HCPro, Inc., presents

Cardiology Coding 2013: Reduce Audit Anxiety and Increase Documentation Accuracy

A 90-minute interactive audio conference

Tuesday, July 30, 2013

1:00 p.m.–2:30 p.m. (Eastern)
12:00 p.m.–1:30 p.m. (Central)
11:00 a.m.–12:30 p.m. (Mountain)
10:00 a.m.–11:30 a.m. (Pacific)
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Dear Program Participant,

Thank you for participating in our “Cardiology Coding 2013: Reduce Audit Anxiety and Increase Documentation Accuracy” audio conference, featuring speaker Kathleen Arnold, and moderated by Jackie Zagami.

Our team is excited about the opportunity to interact with you directly. We encourage you to ask our experts your questions during the program. If you would like to submit a question before the audio conference, please send it to the producer, Jackie Zagami, at jzagami@hcpro.com and provide the program date in the subject line. We cannot guarantee that your question will be answered during the program, but we will do our best to include a good cross section of questions.

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Thank you, again, for attending the HCPro program today. We hope you found it to be informative and helpful and that you will continue to rely on HCPro programs as an important resource for pertinent and timely information.

Sincerely,

Elizabeth Petersen
Vice President
HCPro, Inc.
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Please note: Continuing education credits are available for this program. For instructions on how to claim your credits, please visit the materials download page at www.hcpro.com/downloads/11360.
Agenda

I. We are caught up in a whirlwind of changes
   • We are living and working in challenging times. We’ll briefly look at the evolution of cardiology technology in the setting of historic changes in the overall healthcare system. The new technologies are driving major changes in delivery of cardiology services, and coding and billing changes are following right behind. In the midst of all this upheaval, thinking like a risk manager will support ongoing process improvement.

II. 2013 codes: A snapshot in time and a compass for the future
   • The 2013 cardiology coding changes involve codes for cardiovascular procedures performed in the cardiac cath lab and the electrophysiology (EP) lab. We’ll look specifically at angioplasty, atherectomy, stent placement, heart assist procedures, transcatheter aortic valve replacements, and new imaging and monitoring procedures in the cath lab. We’ll also look at electrophysiology procedures, including studies, ablations, and subcutaneous defibrillators.

III. Revenue and compliance are two sides of the same coin
   • Good documentation is essential for revenue integrity and for compliance. Compliance risk is created when codes and charges do not match up with documentation. Coding from accurate, detailed, high-quality documentation minimizes compliance risk and maximizes revenue integrity. The 2013 cardiovascular procedure codes are based on greater specificity. Alternative pay-for-performance payment models rely on risk stratification and require detailed patient history and clinical findings. ICD-10 puts more pressure on provider documentation, although it offers limited usefulness for risk stratification in cardiology. Audits and fraud investigations provide examples of bad documentation.

IV. Revenue cycle: Give them roots, then give them wings
   • Large cardiology accounts have a significant impact on the bottom line. It’s important to be proactive through the entire revenue cycle. Daily reconciliation of accounts will put an end to missed charges. Coding is just the tip of the iceberg, and a coder working in collaboration with other staff can provide valuable assistance in working edits and resolving issues that hold up the revenue cycle. It takes a village, and sometimes a teeming metropolis, to get a clean claim out the door.

V. Live Q&A
Speaker Profile

Kathleen Arnold, CCS, CCS-P, CCC

Kathleen Arnold is a cardiology coder for the Regional Heart Center at the University of Washington Medical Center in Seattle. She has been a coder since 2000 and is credentialed by AHIMA and AAPC. She is a former online facilitator for the AHIMA Communities of Practice, winning Top Facilitator honors in 2008 and 2009. She graduated from California State University Northridge in 1983 with a bachelor’s in finance, and she worked in insurance and risk management before becoming a coder. Coding is one of her great passions, and she loves the never-ending challenges and learning opportunities it has brought to her life.
Exhibit A

