

## Part B Insider (Multispecialty) Coding Alert

### National Correct Coding Initiative: Version 9.2 Promises Big Changes for Cardiology Coding

Heads up, cardiologists: If you're repositioning a pacemaker or electrode, you won't be able to bill separately for inserting a new pacemaker as well.

Version 9.2 of the National Correct Coding Initiative, which takes effect July 1, says that two new codes are mutually exclusive with nine other codes: 33215 (Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator electrode) and [CPT 33226](#) (Repositioning of previously implanted cardiac venous system electrode).

You can no longer bill either code with pacemaker-related codes 33206-33208, 33214, 33216-33217, 33234-33235 or 33249. Also, you can't bill 33226 with pacemaker insertion codes 33211-33213, 33218 or 33220. No modifier can override these edits.

This edit could be an issue if one lead on a device needs to be removed or replaced, and then another needs to be repositioned, says **Anne Karl**, coding & compliance specialist with St. Paul Heart Clinic in Mendota Heights, Minn. While it's unusual to reposition a lead and also insert a new device, it could happen.

The edit won't be a problem in the most common scenario, Karl adds. The most frequent occasion "we use the 33215 or 33226 is when we recently placed new device and leads, and one of those new leads has displaced."

Other edits include:

1. Catheter placement codes 36011 and 36012 are considered components of new pacing electrode insertion codes 33224 and 33225. This makes sense because you're not placing a catheter when you bill a pacemaker code.
2. You can't bill for a coronary sinus venogram (75860) with either 33224 or 33225, because it's considered a component of both codes. The venogram is a "guiding" shot to place the lead, Karl says.
3. New code 36537, for removal of intraluminal obstructive material from central venous device, will become a component of another new code, 36536, for removal of pericatheter obstructive material from CVD.
4. New cardiovascular surgery codes 36536 and 36537 are mutually exclusive with embolectomy/thrombectomy codes 34401-34490, unless you append a modifier. It's possible, Karl says, that a patient requiring cardiovascular surgery might also need an unrelated thrombectomy elsewhere, due to a clotting disorder.