Reporting Category III CPT Codes for Cardiology Services and Procedures

A WEBINAR PRESENTED ON MARCH 30, 2023

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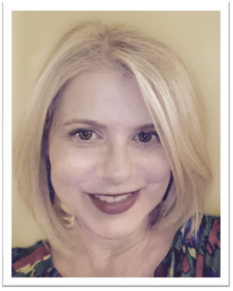
Presented By



Kimberly Lee, M.Ed., RHIA, CCS-P, has been in the HIM profession for 28 years. She has extensive experience in CPT® and ICD-10-CM/PCS coding, reimbursement, management, and IT. She taught at the associate and baccalaureate health information programs at Tacoma Community College in Washington state for 15 years. She and her colleagues created what is now the second accredited baccalaureate HIM program in the state.

Lee remains an adjunct instructor at the college and is the advocacy director of the Washington State Health Information Management Association. She is also a peer reviewer for the Commission on Accreditation for Health Informatics and Information Management and has a certification in AHIMA's Reimbursement Train the Trainer.

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Agenda:

- Cardiac anatomy review
  - Identify major coronary arteries and arterial branches
  - Identify common conditions of the heart & major arteries
- Category III codes overview
  - Background and purpose
  - Reimbursement process
- 2023 Category III cardiology codes 0715T – 0747T
  - Percutaneous transluminal coronary lithotripsy (IVL).
  - Cardiac acoustic waveform recording.
  - Absolute quantitation of myocardial blood flow (AQMBF).
  - Bioprosthetic valve into femoral vein.
  - Arrhythmia localization and mapping.
- Relevant CPT guidelines & policies
- Query process
- Live Q&A

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At the Completion of This Educational Activity, the Learner Will Be Able To:

- Describe the background and purpose of Category III codes
- Explain the reimbursement process of Category III codes
- Discern when to report Category III codes for certain cardiology procedures
- Classify major coronary arteries and arterial branches
- Identify common conditions of the heart & major arteries
- Implement relevant CPT guidelines & policies
- Develop a query process

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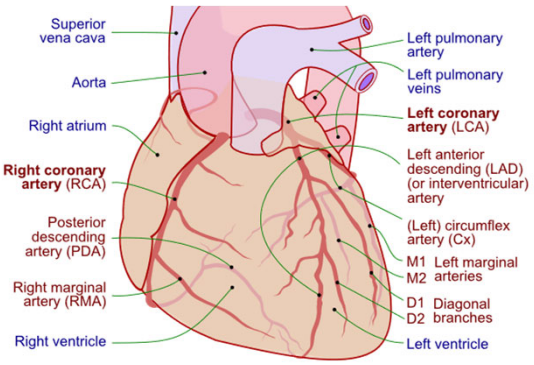
Cardiac Anatomy Review

- Coronary Arteries
  - Left Main Coronary Artery (LMCA)
    - Left anterior descending artery
    - Circumflex artery branches
  - Right coronary artery (RCA)
    - Right posterior descending artery
    - Acute marginal artery

Coronary Arteries



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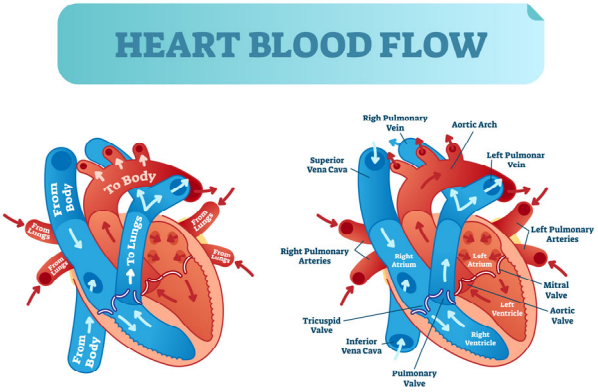
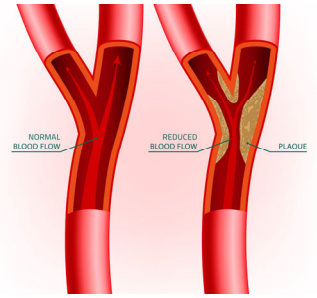
Cardiac Anatomy Review (cont'd)