Presentation by Kathleen Arnold

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Cardiology Coding 2013: Reduce Audit Anxiety and Increase Documentation Accuracy

An HCPro audio conference presented on July 30, 2013

Speaker

- Kathleen Arnold, CCS, CCS-P, CCC
  - Cardiology Coder
  - Regional Heart Center at the University of Washington
  - Seattle, WA
SECTION 1
WE ARE CAUGHT UP IN A WHIRLWIND OF CHANGES

The glass is half empty, so there’s always room for improvement
A Trip Down Memory Lane

A brief history of recent cardiology coding changes

2008: Cardiac MRI, vascular access
2009: Echocardiography, remote device monitoring
2010: Cardiac CT and CTA, myocardial perfusion
2011: Diagnostic heart caths, angiography, peripheral revascularization
2012: Pacemakers, ICDs, renal angiography

SECTION 2

NEW CODES FOR 2013:
A SNAPSHOT IN TIME AND A COMPASS FOR THE FUTURE
Percutaneous Coronary Interventions

- 92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
- 92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
- 92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

Percutaneous Coronary Interventions

- 92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
- 92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
- 92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
Percutaneous Coronary Interventions

- 92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel

- 92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)

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Percutaneous Coronary Interventions

- 92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed; single vessel

- 92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel

- 92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
PCI Reporting Guidelines

- There are now five major coronary arteries: LD, LC, RC, LM, and RI
- Report only one base code for each major artery. That code includes all services in that artery (proximal, mid, distal).
- Report as the base code the most intensive service performed in that major artery system, per the following hierarchy:
  - Acute MI = chronic total occlusion > atherectomy with stent > atherectomy without stent > stent > any service through bypass graft > angioplasty alone

PCI Reporting Guidelines

- Report up to two add-on codes for services in branches of each major coronary artery. That code includes all services in that branch (proximal, mid, distal).
- Services reported in more than two branches are not separately reportable.
- Hierarchy of additional interventions:
  - Chronic total occlusion > any service through a bypass graft > atherectomy with stent > atherectomy without stent > stent > angioplasty alone
Heart Assist Procedures

- 33990 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
- 33991 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
- 33992 Removal of percutaneous ventricular assist device at separate and distinct session from insertion
- 33993 Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

**Note:** Add 34812 if cutdown access is required

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Transcatheter Aortic Valve Replacement (TAVR)

- 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- 33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
- 33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
- 33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
- 33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)
- 0318T Implantation of catheter-delivered prosthetic aortic heart valve, open thoracic approach (e.g., transapical, other than transaortic)
Bypass Support for TAVR Procedures

- 33367 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (List separately in addition to code for primary procedure)

- 33368 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)

- 33369 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)

Optical Coherence Tomography

- +0291T Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (List separately in addition to primary procedure)

- (Use 0291T in conjunction with 92920, 92924, 92928, 92937, 92941, 92943, 92975, 93454–93461, 93563, 93564)

- +0292T each additional vessel (List separately in addition to primary procedure)

- (Use 0292T in conjunction with 0291T)
Left Atrial Hemodynamic Monitor

- 0293T  Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transseptal access, radiological supervision and interpretation, and associated injection procedures, when performed

- +0294T  pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure)

- (Use 0249T in conjunction with 33230, 33231, 33240, 33262–33264, 33249)

- (Do not report 0294T in conjunction with 93462, 93662)

- (Do not report 0293T or 0294T in conjunction with 33202–33249, 93451–93453 unless performed for separate and distinct clinical indication other than for placement or calibration of left atrial hemodynamic monitoring system)

Holter Monitoring

- 0295T  External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation

- 0296T  recording (includes connection and initial recording)

- 0297T  scanning analysis with report

- 0298T  review and interpretation

- Do not report 0295T–0298T in conjunction with 93224–93272 for same monitoring period
Intracardiac Ischemia Monitoring

