Cardiac Catheterization & Coronary Angiography

Adjudication Rule

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Abstract

For Members

Billing rules are adjudication rules in compliance with official CPT, ICD-9 CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular health insurance plan administered by Daman.

For Medical Professionals

This Adjudication rule describes the payment and coding rules for reporting Cardiac Catheterization and Coronary Angiography.

Cardiac catheterization is the introduction and positioning of a catheter into the heart to assess cardiac function and structure, for diagnosis, treatment planning or to monitor therapy. The assessment may include the measurement of intra-cardiac and intra-arterial pressures, obtaining blood samples for blood gas or other constituent analysis, determination of cardiac output, injection of contrast for angiography, and performing endo-myocardial biopsy. The conduct and evaluation of these procedures are then documented by the physician, in a report.

Cardiac catheterization codes, other than those for congenital heart disease, include contrast injection(s) for imaging typically performed during these procedures.

Rule Category: Billing

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Daman

Approved by: Daman

Responsible: Medical Strategy & Development Department

Related Adjudication Rules: None
Cardiac Catheterization & Coronary Angiography

Scope
This Adjudication rule describes the payment and coding rules for reporting Cardiac Catheterization and Coronary Angiography.

Adjudication Policy

Eligibility / Coverage Criteria
Cardiac Catheterization & Coronary Angiography is covered for all health insurance plans administered by Daman subject to the terms, conditions and limitations of the beneficiaries’ benefit plans.

Requirements for Coverage
ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage
Coverage of treatment is limited, if not clinically appropriate in terms of diagnosis and frequency or is not compliant with payment and coding rules.

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Cardiac Catheterization
It is the introduction and positioning of a catheter into the heart to assess cardiac function and structure, for diagnosis, treatment planning or to monitor therapy. The assessment may include the measurement of intra-cardiac and intra-arterial pressures, obtaining blood samples for blood gas analysis, determination of cardiac output, injection of contrast for angiography, and performing endo-myocardial biopsy. The conduct and evaluation of these procedures are then documented by the physician, in a report.

Two codes families
1. All other conditions except congenital heart disease
2. Congenital heart disease

A. Right Heart Catheterization
This is the introduction of a catheter(s) into the right atrium, right ventricle and pulmonary artery.

B. Left Heart Catheterization and Combined Left and Right heart catheterization
Following services are included when indicated and performed:
- Contrast injections, image supervision, interpretation and report for imaging typically performed.
- Local infiltration, metacarpal/metatarsal/digital block or topical anesthesia or sedation
- Intra-procedural injections
- Introduction, positioning, and repositioning of catheters
- Recording of intra-cardiac and intravascular pressures
- Obtaining blood samples for blood gases
- Cardiac output measurements
- Monitoring services, e.g., ECCS, arterial pressures, oxygen saturation
- Vascular catheter and line removal
- Left ventricular injection when performed
- Immediate postoperative care, including dictating operative notes, talking with the family and other physicians
- Written orders and report
- Evaluating the patient in the post-operative recovery area
- Typical postoperative follow-up care
- Contrast injection to image the access site(s) for the specific purpose of placing a closure device is inherent to the catheterization procedure and not separately reportable. Closure device placement at the vascular access site is inherent to the catheterization procedure and not separately reportable.

C. Swan Ganz Placement
Do not report in conjunction with other diagnostic cardiac catheterization codes.

Swan Ganz code reported for medically necessary hemodynamic monitoring purposes.

D. Endo-myocardial biopsy
Endo-myocardial biopsy may be separately allowed when performed independently or in addition to a cardiac catheterization procedure

Injection procedure codes
Cardiac catheterization procedures, other than those for congenital heart disease, include contrast injection(s) for imaging typically performed during these procedures.

Injection codes include radiological supervision, interpretation, and report.

Scenarios where injection procedures are billed in addition:
- If right ventricular or right atrial angiography is performed at the time of heart catheterization for congenital or non-congenital heart disease report 93566.
- If supravalvular ascending aortography is performed report 93567.
- If pulmonary angiography report 93568.
- Injection procedures for a patient with congenital heart disease, coronary angiography is reported with 93563

Pharmacologic agent administration
Report for hemodynamic measurements before, during, after, and repeat pharmacologic agent
Administration, when performed with a cardiac catheterization.

Do not report during percutaneous coronary interventional procedures 92975, 92977, 92980, 92982, and 92995.

Report only once per catheterization even if multiple agents are administered.

**Physiologic exercise study**

Report when exercise is combined with a cardiac catheterization.

This code is issued only once per catheterization when the purpose of reading hemodynamic measurements is to evaluate hemodynamic response before and after the procedure.

**Cardiac catheterization for congenital heart disease**

If a patient has a congenital heart condition and undergoes a cardiac catheterization use the congenital cardiac catheterization codes. Report contrast injection(s) in addition.

### Adjudication Examples

**Example 1**

**Question:** How to report left heart catheterization and coronary angiography with injection and imaging supervision.

**Answer:** Report only 93458 which include imaging supervision & interpretation & intra-procedural injection(s) for ventriculography.

**Example 2**

**Question:** Can the administration of a pharmacologic agent, such as inhaled nitric-oxide, intravenous infusion of nitro-prusside, performed to evaluate hemodynamic response, may be appropriate to separately report with cardiac catheterization code?

**Answer:** Yes it is appropriate to report; however only to be reported once per cardiac catheterization procedure.

### Denial codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code description</th>
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<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities.</td>
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<tr>
<td>PRCE-002</td>
<td>Part of the primary procedure</td>
</tr>
<tr>
<td>CODE-010</td>
<td>Activity/diagnosis inconsistent with clinician specialty</td>
</tr>
<tr>
<td>CODE-015</td>
<td>Activity/diagnosis is inconsistent with the provider type</td>
</tr>
<tr>
<td>NCOV-001</td>
<td>Diagnosis(es) is (are) not covered</td>
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### Appendices

### A. References

1. ACC/AHA Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories.
2. 3M Consulting Services
3. Audrey Howard, RHIA, and Beth Bumgarner, RN, MS, CPUR, of 3M Consulting Services.

### B. Revision History

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<tr>
<th>Date</th>
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<tr>
<td>01-07-13</td>
<td>V 1.1: New template</td>
</tr>
<tr>
<td>15-07-14</td>
<td>1. V 4.0</td>
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<tr>
<td></td>
<td>2. Restored original effective date</td>
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<tr>
<td></td>
<td>3. Disclaimer updated as per system requirements</td>
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