

Reporting Coronary Therapeutic Services and Procedures (92920-92944)

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Coronary occlusive disease refers to narrowing and/or blockage of the coronary arteries. Symptoms of coronary occlusive disease may include chest tightness or chest pain (angina); shortness of breath, especially after exertion; abnormal heart rhythms, nausea, or fatigue. Coronary occlusion may cause myocardial infarction, and congestive heart failure may result if the heart's ability to pump blood is impaired. Coronary occlusive disease may be treated with coronary revascularization procedures such as coronary artery bypass graft (CABG) surgery or percutaneous coronary intervention (PCI). This article focuses on the appropriate reporting of PCI procedures.

Percutaneous revascularization services performed for occlusive disease of the major coronary arteries and coronary artery branches, or coronary bypass grafts, are reported with codes 92920-92944. All PCI service codes are inclusive of:

- The work of accessing and selectively catheterizing the vessel;
- Traversing the lesion;
- Radiological supervision and interpretation directly related to the intervention(s) performed;
- Closure of the arteriotomy when performed through the access sheath; and
- Imaging performed to document the intervention(s) performed in addition to document the final result of the intervention.

This family of codes (92920-92944) includes balloon angioplasty when performed. Diagnostic angiography performed at a separate session from an interventional procedure is reported separately.

PCI codes are built on a progressive hierarchy in which more intensive services are inclusive of less complex services. This hierarchy is illustrated as follows:

- Codes 92920 and 92921 are used to report PCI procedures performed in native coronary artery(s) in which angioplasty (eg, balloon, cutting balloon, wired balloons, cryoplasty) is the most intense service performed.
- Codes 92924 and 92925 are reported for PCI procedures that are performed in a native coronary artery(s) in which atherectomy (eg, directional, rotational, laser) is the most

intense procedure performed. These codes are inclusive of angioplasty.

- PCI procedures performed in a native coronary artery(s) in which stenting (eg, balloon expandable, self-expanding, bare metal, drug eluting, covered) is the most intense procedure performed and atherectomy is not performed are reported with codes 92928 and 92929. These codes are inclusive of angioplasty.
- Codes 92933 and 92934 are reported for PCI procedures performed in a native coronary artery(s) in which both atherectomy and stenting are performed. These codes are inclusive of angioplasty.
- Codes 92937 and 92938 refer to PCI procedures performed in or through bypass graft(s). These codes are inclusive of any combination of angioplasty, stenting, atherectomy, and distal protection.
- PCI performed for acute total or subtotal occlusion of a native coronary artery or of a bypass graft is reported with code 92941. This code is inclusive of any combination of angioplasty, stenting, atherectomy, and aspiration thrombectomy, when performed. When performed, mechanical thrombectomy may be separately reported with add-on code 92973.
- Codes 92943 and 92944 are used to report PCI for chronic total occlusion of a native coronary artery or a bypass graft. This code is inclusive of any combination of angioplasty, stenting, atherectomy, and aspiration thrombectomy, when performed. When performed, mechanical thrombectomy may be reported separately.