- 0302T Insertion and removal or replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intraoperative interrogation and programming when performed; complete system (includes device and electrode)
- 0303T electrode only
- 0304T device only
- 0305T Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
- 0306T Interrogation device evaluation (on person) of intracardiac ischemia monitoring system with analysis, review, and report
- 0307T Removal of intracardiac ischemia monitoring device

EP Studies and Ablations

- 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
- 93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
EP Studies and Ablations

- 93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
- 93656 Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, when necessary, right ventricular pacing/recording when necessary, His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation
- 93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) (Use in conjunction with 93656)

Subcutaneous Implantable Defibrillators (s-ICD)

- 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
Subcutaneous Implantable Defibrillators (s-ICD)

- 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

SECTION 3

REVENUE AND COMPLIANCE ARE TWO SIDES OF THE SAME COIN
Elements of cath lab documentation

- Patient’s relevant history, reasons for procedure, medical necessity
- Vascular access sites, vessels catheterized, heart chambers entered, pressures, injections and imaging done, medications delivered
- Findings, interpretations, diagnoses, specific descriptions of all lesions found including location and percentage of stenosis
- Interventions performed with degree of success and any complications encountered
- Devices and catheters used

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or

2. A prior study is available, but as documented in the medical record:
   a. The patient’s condition with respect to the clinical indication has changed since the prior study, or
   b. There is inadequate visualization of the anatomy and/or pathology, or
   c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.
The worst cath lab documentation

- Cath lab log only, no physician report
- Preprinted template with boxes checked off and no narrative report
- No reason or indication for procedure
- No diagnosis
- Too many abbreviations
- No medical necessity for diagnostic study reported with intervention

SECTION 4

REVENUE CYCLE: GIVE THEM ROOTS, THEN GIVE THEM WINGS
Be proactive through the entire revenue cycle

- Start with the preauthorization process
  - Offer pricing transparency tools
  - Cardiologist may need to explain medical necessity

- Preempt edit delays with correct codes and modifiers
  - Anticipate problems and fix them as early as possible
  - Getting a clean claim out the door is a collaborative process

Coding is the tip of the iceberg
Edits and other bugaboos that need fixing

- NCCI edits
- Device/procedure and procedure/device edits
- Medically unlikely edits (MUE)
- Add-on codes with no primary code
- Medical necessity issues
- Inpatient-only charges on outpatient account
- Devices for free or at reduced cost
- Registry issues (primary prevention devices and TAVRs)

It takes a village, or sometimes a teeming metropolis, to get a clean claim out the door
Questions?

To ask our speakers questions today, press *1 on your telephone keypad. This will place you in our electronic queue. We will un-mute you and notify you when it is time to ask your question. When asking a question, please be sure to un-mute your speakerphone. You may also submit a question to the following email address:

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Exhibit B

New Category III codes effective July 1, 2013

NEW CATEGORY III CODES EFFECTIVE JULY 1, 2013
(NOT IN 2013 CPT BOOK)

Category III codes 0329T–0334T were accepted at the October 2012 CPT Editorial Panel meeting for the 2014 CPT production cycle. Therefore, these codes do not appear in the 2013 CPT codebook. However, due to the Category III code early release policy, these codes are effective on July 1, 2013, following the six-month implementation period which began January 1, 2013.

- 0331T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;
- 0332T with tomographic SPECT

(For myocardial infarct avid imaging, see 78466, 78468, 78469)
Exhibit C

New Category III codes for 2014

NEW CATEGORY III CODES FOR 2014
(WILL NOT APPEAR IN CPT 2014 BOOK)

Category III codes 0340T–0346T were accepted at the May 2013 CPT Editorial Panel meeting for the 2015 CPT production cycle. Therefore, these codes do not appear in the 2014 CPT codebook. However, due to the Category III code early release policy, these codes are effective on January 1, 2014, following the six-month implementation period which begins July 1, 2013.

