interventional cardiologist and cardiac surgeon must work together intra-operatively
- The heart team and hospital must participate in a national registry.

In addition, CMS states, "TAVR is not covered for patients in whom existing co-morbidities would preclude the expected benefit from correction of the aortic stenosis."

Stay tuned to the Insider for more on how to properly code TAVR procedures in conjunction with the new Category I codes as CPT and CMS release additional details.

Check Out Pulmonary Changes

You'll also find new codes next year that describe bronchoscopy with thermoplasty, a procedure that has been growing in popularity due to its success in treating severe asthma.

CPT 2013 will delete the previous Category III codes describing this service (0276T-0277T) and replace them with the following new Category I codes:

- 31660--Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty; 1 lobe
- 31661--...with bronchial thermoplasty, 2 or more lobes

Reminder: Although the CPT editorial committee has posted these changes, it is not mandatory that all these changes will be taken forward in CPT® 2013. As the editorial notes indicate, "Codes are not assigned, nor exact wording finalized, until just prior to publication."