

## Part B Insider (Multispecialty) Coding Alert

### CPT® 2016: These 7 Cardiology-Related Code Changes Could Be Reality Next Year

**Your IVUS coding may be in for an overhaul.**

While the October change to ICD-10 is grabbing a lot of headlines right now, the annual updates to CPT® won't be far behind. Here's a sneak peek at what could be headed your way for implementation in January 2016.

**Caution:** The code changes below are not yet official or final. They reflect decisions noted in the CPT® Editorial Summaries of Panel Actions. There are still meetings ahead and plenty of time for changes before the codes become official in the fall.

#### 1. Take Transcatheter Pulmonary Valve Implantation From Cat. III to Cat. I

According to the October 2014 CPT® Editorial Summary of Panel Actions, you can expect to see CPT® delete Cat. III code 0262T (Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach) and replace it with a code in the range 3347X, which includes other pulmonary valve codes.

To support these changes, you will also see revisions to the parenthetical notes for cardiac catheterization codes 93462-93464.

#### 2. Expect an End to Old IVUS Codes

The October Summary also indicates you'll be striking the following intravascular ultrasound (IVUS) codes off your job aids:

- +37250, Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
- +37251, ... each additional vessel (List separately in addition to code for primary procedure)
- 75945, Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
- +75946, ... each additional non-coronary vessel (List separately in addition to code for primary procedure).

In their place, expect to see two 3725X codes to report bundled imaging services for diagnostic non-coronary IVUS.

#### 3. Don't Cross Off 0206T Just Yet

The Panel granted an extension for Cat. III code 0206T (Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction severity assessment), pending clinical trial completion.

The new sundown date is January 2020. The code is appropriate for Premier Heart's Multifunction CardioGram (MCG). The MCG uses a mathematical approach to diagnose heart disease, stated **Joseph Shen, MD**, founder and co-developer of the MCG technology, in a press release at the time of the code's creation. Practices using the technology provide an in-office test similar to a resting ECG and then send the information to an MCG datacenter for analysis, which includes scoring the cardiac disease severity and listing differential diagnoses.

#### 4. See How Cerebral Revascularization Affects Thrombectomy

The February CPT® Editorial Summary of Panel Actions includes the acceptance of three new 6164X codes for "percutaneous endovascular revascularization and infusion of cerebral vessels." You should also get some introductory language to help explain the new codes.

To make room for these changes, expect to see revisions to the following noncranial thrombectomy codes:

- 37184, Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
- +37186, Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
- 37211, Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day.

#### 5. Add Cat. I Code for Arterial Pressure Waveform Analysis

The February Summary also reveals the accepted addition of a 9300X code to replace the Cat. III code 0311T (Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report).

"This addition marks a significant step toward more widespread clinical adoption and greater patient access to life-saving technology," said **Duncan Ross, CEO** and president of AtCor Medical, in a press release about the potential new code. AtCor developed and markets the SphygmoCor system, which measures central aortic blood pressures and other elements using a noninvasive method.

In a typical scenario, the provider may place a tonometer over the radial artery at the wrist. The sensor in the tonometer sends signals to a device that records the aortic waveforms, which the provider interprets to determine central arterial pressure as well as additional information related to the heart and arteries.

#### 6. Match Myocardial Strain Imaging to Cat. III Code

The February Summary also noted the acceptance of a Cat. III code "for imaging of myocardial strain for myocardial malformation detection." The test helps assess myocardial function. In echocardiography, strain describes deformation, which involves shape change.

The American Society of Echocardiography presented evidence to help support adoption of the code (<http://asecho.org/ase-worked-to-establish-a-new-code-for-echocardiography/>).

#### 7. Focus on 15 Minutes for Moderate Sedation

According to the February Summary, you also may see the addition of four 991XX codes for moderate sedation of 15 minutes. To go along with this change, you'll see revisions to the existing guidelines and parenthetical notes.

You'll also see the deletion of the current codes:

- 99143-+99145, Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports ...
- 99148-+99150, Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional



performing the diagnostic or therapeutic service that the sedation supports ...

Codes 99143, 99144, 99148, and 99149 refer to an initial 30 minutes, while +99145 and +99150 are for each additional 15 minutes. Recall that the potential new codes refer to 15 minutes.

The Summary notes the Society for Cardiovascular Angiography and Interventions, American College of Cardiology, Society of Interventional Radiology, Heart Rhythm Society, and the American Society of Echocardiography were involved in requesting reconsideration of the "decision to open review of the bundling of moderate sedation services into the listing of all codes in Appendix G."

**Stay tuned:** The panel met again in May to discuss more possible changes. We'll keep you posted. You can review the summaries at

[www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-summary-panel-actions.page](http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-summary-panel-actions.page).