» 0343T Transcatheter mitral valve repair percutaneous approach including transseptal puncture when performed; initial prosthesis

» 0344T additional prosthesis (es) during same session (List separately in addition to code for primary procedure) (Use 0343T in conjunction with 0344T)

» 0345T Transcatheter mitral valve repair percutaneous approach via the coronary sinus (0343T is applicable for initial prosthesis placed during a session even when patient has an existing mitral valve prosthesis in place)

(Do not report 0343T, 0344T, 0345T in conjunction with 93451, 93452, 93453, 93456, 93457, 93458, 93459, 93460, 93461 for diagnostic left and right heart catheterization procedures intrinsic to the valve repair procedure)

(Do not report 0345T in conjunction with 93453, 93454 for coronary angiography intrinsic to the valve repair procedure)
Exhibit D

CPT 2013 corrections EP codes

Exhibit D

CPT 2013 CORRECTIONS – EP CODES

Errata and Technical Corrections – Latest date posted to site 7/15/13  Effective 5/2/13 (Incorporates corrections posted 3/22/13 and 7/9/13)

Medicine - Cardiovascular

Intracardiac Electrophysiologic Procedures/Studies

Intracardiac electrophysiologic studies (EPS) are invasive…

Arrhythmia Induction: In most electrophysiologic studies,…

Mapping: When a tachycardia is induced, the site of tachycardia…

Mapping is a distinct procedure performed in…

Ablation: Once the part of the heart involved in the tachycardia is localized, the tachycardia may be treated by ablation (the delivery of a radiofrequency or cryo-energy to the area to selectively destroy cardiac tissue). Ablation procedures (93653-93657) are performed at the same session as electrophysiology studies and therefore represent a combined code description. When reporting ablation therapy codes (93653-93657), the single site electrophysiology studies (93600-93603, 93610, 93612, 93618) and the comprehensive electrophysiology studies (93619, 93620) may not be reported separately. Code 93622 may be reported separately with 93653 and 93656. Codes 93622 and 93623 may be reported separately with 93653, 93654, and 93656 for treatment of atrial fibrillation. However, 93621 for left atrial pacing and recording from coronary sinus or left atrium should not be reported in conjunction-with 93656, as this procedure is a component of 93656. Codes 93653 and 93654 include right ventricular pacing and recording and His bundle recording when clinically indicated. When performance of one or more components is not possible or indicated, document the reason for not performing. Code 93656 includes each of left atrial pacing/recording, right ventricular pacing/recording, and His bundle recording when clinically indicated. When performance of one or more components is not possible or indicated, document the reason for not performing.

The differences in the techniques involved for …

Codes 93655 and 93657 are add-on codes …

In certain circumstances, depending on the chamber …

Modifier 51 should not be appended to 93600-93603, 93610, 93612, 93615-93618, 93631.

93600 Bundle of His recording
(Do not report 93600 in conjunction with 93619, 93620, 93653, 93654, 93656)

93602 Intra-atrial recording
(Do not report 93602 in conjunction with 93619, 93620, 93653, 93654, 93656)

93603 Right ventricular recording
(Do not report 93603 in conjunction with 93619, 93620, 93653, 93654, 93656)

+93609 Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)

(Use 93609 in conjunction with 93620, 93653, 93656)

(Do not report 93609 in addition to 93613, 93654)
Exhibit D

93610 Intra-atrial pacing
(Do not report 93610 in conjunction with 93619, 93620, 93653, 93654, 93656)

93612 Intraventricular pacing
(Do not report 93612 in conjunction with 93619, 93620-93622, 93653, 93654, 93656)

93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
(Use 93613 in conjunction with 93620, 93653, 93656)
(Do not report 93613 in conjunction with 93609, 93654)

93618 Induction of arrhythmia by electrical pacing
(Do not report 93618 in conjunction with 93619, 93620-93622, 93653, 93654, 93656)
(For intracardiac phonocardiogram, use 93799)

93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
(Do not report 93619 in conjunction with 93600, 93602, 93603, 93610, 93612, 93618, or 93620-93622, 93653-93657)

93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
(Do not report 93620 in conjunction with 93600, 93602, 93603, 93610, 93612, 93618 or 93619, 93653-93657)