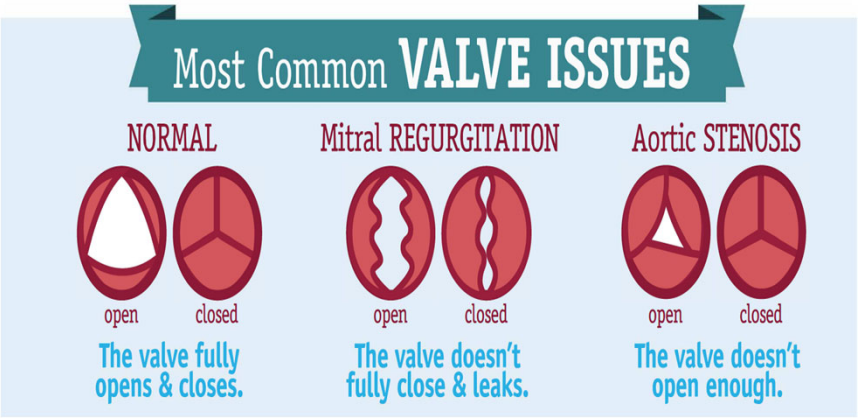
- Heart Contains:
  - Four chambers
  - Four valves
- With each heartbeat:
  - Heart muscle contracts to move blood through the heart's chambers.
  - Valves keep the blood moving in the proper direction.



Common Conditions of the Heart and Coronary Arteries

- CAD & Angina
- Myocardial Infarction
- Valve Disease
- Arrhythmia





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Category III Codes: Background & Overview

- Category III CPT Codes:
  - Introduced for the first time in the 2002 CPT codebook.
  - Have five characters, first four characters are numeric, last character is a "T"
  - Took the place of "local codes"
  - Designed to facilitate data collection
  - Do not require FDA approval
  - Are a set of temporary codes for emerging technology, services, and procedures
  - Are not grouped anatomically nor are they grouped by service type
  - Are assigned a sequential number in CPT
  - Do not require clearance of drug or medical devices
- Definition of Category III codes:

Category III Codes
The following section contains a set of temporary codes for emerging technologies, services, procedures, and service paradigms. Category III codes allow data collection for these services or procedures, unlike the use of unlisted codes, which does not offer the opportunity for the collection of specific data. If a Category III code is available, this code must be reported instead of a Category I unlisted code. This is an activity that is critically important in the evaluation of health care delivery and the formation of public and private policy. The use of Category III codes allows physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technologies, services, procedures, and service paradigms for clinical efficacy, utilization, and outcomes.

From AMA's CPT Category III Codes Long Descriptors PDF

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Category III Codes: Background & Overview (cont'd)

- Category III CPT Codes:
  - Are required by the CPT Editorial Panel to contain at least one of the following regarding a procedure, service, drug, or supply.
    1. Protocol for a study of procedures being performed.
    2. Support from the specialties who would use the procedure.
    3. Availability of U.S. peer-reviewed literature.
    4. Descriptions of current U.S. trials outlining the efficacy of the procedure, service, drug, or supply.
- Category III CPT codes are released semiannually via the AMA CPT Website.

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Category III Codes: Reimbursement - CMS & Commercial

- Section 1862(a)(1)(A) of the *Social Security Act* is the statutory basis for denying payment for services and procedures.
- Medicare Administrative Contractors (MACs) establish their own payment rates and coverage policies.
- Private payors determine coverage and payment individually.
- Review your payor contracts to determine if they have specific guidelines for pricing and billing Category III codes.
- Payors will require documentation.

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Category III Codes: Reimbursement

Category III codes vs. Unlisted codes

- Category III codes follow the same approach as unlisted codes regarding documentation.
- Include a special report of the procedure/ service when you submit the claim.
- CPT recommends that you include enough information in the special report to describe the nature, extent, time, effort, equipment, and need for the procedure.
- Seek prior authorization from the payor.
- Like unlisted codes, Category III codes are paid on a case-by-case basis.

Determining the fee for Category III code:

- Provide a comparable procedure code (CPT category I) if possible, with the Category III code.
- Include documentation of medical necessity.
- Include clinical notes.
- Include RVUs of your comparable code and ensure that the work the physician performed is similar.
- Convert the degree of difficulty to a %.
- Report the Category III code on the claim and ensure that it is linked to the appropriate ICD-10-CM diagnosis on the CMS-1500/837P.

