

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: CPT® 2018: Test Your Cardiology Coding Smarts with These Tough Questions

Remember: Don't count on 34825 and +34826 in 2018.

With Jan. 1 around the bend, it's time to review new code options and changes for cardiology. There are a variety of CPT® 2018-related headaches you'll have to deal with, including navigating a myriad of new endovascular codes and mastering your new anticoagulant options.

Take the following quiz to test your CPT® 2018 knowledge so you can face all of these additions, revisions, and deletions with complete confidence.

Lose Endovascular Component Codes and Gain New, Complete Codes

Question 1: How will CPT® change the component codes for the endovascular repair/prosthesis of aortic or iliac aneurysm or dissection?

Answer 1: CPT® 2018 will delete the following codes for endovascular repair/prosthesis of aortic or iliac aneurysm or dissection:

- **34800-34805** (Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; ...)
- **34806** (Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure))
- **34900** (Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis)).

Additions: In place of these deleted codes, you'll get new all-encompassing codes 34701-34708, which describe various distinct methods for endovascular repair of infrarenal aorta and/or iliac artery(ies). Each of these all-encompassing codes includes pre-procedure sizing and device selection, nonselective catheterization(s), associated radiological supervision and interpretation, endograft extension(s), and angioplasty/stenting, if performed, for conditions such as aneurysm, pseudoaneurysm, dissection, arteriovenous malformation.

Get Ready for New Extension Prosthesis Placement Codes

Question 2: What will happen to 34825 and +34826 in 2018?

Answer 2: CPT® 2018 will delete 34825 (Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel) and +34826 (Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)).

Additions: You will report the following new codes in place of 34825 and +34826:

- **+34709** (Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer...)
- **34710 and +34711** (Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft

migration ...).

- **Required components:** Codes +34709 through +34711 will include the following components: pre-procedure sizing and device selection; catheterization(s); all associated radiological supervision and interpretation; and treatment zone angioplasty/stenting.

Discover 93792 and 93793 for Anticoagulant Reporting Success

Question 3: What changes will the anticoagulant codes see for 2018?

Answer 3: Starting in January, you will not report the following anticoagulant codes anymore because CPT® will delete them from the E/M section:

- **99363** (Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements))
- **99364** (... each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)).

Instead, CPT® 2018 will add the following new anticoagulant codes:

- **93792** (Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified healthcare professional ...)
- **93793** (Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed).

Taking the anticoagulant codes from the E/M section and adding them to the medicine section will let these services be more accurately represented, according to **Suzan Hauptman, MPM, CPC, CEMC, CEDC**, AAPC fellow, senior principal of ACE Med Group in Pittsburgh.

Say Farewell to Category III Codes, Say Hello to New Options Instead

Question 4: Will there be any significant changes for total replacement heart system codes in 2018?

Answer 4: Yes. CPT® 2018 will delete Category III total replacement heart system codes 0051T, 0052T, and 0053T and replace them with new codes.

Official definition: Category III CPT® codes are temporary codes. The primary purpose of these codes is to allow for data collection, which in turn provides information for evaluating the effectiveness of new technologies and the formation of public and private policy.

"The need for these codes [arose] due to the development of new technology," says **Carol Pohlig, BSN, RN, CPC, ACS**, senior coding and education specialist at the Hospital of the University of Pennsylvania.

Additions: For 2018, CPT® will add the following new total replacement heart system codes in the place of the deleted Category III codes:

- **33927** (Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy)
- **33928** (Removal and replacement of total replacement heart system (artificial heart))
- **+33929** (Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)).