

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: CPT® Updates: Relearn Angioplasty Coding to Prepare for 2017 CPT® Code Changes

Yet another group of intervention codes will bundle in S&I.

When the calendar flips to January, you'll have some streamlined coding options for certain artery and vein angioplasty services. But determining which vessels the codes apply to isn't obvious when you first read the code descriptors. Here's a look at the new codes to help you apply them correctly from day one.

Erase These Component Codes From Your Memory

CPT® 2017 deletes the following transluminal balloon angioplasty codes:



The 2017 code set deletes the associated supervision and interpretation (S&I) codes, too:

- 75962-+75964 for peripheral artery angioplasty S&I
- 75966-75968 for renal or other visceral artery angioplasty S&I
- 75978 for venous angioplasty S&I.

Distinguish New Codes by Vessel Type

To take the place of these deleted codes, CPT® 2017 adds resequenced codes. Resequenced means you won't find the codes in the manual in numerical order, but you will find them with similarly defined codes. CPT® identifies resequenced codes with a symbol: #.

As you get to know the new codes, watch for language in the descriptors that clarifies the codes apply regardless of whether the service is open or percutaneous. And as you may have guessed from the deletion of the S&I codes, these new surgery codes specifically include all imaging and S&I required for the angioplasty. "The new codes continue the CPT® trend of providing one code to replace a procedure plus an S&I code," says Ray Cathey, PA, MHS, CMSCS, CHCI, president of Medical Management Dimensions in Stockton, Calif.

Arteries: Note that the first two codes are for arteries. You use the first code for the initial artery and the second for each additional artery:

- 37246, Transluminal balloon angioplasty (except lower extremity artery[ies] for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
- +37247, ... each additional artery (List separately in addition to code for primary procedure).

Veins: The second set of codes applies to vein services. Again you have distinct codes for initial and additional veins:

- 37248, Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
- +37249, ... each additional vein (List separately in addition to code for primary procedure).

Work Back From List of Exceptions

The codes look straightforward, so they should be fairly easy to adjust to, Cathey says. But be sure to note that the code

descriptors list vessel services the codes do not apply to instead of listing the specific vessels the codes do apply to. This construction makes using your Index, being familiar with other code options, and reading guidelines that much more important.

You may have noticed that both the artery and vein code descriptors exclude angioplasty in the "dialysis circuit." This is an important exclusion because CPT® 2017 adds nine new codes specific to dialysis circuit services. Within the new group of dialysis circuit codes you'll find options for angioplasty as well as angiography, stent placement, thrombectomy, thrombolysis, and permanent vascular occlusion.

In addition to excluding dialysis circuit services, the new artery angioplasty codes exclude "lower extremity artery[ies] for occlusive disease, intracranial, coronary, pulmonary." You have other codes that apply to these services, such as lower extremity codes 37220-+37239 and coronary codes 92920-92944.