

Part B Insider (Multispecialty) Coding Alert

CPT® 2015: Open Up Carotid Artery Stent Coding Options

Don't separately code angioplasty.

When your cardiologist places an intravascular stent in the carotid artery, you have more options for reporting the service under CPT® 2015 than you've ever had before. But you also face more restrictions on the services based on newly-stated bundling rules.

Let our experts guide you through the code revisions and additions to make sure you capture appropriate pay for your cardiologist's work, and avoid coding errors that could lead to costly denials.

Distinguish Carotid Artery Site

Stents can go many places in the carotid artery, so you need to know the exact operative site if you want to accurately describe your cardiologist's work. You currently have three codes to describe carotid artery stenting, the first two of which have revised definitions in CPT® 2015, as follows:

- 37215 □ Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
- 37216 □ ... without distal embolic protection
- 61635 □ Transcatheter placement of intravascular stent[s], intracranial [e.g., atherosclerotic stenosis], including balloon angioplasty, if performed.

Codes 37215-37216 describe stent placement in the cervical portion of the extracranial carotid artery. The intended site of these codes is the carotid bifurcation in the neck. On the other hand, you'll use 61635 for a stent in the intracranial internal carotid artery.

Now CPT® 2015 adds a new code for another carotid artery stent location □ the intrathoracic common carotid artery or the innominate artery, specifically with an antegrade surgical approach. The code is 37218 (Transcatheter placement of intravascular stent[s], intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation).

Parallel: Notice that 37218 is similar to the 2014 code added for retrograde services: 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). Also, CPT® 2015 makes minor revisions to 37217, deleting "an" before "intravascular" and "via" before "open" to standardize the wording of codes 37217 and 37218.

Clarify What's Included

"Existing codes 37215 and 37216 have always included the catheter placement for selective carotid access, and the radiological supervision and interpretation, per CPT® instruction," says **Marcella Bucknam, CPC, CPC-I, CCS-P, CPC-H, CCS, CPC-P, COBGC, CCC**, internal audit manager with PeaceHealth in Vancouver, Wash.

Now revisions to 37215 and 37216 in 2015 add language to make this bundling more explicit.

Don't miss: The code revisions also bundle angioplasty with the stent codes, which was not an overt bundling rule prior to the change.

Open up: The existing 37215 and 37216 definitions stated that the codes described percutaneous procedures, but the 2015 code revision allows you to use the codes to describe open procedures.

"The changes made to 37215 and 37216 make them more consistent with all other endovascular bundled coding," says **Christy Hembree, CPC**, a coder with a private practice in Cartersville, Ga.

Bottom line: "These codes now include angioplasty, and supervision and interpretation, and cannot be used for open or percutaneous procedures," Hembree says.

Study This Clinical Example

Look at the following example to get a better idea of how you should use the carotid artery stent codes in 2015.

Case: Using femoral access and common carotid placement, the cardiologist images the right common carotid and right internal carotid. The cardiologist documents normal anatomy and states there are no abnormalities in the internal carotid, but she finds stenosis in the cervical common carotid. The cardiologist inserts a catheter and places an embolic protection device distal to the stenosis to trap plaque or thrombi. The cardiologist advances a stent to the cervical common carotid artery stenosis.

Solution: You should report this case using 37215, because the site of the stent is the cervical carotid artery, and the cardiologist places a distal embolic protection device.

You should not additionally report 36216 (Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family) for placing the catheter in the right carotid artery, because that service is bundled into 37215.

Nor should you separately report 75676 (Angiography, carotid, cervical, unilateral, radiological supervision and interpretation), because 37215 states that the code includes "radiological supervision and interpretation."