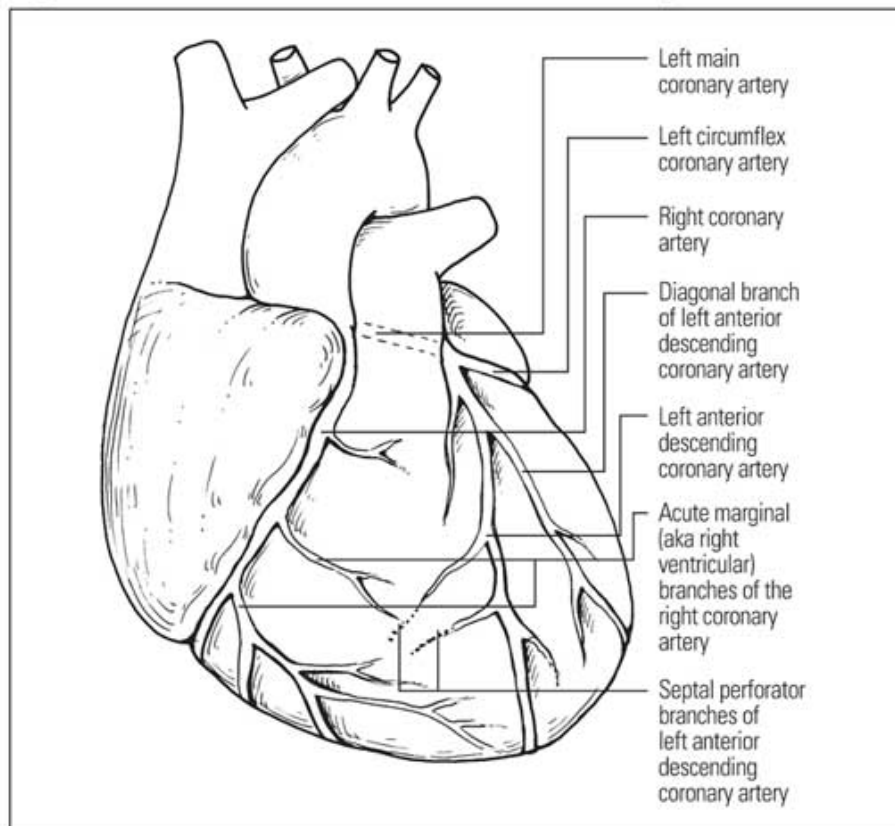
Major Coronary Arteries

The major coronary arteries are the left main (LM); left anterior descending (LD); left circumflex coronary artery (LC); right coronary artery (RC); and ramus intermedius arteries (RI). (Note that the abbreviations used here refer to the associated HCPCS Level II modifiers.) Multiple PCI procedures performed in any segment of a single major coronary artery (eg, proximal, middle, and/or distal) are reported with one code per artery. If multiple segments of the same major coronary artery are treated, these interventions are all included in the one code. Additional codes may be reported for PCI performed in up to two branches of a major coronary artery. However, if additional PCI is performed in a third branch of the same major coronary artery it is not reported separately. Once again, all PCI interventions performed in a single branch are reported with a single code representing the most intensive of the PCI procedures performed. Furthermore, if one segment of a major coronary artery is treated through the native circulation and the treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately. In this scenario both a native coronary intervention and a bypass graft intervention are reported as base codes because they require the access of two separate major arteries/grfts.

Major Coronary Artery Branches

The recognized coronary artery branches from the LD are the diagonal branches; from the LC are the marginal branches; and from the RC, the posterior descending and posterolateral branches. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes. See Figure 1 for a detailed anterior view of the coronary arteries.

Figure 1. Anterior View of the Heart Coronary Arteries



Source: The American Medical Association & American College of Cardiology. *CPT Reference Guide for Cardiovascular Coding*. Chicago, IL:2014.

Coronary Bypass Grafts

Each coronary artery bypass graft represents a major coronary vessel for reporting purposes. PCI performed on major coronary arteries or coronary artery branches by access through a bypass graft is reported using the bypass graft PCI codes. PCI performed in any segment of a sequential bypass graft (ie, the graft has more than one distal anastomosis) and one of its subtended coronary arteries is considered intervention in a single major coronary vessel. An intervention performed through a sequential bypass graft on two different subtended coronary arteries would be reported with a base code for the bypass graft intervention and an add-on code for the additional vessel. In the case of a branching bypass graft (eg, Y-graft), the main graft represents one major coronary vessel and each bypass branch off the main graft constitutes an additional coronary vessel. In a Y-graft, PCI performed in both the main graft and a branch bypass graft would be reported with the base code for bypass PCI plus the add-on code for additional bypass graft intervention. In instances when one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately. Distal embolic protection devices are included in the bypass graft PCI codes.

Reporting PCI Services

Only one base code from each family may be reported for the revascularization of a single major coronary artery and its recognized branches. If one segment of a major coronary artery and its recognized branches are treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code is reported to describe the intervention performed through the bypass graft. The PCI base codes are as follows:

92920

Percutaneous transluminal coronary angioplasty; single major coronary artery or branch

92924

Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; 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

The PCI base code that includes the most intensive service provided for the target vessel should be reported. The following lists the base codes by hierarchy of the services based on the intensity of service ranked from highest to lowest: 92943 = 92941 = 92933 > 92924 > 92937 = 92928 > 92920.

Additional Recognized Target Vessel Branches

PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The pertinent add-on codes are as follows:

+92921

Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

+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)

+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)

+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)

✚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)

✚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)

The PCI add-on codes follow the same principle with regard to reporting the most intensive service provided. The following lists the add-on codes based on the intensity of service ranked from highest to lowest: 92944 = 92938 > 92934 > 92925 > 92929 > 92921.

Coding Example

Percutaneous transluminal coronary angioplasty (PTCA) is performed in a patient's LD and RC arteries. Report code 92920 (coronary angioplasty[]single major vessel) for the LD artery PTCA. Code 92920, with modifier 59, Distinct procedural service, appended, (coronary angioplasty[]single major vessel) should be additionally reported to represent PTCA of the RC artery. Based on payer requirements, it may also be necessary to append the HCPCS Level II -LD and -RC modifiers for these vessels or denote frequency in the 'units' field. Add-on code 92921 is for 'branch' vessels. Neither the LD nor the RC is a branch of the other. Therefore, in this specific example, it would not be appropriate to report add-on code 92921 in addition to code 92920.