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Category III Codes: Reimbursement - Physician vs. Hospital Outpatient (OPPS)

Physician

- Report Category III Codes on CMS-1500/837P.
- Ensure POS code is noted on CMS-1500/837P AND is correct.
  - Considerations:
    - Match the service to the place where the service was provided.
    - Hospital Outpatient POS code 19 or 22 shall be used UNLESS the physician maintains a separate office space in the hospital, hospital campus AND that the physician space is NOT considered a provider-based department of the hospital.
    - POS code 11 shall be used when services are performed in separately maintained office space in the hospital, or hospital campus AND that the physician space is NOT considered a provider-based department of the hospital.

OPPS/ASC

- Report APCs on UB-04/837I.
- Ensure bill type is noted on UB-04/1450 AND is correct.
  - Considerations:
    - POS is derived from the bill type and other information noted on the UB-04/837I
    - More than one APC can be reported to describe the services provided.
    - Status Indicators (SIs) are assigned to all CPT Codes.
    - Each CPT code is assigned to ONLY ONE APC group.

CPT Code	OPS SI	OPPS APC
0715T	N	N/A
0716T	Q1	5733

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Coronary Therapeutic Services: +0715T

- Created to report percutaneous transluminal lithotripsy.
- +0715T is an add-on code.
- According to the AMA, approximately 8 separate cycles of therapy are delivered throughout the treatment zone.
- This treatment is for “heavily calcified blockage”.
- IVL (Intravascular lithotripsy) used prior to stent placement.

Code Definition: 0715T, percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Effective Date: July 1, 2022

Coronary Therapeutic Services: +0715T

Codes that *should* be used in conjunction with +0715T:

- +0715T

Code	Definition
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
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
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
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography

Coronary Therapeutic Services: +0715T

Documentation Tips for +0715T

Notation in the Medical Record:

- **Heavy** calcification
- Possibly pre-dilation angioplasty is performed first
- Use marker bands as a guide
- Balloon is inflated to make contact with wall of vessel
- Often more than one cycle is performed
- Angiography is performed
- Stenting

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Audio-Detected Coronary Artery Disease Risk Score: 0716T

- Noninvasive sensor is placed on fourth left intercostal space by cardiologist
- Observed for at least five minutes with patient at rest /supine position
- Four recordings are performed
- Each recording consists of 18 seconds of abdominal breathing
- Each recording consists of 8 seconds of breathing paused
- Sound files are evaluated for errors and adequacy by technician
- Sound files are subjected to computer analysis
- Interpretation of sound files completed by cardiologist.

Code Definition: 0716T, Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score
Effective Date: July 1, 2022

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Audio-Detected Coronary Artery Disease Risk Score: 0716T

Documentation Tips for 0716T

Notation in the Medical Record:

- Cardiologist Interpretation will include:
  - AMI – automutual information
  - FPR – frequency power ratio
  - HRV – heart rate variability
  - LDA – linear discriminant analysis
  - PCAR – principal component analyses-based measure of randomness
  - PCASpec – principal component analyses of diastolic frequency spectrum
  - S2freq – frequency distribution of the second heart sounds
  - S4amp – amplitude of the fourth heart sound
  - SampEn – sample entropy
  - SpecSlope – slope of diastolic frequency spectrum
  - SysFPR – systolic frequency power ratio

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Absolute Quantification Myocardial Blood Flow (AQMBF): +0742T

- Add-on code.
- Detects reduced coronary flow reserve
- Identifies patients with high-risk coronary artery disease
- Uses SPECT *rather* than PET
- Performed with stress *and* sometimes with rest
- Emerging technology that uses different processes, software, imaging cameras, and workflow

Code Definition: 0742T, Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)
Effective Date: January 1, 2023

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Absolute Quantification Myocardial Blood Flow (AQMBF): +0742T

Codes that *should* be used in conjunction with +0742T:

- +0742T

Code	Definition
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	. . . ; multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

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Absolute Quantification Myocardial Blood Flow (AQMBF): +0742T

Documentation Tips for +0742T

Notation in the Medical Record:

- Nuclear imaging study performed at rest and stress (exercise or pharmacological).
- Technician organizes and processes the additional data.
- Interpreting physician reviews:
  - Quality control information for AQMBF
  - Reviews results for both stress or stress and rest
  - Reviews indexed/reserve flow for each coronary bed and for the entire left ventricle
  - Reviews interactive polar map
  - Physician prepares a report of the AQMBF in addition to static perfusion images

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Bioprosthetic Venous Valves: 0744T

- Insertion of a bioprosthetic valve in femoral vein via an open approach
- Bovine patch may be used to help close the venotomy site
- Includes duplex ultrasound to assess valve function

Code Definition: 0744T, Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed
Effective Date: January 1, 2023

