

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Wondering What's Ahead for Cardiology in CPT® 2015? Start the Search Here

Check out what the CPT® Editorial Summary of Panel Actions reveals.

With summer fast approaching, the final draft of CPT® 2015 is getting close to completion. AMA's CPT® Editorial Panel has posted its preliminary decisions from the meetings held in October 2013 and February 2014.

Below are the actions most relevant to cardiology. Keep in mind, these decisions are not final and may change before the code set becomes final later in the year. The final code updates will go into effect Jan. 1, 2015.

1. Watch for a New Interventional TEE Code

Transesophageal echocardiography (TEE) is a type of echocardiogram in which the physician guides an ultrasound transducer down the patient's throat into the esophagus, providing a close look at the heart's valves and chambers, without interference from the ribs or lungs.

You already have code options for TEE, such as 93318 (Echocardiography, transesophageal [TEE] for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing [continuous] assessment of [dynamically changing] cardiac pumping function and to therapeutic measures on an immediate time basis).

But in 2015, you may get a code specific to performing TEE during transcatheter intracardiac therapy, according to the February 2015 CPT® Editorial Summary of Panel Actions. Expect to see the code in the 933xx area. This could be an interesting addition for providers performing cardiology services, according to **Christina Neighbors, MA, CPC, CCC, ACS-CA**, a cardiology coding expert in Tacoma, Wash.

2. Check Under +93463 for Updated List of 'In Conjunction' Codes

According to the October 2013 summary, the Panel plans to revise the instructional note under +93463 (Pharmacologic agent administration [e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent] including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed [List separately in addition to code for primary procedure]).

The goal is to include an "accurate range of codes with which pharmacologic administration can be reported."

3. Replace 0126T IMT Code With Category I Option?

Common carotid intima-media thickness (IMT) studies may be moving on up from Category III to Category I. The plan is to replace 0126T (Common carotid intima-media thickness [IMT] study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment) with a code in the 938xx area.

You'll use the code to "report atheroma detection and image based quantitation of carotid wall thickness," according to the February 2014 summary.

4. S-ICD Looks to Get the Cat. I Nod, Too

The February 2014 summary indicates subcutaneous implantable cardioverter defibrillator (S-ICD) codes will move from Category III to Category I. S-ICDs use a subcutaneous electrode connected to a subcutaneous pulse generator to treat fast heart rhythms originating in the ventricles.

The plan is to locate the replacement codes in a couple of different sections. You'll likely see four new 3327x codes for the surgical services involved, such as placement. Then, a new electrophysiology evaluation code will appear around 9364x and a couple of device evaluation codes will appear around 9328x. Neighbors says this is another code change cardiology coders should watch.

The Cat. I codes will replace these Cat. III codes:

- 0319T, Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
- 0320T, Insertion of subcutaneous defibrillator electrode
- 0321T, Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode
- 0322T, Removal of subcutaneous implantable defibrillator pulse generator only
- 0323T, Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only
- 0324T, Removal of subcutaneous defibrillator electrode
- 0325T, Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator
- 0326T, Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
- 0327T, Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable subcutaneous lead defibrillator system
- 0328T, Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, implantable subcutaneous lead defibrillator system.

5. Mitral Valve Repair May Also Make the Move From Cat. III

Practices performing transcatheter mitral valve repair will be glad to hear a move from Category III to Category I is possible for these codes, according to the February 2014 summary.

Currently, you use three Category III codes for this service:

- 0343T, Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis
- 0344T, Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure)
- 0345T, Transcatheter mitral valve repair percutaneous approach via the coronary sinus.

The plan is to use just two Category I codes near 3340x to replace the above codes.

6. ECMO and ECLS Options May Multiply by 8

If your provider manages extracorporeal circulation or inserts the necessary cannulas, you're familiar with these codes:

- 33960, Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day
- 33961, ... each subsequent day
- 36822, Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure).

But the February 2014 summary suggests these three codes will be deleted and replaced with 25 new codes in 2015. Cardiology coders should be sure to check for these, Neighbors notes. The codes and some new guidelines will "more accurately describe the services related to prolonged extracorporeal membrane oxygenation (ECMO) or extracorporeal life support (ECLS)," the summary states.

7. Get Credit for FEVAR Planning, Plus Get Angioplasty Tips

Two changes are expected for fenestrated endovascular aortic aneurysm repair (FEVAR).

First, the October 2013 summary indicates planning and sizing for a FEVAR endograft made for the individual patient will get two new codes in 348xx, which could be an addition of note for cardiology practices, Neighbors indicates.

Second, the February 2014 summary reveals you can expect to see a parenthetical instruction with the FEVAR codes on proper reporting of transluminal balloon angioplasty. The note will most likely be under 34848 (Endovascular repair of visceral aorta and infrarenal abdominal aorta [e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption] with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis [superior mesenteric, celiac and/or renal artery(s)]).

8. Head to +36218 and +36228 to See New Instructions

You're likely to see a small change in the instructions included with these catheter placement add-on codes:

- +36218, Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)
- +36228, Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure).

The October 2013 Summary indicates you may see a change to a note for pharmacologic agent administration.

9. Ready to Add to Your Stent Placement Codes?

Transcatheter stent placement may see a new 3721X code in 2015, the February 2014 summary indicates. To keep confusion to a minimum, you'll also see revisions to the following carotid codes to ensure they don't conflict with the new code:

- 37215, Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
- 37216, ...without distal embolic protection
- 0075T, Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel
- +0076T, ... each additional vessel (List separately in addition to code for primary procedure).

10. AMA Takes the Red Pen to 37236-37239 Guidelines

Codes 37236-37239 represent transcatheter placement of intravascular stents. Details matter for these complicated procedures, and that includes code language details.

The AMA in the February 2014 summary says it plans to make editorial revisions for consistency to the guidelines and to the descriptor for 37236, which in 2014 is: Transcatheter placement of an intravascular stent(s) (except lower extremity arteries for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery.

11. MDM Guidelines May Get a Makeover

You may see revised E/M guidelines in 2015 to clear up questions about how to use medical decision making (MDM) in selecting the final E/M level. The February 2014 summary indicates the change is "pending review by CMS, specialty societies, and carrier medical directors."

12. Keep an Eye on Complex Chronic Care

You may see a new 9949x code for chronic care management in 2015. To make room for this code, the AMA expects to delete 99488 (Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month).

The following codes will still be around, but expect to see revised descriptors for them. The current descriptors are as follows:

- 99487, Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
- +99489, Complex chronic care coordination services; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure).

As part of the change, the subsection guidelines and even the header are likely to get a 2015 facelift.

Resource: To review the Panel summaries, head to

www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-summary-panel-actions.page. You may need to create an account to download the summaries from the site.