

Part B Insider (Multispecialty) Coding Alert

CPT® 2014: 37217 and More Change Your Vascular Stent Coding Next Year

Look for sweeping changes effective Jan. 1.

If your general and vascular surgeons perform transcatheter placement of intravascular stents or retrograde stenting of the carotid or innominate arteries, you need to go to coding school for next year. That's because with five code deletions and five code additions, CPT® 2014 reworks everything you currently know about reporting these services.

Read on to get the scoop so you'll be ready when the code changes go into effect on Jan. 1, 2014.

Replace Transcatheter Stent Placement Codes

You'll no longer use the following five codes beginning the first of next year, because CPT® 2014 deletes them:

- 37205 □ Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel
- +37206 □ ... each additional vessel (List separately in addition to code for primary procedure)
- 37207 □ Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel
- +37208 □ ...each additional vessel (List separately in addition to code for primary procedure)
- 75960 □ Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel.

In their place, you'll find the following four new codes:

- 37236 □ Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
- +37237 □ ...each additional artery (List separately in addition to code for primary procedure) (Use with 37236)
- 37238 □ Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
- +37239 □ ... each additional vein (List separately in addition to code for primary procedure) (Use with 37238).

"You'll notice that 75960 just goes away, because the new codes include the radiological supervision and interpretation (S&I)," explains Marcella Bucknam, **CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, audit manager for CHAN Healthcare in Vancouver, Wash.

"Bundling S&I with the intravascular stent codes seems to be in keeping with the recent AMA trend of creating such combination codes for cardiology," notes Marchelle Cagle, **CPC, CPC-I, CMOM**, of Alabama-based Cagle Medical Consulting.

Fee alert: "Such codes can be more straightforward to use and understand, but they often result in decreased reimbursement," Cagle notes.

Other distinctions: Bundling S&I isn't the only difference between the old and new codes. You can see from the following table that the structure of the new codes differs from what you're used to for 37205-37208. Study the table to

make sure you understand how you'll use the new codes beginning Jan. 1.

Get the Most From the Guidelines

Many of the stent placement rules you're already familiar with apply to new codes 37236-+37239. Specifically, a single code represents one or more stents placed in a single vessel. Also, if one intervention can treat a single lesion that extends from one vessel to another, use only a single code.

Although these codes incorporate multiple services, don't miss the codes you may report separately:

- Vascular access ultrasound guidance is separately reportable using +76937 (Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting [List separately in addition to code for primary procedure])
- Intravascular ultrasound also may be reported separately (+37250, +37251, Intravascular ultrasound [non-coronary vessel] during diagnostic evaluation and/or therapeutic intervention...).
- Other separately reportable services include mechanical thrombectomy (37184-37188) and thrombolytic therapy (37211-37214).

Greet Retrograde Stent Placement

CPT® 2014 introduces a new code to report transcatheter stent placement in either the intrathoracic common carotid artery or innominate artery using an open cervical carotid approach. A major feature of this code is that it is specific to retrograde treatment, which means going against the flow of blood in the vessel. Any angioplasty or radiological guidance required for the service is also included.

The new code is 37217 (Transcatheter placement of an intravascular stent[s], intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation).

Be sure to keep the following codes off of your 37217 claim when performed on the same side of the body:

- 35201 □ Repair blood vessel, direct; neck
- 35458 □ Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
- 36221 □ Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36222-36227 □ Selective catheter placement ...
- 75962 □ Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation.