Bioprosthetic Venous Valves: 0744T

Documentation Tips for 0744T

Notation in the Medical Record:

- General or regional anesthesia
- Incision in upper thigh
- Longitudinal incision performed to expose femoral vein
- IV heparin is given to prevent clotting during procedure
- Baker dilator used to size vein
- Tag with serial number is removed from stabilization ring, device placed inside the vein
- Duplex ultrasound to assess valve function is performed

Cardiac Functional Radioablation: 0745T, 0746T, & 0747T

- Established to report cardiac focal ablation utilizing radiation therapy for ventricular arrhythmia.
- These are noninvasive procedures.
- The three codes are used to describe the procedures involved in the treatment.

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Cardiac Functional Radioablation: 0745T

Documentation Tips for 0745T

Notation in the Medical Record:

- Describes data about the ventricular arrhythmia
- Electrophysiologist reviews noninvasive scar imaging data to determine the exact location and depth of the scar.
- Electrophysiologist uses targeting software to determine best location for ablation.

Code Definition: 0745T, Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance
Effective Date: January 1, 2023

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Cardiac Functional Radioablation: 0746T

Documentation Tips for 0746T

Notation in the Medical Record:

- Data obtained from the electrophysiologist is converted into a treatment plan by the radiation oncologist.
- Data is then exported along with patient's demographic data to the targeting software.
- Radiation oncologist assess target motion and finalizes respiratory and cardiac motion management strategy.
- Internal target volume (ITV) and planning target volume (PTV) are also defined.

Code Definition: 0746T, Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan
Effective Date: January 1, 2023

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Cardiac Functional Radioablation: 0747T

Documentation Tips for 0747T

Notation in the Medical Record:

- Performed on a linear accelerator according to radiation treatment plan
- Imaging performed to ensure position of patient
- Heart and nidus (aka focus) are targeted as noted in the treatment plan
- Exact location verified and targeted dose delivered according to treatment plan

Code Definition: 0747T, Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
Effective Date: January 1, 2023

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Relevant CPT Guidelines

- Category III code must be reported instead of a Category I unlisted code.
- A Category III code may or may not become a Category I code.
- Add-on codes (+) are carried out in addition to the primary procedure performed.
- Parenthetical verbiage is one that is enclosed by Parentheses ( ).
- Parenthetical notes are intended to prevent coders from submitting coding errors.

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Why Query Physicians?

- A query is a routine communication & education tool.
  - Intent is to clarify what has been recorded *NOT* to question clinical judgement or medical expertise of the physician.
  - Medical Record must contain complete and compliant documentation.
  - Coding professionals are not qualified to diagnose.
  - Coding professionals must adhere to ICD-10-CM and CPT Coding Guidelines to ensure coding accuracy.

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Why Query Physicians?

- Situations where a query may be necessary:
  - Conflicting, incomplete, illegible, ambiguous, inconsistent
  - Clinical indicators are noted without a definitive relationship to an underlying diagnosis
  - Includes clinical indicators, diagnostic evaluation, or treatment that does not relate to specific condition or procedure
  - Includes a diagnosis without supporting documentation

Query Process

- Queries to physicians should:
  - Be easily understood
  - Have an obvious reason for being asked
  - Have obvious indicators
  - Include documentation in the query
  - Include rationale for query
- Types of questions include:
  - Open-ended
  - Close-ended
- Types of queries include:
  - Concurrent
  - Prebill
  - Retrospective

Query Process

- Goal of querying:
  - Achieve the greatest amount of specificity and accuracy
- All queries should:
  - Be either verbal or written
  - Be concise and clear
  - Not be leading
  - Contain all the patient's identifying information
  - Be conducted by trained professionals
  - Logged for follow-up.
  - Track responses or lack there of
  - Identify trends for documentation issues
  - Ensure policies and procedures are in place to indicate where the query is stored

References

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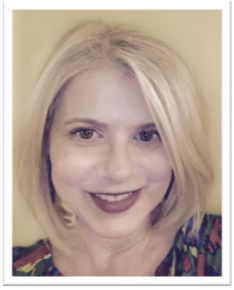
Questions

Questions & Answers



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Thank you for attending!

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http://events.hcpro.com/materialspub.cgi?YHHA033023A

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This concludes today's program.

Be sure to register for our upcoming program:

2023 CPT Hernia Repair: Peeking Through Code Changes

April 27, 2023 at 1:00 p.m. ET

https://hcmarketplace.com/cpt-hernia-repair

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