

Cardiac Catheterization & Coronary Angiography Adjudication Guideline

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Abstract

For Members

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Coronary angiography is a procedure that uses a special dye (contrast material) and x-rays to see how blood flows through the arteries in your heart.

Cardiac catheterization is a procedure used to diagnose and treat cardiovascular conditions. During cardiac catheterization, a long thin tube called a catheter is inserted in an artery or vein in your groin, neck or arm and threaded through your blood vessels to your heart.

Using this catheter, doctors can then do diagnostic tests as part of a cardiac catheterization. Some heart disease treatments, such as coronary angioplasty, also are done using cardiac catheterization.

For Medical Professionals

This Adjudication rule describes the indications, 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 intracardiac 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.

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Approved by: Daman

Responsible: Medical Standards & Research

Related Adjudication

Guidelines: - Echocardiography Indications

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Scope

This adjudication rule specifies the coverage details in relation to medical necessity & payment aimed at cardiac catheterization for all the health insurance plans administered by Daman.

Medical indications:

Cardiac catheterization is indicated but not limited to the following:

- Vulvar heart diseases
- Ischemic heart diseases
- Congenital heart diseases

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 DOH 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 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.

A. Two codes families:

- 1. All other conditions except congenital heart disease.
- 2. Congenital heart disease.
- 3. 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 anaesthesia or sedation.
- Intra-procedural injections Introduction, positioning, and repositioning of catheters
- Recording of intra-cardiac and intravascular pressures

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Cardiac Catheterization & Coronary Angiography



- 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.

E. Injection procedure codes

Cardiac catheterization codes, 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.

- Pharmacologic agent administration: Report for hemodynamic measurements before, during, after, and repeat pharmacologic agent.
- **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.

Denial codes

Code description

Service is not clinically indicated based on good clinical practice

Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities

Payment is included in the allowance for another service

Activity/diagnosis inconsistent with clinician specialty

Diagnosis(es) is (are) not covered

Prior approval required is not obtained

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Appendices

A. References

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B. Revision History

Date	Change(s)
01-07-2012	Release of V1.0
01-07-2013	Release of V1.1 - New template
15-07-2014	Release of V4.0 - Restored original effective date - Disclaimer updated as per system requirements
09-01-2019	Release of V5.0 - Content update

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