Additional Major Coronary Artery or Coronary Artery Bypass Grafts

PCI performed during the same session on additional major coronary artery or additional coronary artery bypass graft should be reported using additional applicable base code(s). PCI performed during the same session on additional coronary artery branches should be reported using additional applicable add-on code(s).

Coding Example

A patient undergoes angioplasty of a distal LD lesion through a vein graft, and a lesion in the same vein graft is stented. A distal protection device is used for the intervention in the body of the vein graft to prevent distal embolization of plaque. Code 92937 is reported for the stenting procedure. The angioplasty in the LD supplied by this graft is not separately reported because it involves the same major vessel. Placement of the distal protection device is not reported separately, as it is specifically included in the code descriptor for code 92937.



Treatment of Contiguous Lesions

If a single lesion extends from one target vessel (eg, major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel.

Coding Example

If a LM coronary lesion extends into the proximal LC artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent (code 92928). In this example, a code for additional vessel treatment (code 92929) would not be reported.

Treatment of Bifurcation Lesions

If a single lesion extends from one target vessel (eg, major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel.

Coding Example

PCI performed in additional branches of the targeted vessel during the same session should be reported with the applicable add-on code(s) 92921, 92925, 95929, 92934, 92938, or 92944.

Target Vessel for Acute Myocardial Infarction

Target vessel PCI for acute myocardial infarction is inclusive of all balloon angioplasty, atherectomy, stenting, manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration performed. Mechanical thrombectomy is reported separately, when performed.

Coding Example

A patient presents with chest pain. Based on the presentation and electrocardiographic changes, acute myocardial infarction is suspected and the patient is taken emergently to the

catheterization laboratory. A 99% stenosis of the LD is found with a filling defect consistent with thrombus and slow flow down the vessel. Aspiration thrombectomy is performed followed by balloon angioplasty and then stenting. Due to no reflow, intra-coronary medication is administered with restoration of normal antegrade flow. Code 92941 is reported for the LD intervention. This is an acute subtotal or total occlusion during acute myocardial infarction. Note that both aspiration thrombectomy and balloon angioplasty are services inherent to code 92941. Accordingly, code 92973, Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure), and code 92920, would not be separately reported. In addition, the intra-coronary medication infusion is included in code 92941. Therefore, add-on code 93463, Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure), would not be separately reported.

Coronary Vessel for Chronic Total Occlusion

Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (ie, antegrade bridging collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q-wave acute myocardial infarction attributable to the occluded target lesion). Current presentation with ST elevation or Q-wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, and occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion.

Coding Example

A longstanding total occlusion of the RC is treated. Attempts to cross the occlusion antegrade are unsuccessful. Contralateral access of the LC artery is used to image the distal RC by collateral filling, and a coronary wire is advanced through the LD, down a septal artery, and up the distal RC to the point of occlusion. This wire is used successfully to cross the total occlusion retrograde. The lesion is then treated with balloon angioplasty followed by stenting. Chronic total occlusion intervention is reported with code 92943. Currently, there is no separate code to report treatment of total occlusion using contralateral access.

Other PCI Procedures

The following add-on codes are used for reporting procedures that are performed in addition to coronary and bypass graft diagnostic and interventional services, unless they are included in the base codes:

- 92973□percutaneous transluminal coronary thrombectomy, mechanical
- 92974□coronary brachytherapy
- 92978 and 92979□ intravascular ultrasound



- 93571 and 93572 intravascular Doppler velocity and/or pressure (fractional flow reserve [FFR] or coronary flow reserve [CFR])

Nonmechanical, aspiration thrombectomy is not additionally reported with code 92973 because it is included in the PCI code for acute myocardial infarction (code 92941), when performed.

Diagnostic Coronary Angiography

Diagnostic coronary angiography codes (93454-93461) and injection procedure codes (93563-93564) should not be used with percutaneous coronary revascularization services (92920-92944), when they are used to report:

1. contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,
2. vessel measurement for the coronary intervention, or
3. post-coronary angioplasty/stent/atherectomy angiography, as this work is captured in the percutaneous coronary revascularization services codes (92920-92944).

Diagnostic coronary angiography performed at the time of a coronary interventional procedure may be separately reported only if the following circumstances apply:

1. No prior catheter-based coronary angiography study is available, 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.

Diagnostic coronary angiography performed during a separate session from an interventional procedure may be reported separately. ◆