FROM THE CODING INSTITUTE

SuperCoder.com™

Inspired by Coders, Powered by Coding Experts

ONLINE TOOLS | SPECIALTY NEWSLETTERS | AUDIO CONFERENCES

Cardiology Coder

Code Better and Faster

Welcome!

About SuperCoder?

SuperCoder.com, brought to you by The Coding Institute, LLC, is an online medical coding and billing solution.

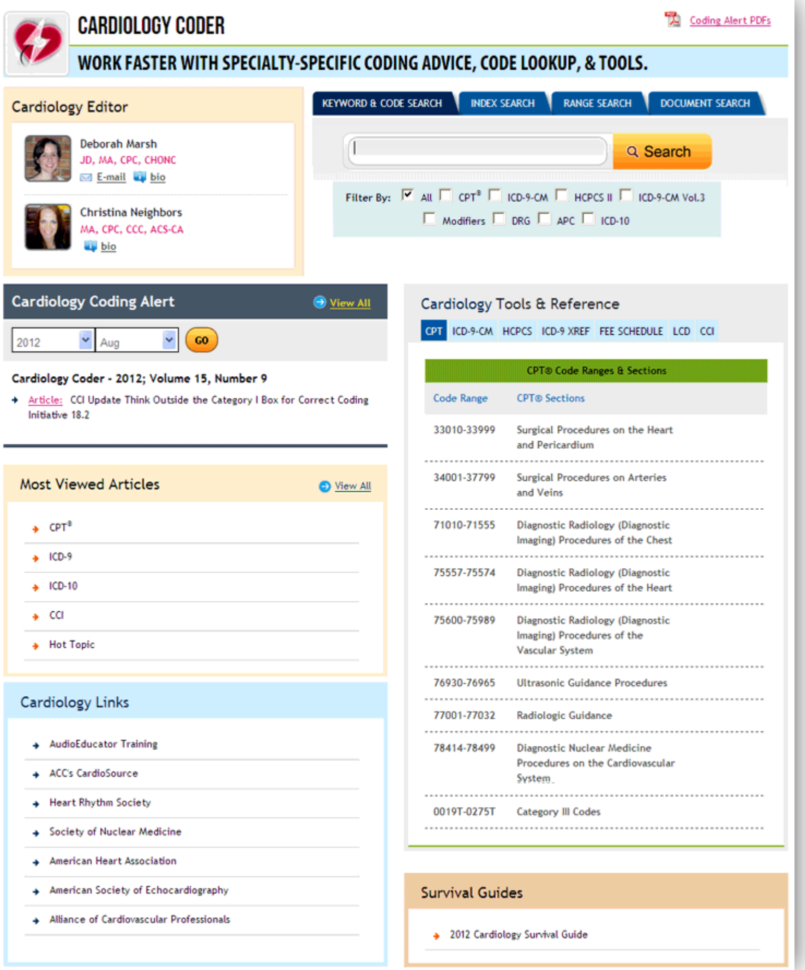
We provide a host of reliable resources and the latest tools to assist medical coders in their efforts to accurately, and quickly, determine the proper codes for documenting medical diagnosis and procedures for claim forms, documentation, and notes.

Our solutions are created to combat denials, ethically maximize payment and achieve topnotch regulatory compliance; and are designed to make day-to-day coding simple, fast and hassle-free.

Coders, physicians, insurers, and billers rely on SuperCoder for easy access to official code descriptors and guidelines, coding crosswalks, how-to coding articles, webinars, and answers to tough coding questions. Our solutions help them to streamline work, improve coding speed & accuracy, stay compliant, and improve profitability.

SuperCoder’s *Cardiology Coder*

A trusted
Coding Solution for
physicians that
bundles **compliance**
tools and alerts
- in one spot!



CARDIOLOGY CODER

WORK FASTER WITH SPECIALTY-SPECIFIC CODING ADVICE, CODE LOOKUP, & TOOLS.

Cardiology Editor

Deborah Marsh
JD, MA, CPC, CHONC

Christina Neighbors
MA, CPC, CCC, ACS-CA

Filter By: ☑ All ☐ CPT® ☐ ICD-9-CM ☐ HCPCS II ☐ ICD-9-CM Vol.3
☐ Modifiers ☐ DRG ☐ APC ☐ ICD-10

Cardiology Coding Alert

2012 Aug

Cardiology Coder - 2012; Volume 15, Number 9

- Article: CCI Update Think Outside the Category I Box for Correct Coding Initiative 18.2

Most Viewed Articles

- CPT®
- ICD-9
- ICD-10
- CCI
- Hot Topic

Cardiology Links

- AudioEducator Training
- ACC's CardioSource
- Heart Rhythm Society
- Society of Nuclear Medicine
- American Heart Association
- American Society of Echocardiography
- Alliance of Cardiovascular Professionals

