Part B Insider (Multispecialty) Coding Alert

Surgery: NCCI 9.3 Edits Hit Cardiovascular Surgery Codes Hard

If you've been billing for non-selective catheterization in addition to selective catheterization, you're about to receive a rude shock.

Selective catheterization includes introduction, plus "all lesser order selective catheterization used in the approach to the target vessel," insists carrier Cigna Healthcare in a recent set of frequently asked questions on medical review issues. CPT Codes 36200 and 36140 represent a nonselective catheterization, and shouldn't be billed separately from selective catheterization codes, such as 36215-36217 and 36245-36247.

Cigna considers the nonselective codes to be components of selective codes. In the recently issued FAQ, Cigna says it referred this issue to the National Correct Coding Initiative, which agreed to add edits bundling 36200 into 36215-36217 and 36140 into 36245. That edit will take effect in October as part of version 9.3 of the NCCI.

New code 33215 (Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator [right atrial or right ventricular] electrode) became a component of a raft of pacemaker procedure codes (33200-33224 and 33233-33249). All but one of these edits can't be overridden with a modifier.

And 33215 becomes mutually exclusive with 33226 (Repositioning of previously implanted cardiac venous system [left ventricular] electrode). This code was already mutually exclusive as of NCCI version 9.2 with a number of codes for pacer or defibrillation procedures - 33206, 33207, 33208, 33214, 33216, 33217, 33234, 33235 and 33249. Now the code becomes harder than ever to bill separately.

Selective catheter placement codes 36215-7 and 36245-7 became components of 92980 (Transcatheter placement of an intracoronary stent), 92982 (Percutaneous transluminal coronary balloon angioplasty; single vessel) and 92995 (Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel).

Also bundled into 92980, 92982 and 92995 was 36160 (Introduction of needle or intracatheter, aortic, translumbar). 36120 (Introduction of needle or intracatheter; retrograde brachial artery) was bundled into 92982 and 92995. And 36140 (... extremity artery) was bundled into 92995 alone. In July, NCCI version 9.2 also bundled a number of codes into 92980, 92982 and 92995.

Lung removal codes 32440-32445 and 32480-32500 became components of 32850 (Donor pneumonectomy[ies] with preparation and maintenance of allograft [cadaver]) and pneumonectomy codes 33930 and 33935. These edits can't be overridden with a modifier.

75960 (Transcatheter introduction of intravascular stent[s], percutaneous and/or open, radiological supervision and interpretation, each vessel) and 75966 (Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation) will become components of a number of codes for endovascular repair of abdominal aortic aneurysm, including 34800, 34802, 34804 and 34825, plus 34900 (Endovascular graft replacement for repair of iliac artery). They also become components of transcatheter procedure codes 75952-75954.

Five codes will become components of venous grafting only for coronary bypass codes 33510-33523, plus bypass graft

codes 35501-35571 and 35582-35587. These are ultrasound codes 76880 and 76986 and extremity venous studies codes 93965-93971. NCCI now considers the ultrasound and venous studies codes to be components of all of those graft codes, so it has become difficult to bill for ultrasounds and venous studies as part of any procedure that includes a bypass graft. However, you can use a modifier to override these edits.