

Part B Insider (Multispecialty) Coding Alert

Temporary Balloon: You Can Bill Angioplasty Separately With Temporary Occlusion

But bill separate catheterization only for separate vessel

If a patient has a tumor on the carotid body and you're preparing to occlude it permanently, it's important to know whether the patient can tolerate the sacrifice of the carotid artery.

That's why CPT Codes 2003 introduced a new code for temporary balloon occlusion, 61623. According to a paper in the Aug. 2002 Ear, Nose and Throat Journal, temporary balloon occlusion allows surgeons to occlude this vessel for a short time to judge whether a permanent occlusion will cause problems.

Other papers suggest that temporary balloon occlusion is a useful test for patients with carotid aneurysms, fistulas and skull-based neoplasms in whom the surgeon is planning or considering arterial sacrifice as part of therapy.

CPT code 61623 includes catheter placement, occlusion and imaging, so you can't charge separately for those services. You can bill for a complete diagnostic angioplasty of the artery being occluded right before the temporary occlusion. But the **American Medical Association** cautions that if the physician already has a pre-operative diagnostic angiogram of "sufficient quality" and the patient's status hasn't changed, Medicare may not pay for a separate angiogram.

"Typically the imaging is included with the temporary occlusion," but if your formal diagnostic report explains why the patient's status has changed or existing images aren't clear enough, you can certainly bill for a separate one, says consultant **Jackie Miller** with **Per-Se Technologies** in Atlanta. Miller recently did an audioconference for the **Coding Institute** on "Advanced Interventional Radiology Coding Strategies."

And catheterization and angiographies can be payable with temporary balloon occlusion as well, as long as the physician is studying arteries other than the one to be occluded. In that case, you should use "the appropriate catheterization and radiologic supervision and interpretation codes," according to the CPT book.

"Really the bundling of the catheter placement and imaging would just be for the area that's being treating for the temporary balloon occlusion," explains Miller. There's nothing to stop you "doing additional diagnostic imaging outside of the area of test."