

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 12 Cardiology Changes You Need to Know Before 2013

Procedure during AMI? Soon you'll have a code for that.

Before you know it, you'll have double the codes to choose from for coronary revascularization.

The changes, effective Jan. 1, 2013, aren't final until later in the fall, so there could be some last minute updates. But now is a good time to start discussing with physicians the specific, detailed information you'll need to properly report these new 2013 coronary codes, says **Christina Neighbors, MA, CPC, CCC, ACS-CA**, charge capture reconciliation specialist and coder at St. Joseph Heart & Vascular Center in Tacoma, Wash.

Your Last 92982 Claim Is Right Around the Corner

As part of revamping the codes for coronary services, CPT® will delete six familiar codes for stents, angioplasty, and atherectomy:

- 92980-92981, Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method ...
- 92982, 92984, Percutaneous transluminal coronary balloon angioplasty ...
- 92995-92996, Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty ...

Train Your Brain to Spot These Elements

With 13 new codes to choose from, you know you're going to have to watch for fine distinctions in the services performed. (See the table below for a summary.)

To accurately use the new codes, be sure to watch for the following elements:

- Angioplasty, atherectomy, and/or stent placement
- Single major coronary artery or branch vs. each additional branch
- Native artery vs. coronary artery bypass graft (CABG)
- Chronic total occlusion (CTO)
- Service performed during acute myocardial infarction (AMI).

Tip: One thing all of the codes have in common is that they include coronary angioplasty when performed.

Ease Into New Revascularization Options

The first eight codes are fairly straightforward and similar to your 2012 options. These codes apply to services on a major coronary artery or branch.

Angioplasty only: For angioplasty, choose from these two codes:

- 92920, Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
- +92921, ... each additional branch of a major coronary artery (List separately in addition to code for primary procedure).

Atherectomy +/- Angioplasty: If the cardiologist performs atherectomy, with or without angioplasty, your options are:

- 92924, Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
- +92925, ... each additional branch of a major coronary artery (List separately in addition to code for primary procedure).

WP: When performed.

CABG: Revascularization of or through coronary artery bypass graft.

AMI: During acute myocardial infarction.

CTO: Revascularization of vessel with chronic total occlusion.

Stent +/- Angioplasty: When the cardiologist performs stent placement, with or without angioplasty, your options include:

- 92928, Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
- +92929, ... each additional branch of a major coronary artery (List separately in addition to code for primary procedure).

Atherectomy + Stent +/- Angioplasty: Watch for cases where the cardiologist performs atherectomy in addition to stent placement to be sure you choose from these codes (angioplasty is included when performed):

- 92933, Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
- +92934, ... each additional branch of a major coronary artery (List separately in addition to code for primary procedure).

Graft and Diagnoses May Change Code

CPT® 2013 will provide five additional codes for special circumstances.

CABG: Two of the codes are specific to "revascularization of or through" CABG vessels. Note that the codes include distal protection when performed:

- 92937, Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
- +92938, ... each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure).

AMI: If the cardiologist performs the service on a patient during AMI, turn to 92941. It applies whether the service is performed on an artery or graft, and the definition specifies that aspiration thrombectomy is included when performed:

- 92941, Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel.

CTO: When the physician documents CTO of the artery, branch, or graft he's working on, you'll choose from:

- 92943, Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
- +92944, ... each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure).

Final instructions for use of these codes will depend on CPT® and payer guidelines, but, "In general, a total occlusion of duration >3 months may be considered 'chronic,'" according to "Percutaneous Recanalization of Chronically Occluded Coronary Arteries," a consensus document published in the American Heart Association's journal, *Circulation* (2005; 112: 2364-2372).>>

Neighbors points to a more recent *Circulation* article that adds that "CTO is clinically distinct from acute coronary occlusion, which occurs in the setting of ST-segment-elevation myocardial infarction" ("Management of Coronary Chronic Total Occlusion," 2011; 123: 1780-1784).

