

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Associations Protest CCI Edits, Modifier Guidance

Carriers smack down interventional radiologists billing for angiograms

If your physician provides a diagnostic angiogram or venogram on the same day as a therapeutic angiogram or venogram, then chances are you've been hit hard by some edits as well as some tricky coding guidance.

The **Society for Interventional Radiology** and other associations wrote to **Niles Rosen**, director of the Correct Coding Initiative with **Adminastar Federal**, on Feb. 8 to protest Medicare policies on angiograms and venograms. The SIR, the American College of Cardiology, the American College of Radiology and others were protesting two related problems:

1. The Correct Coding Initiative contains edits, as of October 2004, that target supervision and interpretation (S&I) codes for diagnostic venography or angiography when you bill those codes alongside therapeutic venography or angiography S&I codes.

2. The **Centers for Medicare and Medicaid Services** issued guidance for providers who bill for a diagnostic S&I code, and then come back and bill a second diagnostic S&I code on the same day as a procedure that includes a therapeutic S&I code. In this case, you should use modifier -59 (Distinct procedural service) as well as -52 (Reduced services), CMS said.

CPT Codes 2005 includes language that CMS suggested on repeat angiography or venography diagnostic S&I codes, the associations note in their letter. This being the case, they urge CMS to delete the CCI edits and withdraw its "incorrect" advice to use modifier -52 with repeat S&I codes.

CMS insists that practice patterns have changed, and providers are performing unnecessary diagnostic angiography or venography services.

In a letter to the associations, CMS cites an example of a patient who goes to a vascular surgeon for evaluation, and the surgeon orders a diagnostic angiogram/venogram. Based on the results of that study, the surgeon schedules an interventional radiology procedure. CMS argues that the provider performing the interventional radiology procedure shouldn't need to perform another diagnostic angiogram/venogram. But the associations respond that a second diagnostic test may indeed be necessary in some cases.

For interventional radiologists, same-day diagnostic and therapeutic angiograms and venograms have been "more the norm than the exception," explains SIR Senior Manager for Reimbursement **Dawn Hopkins**. These edits don't prevent a repeat diagnostic angiography, they only prevent a diagnostic and therapeutic angiography on the same day. "The edits aren't in any way impacting the situation that CMS is hoping to address," she insists.

Often a provider will have to use a different catheter for a diagnostic and therapeutic angiogram, Hopkins notes.