Cardiology Tools & Reference

CPT® Code Ranges & Sections

Code Range	CPT® Sections
33010-33999	Surgical Procedures on the Heart and Pericardium
34001-37799	Surgical Procedures on Arteries and Veins
71010-71555	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest
75557-75574	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart
75600-75989	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System
76930-76965	Ultrasonic Guidance Procedures
77001-77032	Radiologic Guidance
78414-78499	Diagnostic Nuclear Medicine Procedures on the Cardiovascular System
0019T-0275T	Category III Codes

Survival Guides

- 2012 Cardiology Survival Guide

Cardiology Coder

Cardiology Coder empowers you with online code search plus six compliance tools all backed with a ***Cardiology Coding Alert*** Newsletter. Helps you not only code faster but improves accuracy by providing information tied to Allowed Modifiers, CCI Edits Checker, LCD Lookup, 7-in-1 Fee Schedules, and ICD-9 CrossRef.

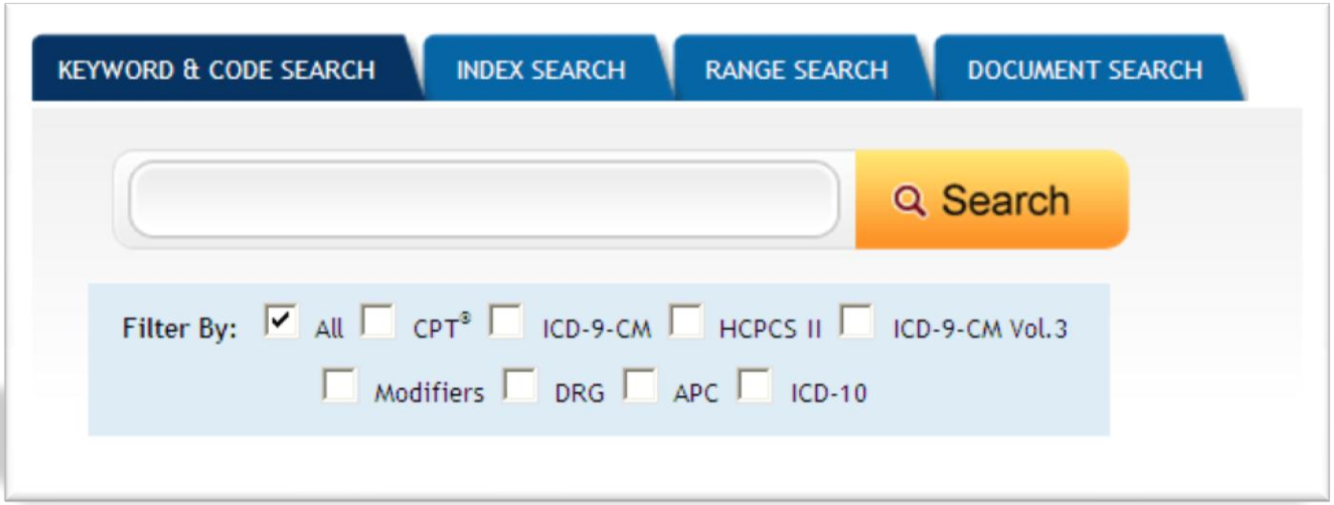
Highlights:

- ✓ Error Eliminator: Avoid top coding error areas with guidance from thousands of **archived coding articles** targeting just your specialty
- ✓ Streamliner: **7-in-1 Fee Schedules** makes finding payments, global days, MUEs, and more a no-brainer.
- ✓ Convenience: Instant access to your **specialty's most frequently used codes**
- ✓ Decreased Denials: **ICD-9 CrossRef** shows you a CPT® code's top reported ICD-9 codes
- ✓ Better Value: **14 Survival Guides** make learning a new specialty's top rules a breeze
- ✓ Certification Extender: Annually attain **38 AAPC-approved CEUs** by taking quizzes on your monthly Coding Alert (6 CEUs), Survival Guides (14 CEUs), archived Webinars (6 CEUs), and SuperCoder Bolt coding news articles (12 CEUs)