+93621 with left atrial pacing and recording from coronary sinus or left atrium
(List separately in addition to code for primary procedure)
(Use 93621 in conjunction with 93620, 93653, 93654)
(Do not report 93621 in conjunction with 93656)

+93622 with left ventricular pacing and recording (List separately in addition to code for primary procedure)
(Use 93622 in conjunction with 93620, 93653, 93654, 93656)
(Do not report 93622 in conjunction with 93654)

+93623 Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
(Use 93623 in conjunction with 93610, 93612, 93619, 93620, 93653, 93654, 93656)

93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
(Use 93653 in conjunction with 93462, 93609 or 93613, 93621, 93622, 93623, 93655, 93662)
(Do not report 93653 in conjunction with 93600 - 93603, 93610, 93612 - 93620, 93642, 93654, 93656)

93654 for treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
(Use 93654 in conjunction with 93462, 93621, 93623, 93655, 93662)
(Do not report 93654 in conjunction with 93279-93284, 93286-93289, 93600 - 93603, 93609, 93610, 93612, 93613, 93618-93620, 93622, 93642, 93653, 93656)

+93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
(Use 93655 in conjunction with 93653, 93654, 93656)
Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with including left or right atrial pacing/recording and pacing, when possible, necessary, right ventricular pacing/recording when possible, necessary and recording, His bundle recording when possible, necessary with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation
(Do not report 93656 in conjunction with 93279-93284, 93286-93289, 93462, 93600,

Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation
(List separately in addition to code for primary procedure)

Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
(Use 93662 in conjunction with 92987, 93453, 93460-93462, 93532, 93580, 93581, 93620, 93621, 93622, 93653, 93654, 93656 as appropriate)
(Do not report 92961 in addition to 93662)

Revise the intracardiac electrophysiologic procedures/studies guidelines to: 1) allow reporting code 93622 with 93653 and 93656 and allow reporting of 93623 with 93653-93656; 2) remove the terms “treatment of atrial fibrillation”; 3) revise the guidelines to provide further details of the intent of the complex descriptor for codes 93653, 93654 and 93656; 4) revise the descriptor for code 93653 to change the phrase “when possible” to “when necessary” and add the term “bundle” within the code descriptor; and 5) clarify the complex descriptor for the use of code 93656. Further revise the descriptor for code 93656 and parenthetical notes following 93613, 93622 and 93654 to coincide with the revised guidelines.

Add exclusionary parenthetical notes following codes 93600-93623, 93653-93662; 2) revised existing parenthetical notes following 93609, 93612, 93619, 93620, 93621, 93654, and 93662 to include additional services regarding electrophysiological procedures.
Exhibit E

Subcutaneous ICD codes

Exhibit E

SUBCUTANEOUS ICD CODES EFFECTIVE JANUARY 1, 2013
(NOT IN 2013 CPT BOOK)

Category III codes 0319T–0328T were accepted at the May 2012 CPT Editorial Panel meeting for the 2014 CPT production cycle. Therefore, these codes will not appear in the 2013 CPT codebook. However, due to the Category III code early release policy, these codes were effective January 1, 2013, following the six month implementation period which began July 1, 2012.

Subcutaneous Implantable Defibrillator System

CPT 2014
A subcutaneous implantable defibrillator system is an implantable technology that uses a subcutaneous pulse generator attached to a single subcutaneous electrode to treat ventricular tachyarrhythmias.

Use 0319T for insertion or replacement of a subcutaneous implantable defibrillator system including pulse generator and lead. This code includes intraoperative interrogation, programming, skin pocket revision, and repositioning, when performed.

When the pulse generator or “battery” requires replacement, the existing pulse generator is removed and a new pulse generator is placed. For removal of pulse generator only without replacement, use 0322T. For removal of pulse generator with insertion of a new subcutaneous implantable defibrillator pulse generator without any replacement or insertion of a lead, use 0323T. For insertion of a new pulse generator when existing electrode (lead) is already in place and when no existing pulse generator is removed, use 0321T. When a pulse generator insertion or replacement involves the insertion or replacement of an electrode (lead), use the system code 0319T. Removal of existing pulse generator (0322T) or removal of subcutaneous electrode (0324T) should be reported separately when performed.

When electrode and/or pulse generator repositioning is performed intraoperatively during insertion or replacement, of a pulse generator or electrode, 0325T is included. Do not report 0325T in conjunction with 0319T, 0320T, 0321T, 0322T, 0323T, 0324T.

Revision of skin pocket for subcutaneous implantable defibrillator when performed intraoperatively during insertion, replacement, or repositioning of pulse generator and/or lead is included in 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T.

The subcutaneous implantable defibrillator device evaluation codes 0327T, 0328T may not be reported in conjunction with pulse generator and lead insertion or repositioning codes 0319T–0325T.

Radiological supervision and interpretation related to the subcutaneous implantable defibrillator procedure is included in 0319T–0325T. To report fluoroscopic guidance for diagnostic lead evaluation without lead insertion, replacement, or repositioning procedures, use 76000.

n0319T Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0319T in conjunction with 0322T and 0324T)

n0320T Insertion of subcutaneous defibrillator electrode
(Do not report 0320T in conjunction with 0319T)

n0321T Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode
(Do not report 0321T in conjunction with 0322T, 0323T for removal and replacement of the subcutaneous defibrillator pulse generator)
(For removal of pulse generator with insertion of a new subcutaneous implantable defibrillator pulse generator without any replacement or insertion of a lead, use 0323T)

n0322T Removal of subcutaneous implantable defibrillator pulse generator only
(Do not report 0322T in conjunction with 0321T, 0323T for removal and replacement of the subcutaneous defibrillator pulse generator)
(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0322T in conjunction with 0319T and 0324T)
n0323T Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only
(Do not report 0323T in conjunction with 0322T)
(For removal of electrode[s] in conjunction with pulse generator removal or replacement, use 0324T in conjunction with 0322T or 0323T)

n0324T Removal of subcutaneous defibrillator electrode
(For removal and replacement of subcutaneous defibrillator system [pulse generator and electrode], report 0324T in conjunction with 0319T and 0322T)

n0325T Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator
(Do not report 0325T in conjunction with 0319T–0324T)

n0326T 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)
(Report 0326T separately during device insertion, replacement or for follow-up device testing, when performed)

n0327T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
(Do not report 0327T in conjunction with pulse generator and lead insertion or repositioning codes 0319T–0325T, 0326T, 0328T)
(For peri-procedural device evaluation and programming for evaluating of the implantable defibrillator to adjust device to settings appropriate for the patient prior to or after a surgery, procedure, or test, see 0327T, 0328T)

n0328T 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
(Do not report 0328T in conjunction with pulse generator and lead insertion or repositioning codes 0319T–0327T)
Exhibit F

Links and references

*Source: Kathleen Arnold*
LINKS AND REFERENCES

CPT Errata and Technical Corrections:

CPT Category III Codes:

CPT Listserv - Sign up to receive email notifications of code changes:

CMS Listserv - Sign up to receive email notifications of desired information:

CMS National Correct Coding Initiative (NCCI) Edits:

CMS Medically Unlikely (MUE) Edits & FAQs:
http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html

CMS Device and Procedure Edits:
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/device_procedure.html

Lussier Lab – ICD-9-CM to ICD-10-CM Conversion Tool:
http://lussierlab.org/transition-to-ICD10CM

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049692.hcsp?dDocName=bok1_049692

CPT Changes: An Insider’s View 2013, American Medical Association.

Coding Guide 2013 for Heart Rhythm Procedures and Services, Heart Rhythm Society.
http://www.hrsonline.org


http://www.amazon.com/Creative-Destruction-Medicine-Digital-Revolution/dp/0465025501/ref=sr_1_1?ie=UTF8&qid=1373148093&sr=1-1&keywords=the+creative+destruction+of+medicine
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