Cardiology Coder: Code Search

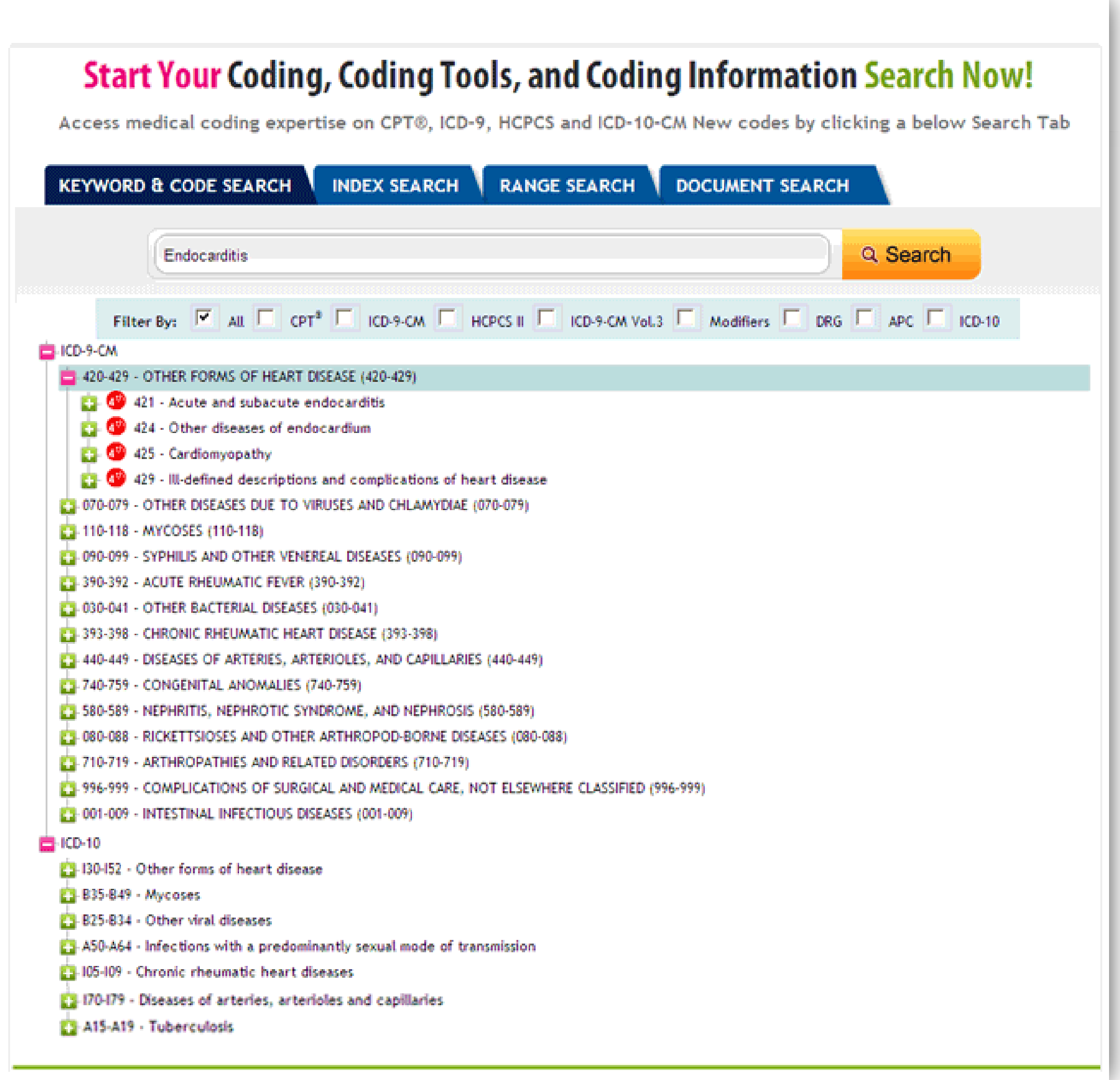
4-way Code Search Across All 4 Code Sets!

- ✓ Keyword & Code Search
- ✓ Index Search
- ✓ Range Search
- ✓ Document Search


KEYWORD & CODE SEARCH
INDEX SEARCH
RANGE SEARCH
DOCUMENT SEARCH
Search

Filter By: ☑ All ☐ CPT® ☐ ICD-9-CM ☐ HCPCS II ☐ ICD-9-CM Vol.3 ☐ Modifiers ☐ DRG ☐ APC ☐ ICD-10

Easy to browse search results sorted by the closest and most suitable match for your search.



Start Your Coding, Coding Tools, and Coding Information Search Now!

Access medical coding expertise on CPT®, ICD-9, HCPCS and ICD-10-CM New codes by clicking a below Search Tab

Endocarditis

Filter By: ☑ All ☐ CPT® ☐ ICD-9-CM ☐ HCPCS II ☐ ICD-9-CM Vol.3 ☐ Modifiers ☐ DRG ☐ APC ☐ ICD-10

- ICD-9-CM
  - 420-429 - OTHER FORMS OF HEART DISEASE (420-429)
    - 421 - Acute and subacute endocarditis
    - 424 - Other diseases of endocardium
    - 425 - Cardiomyopathy
    - 429 - Ill-defined descriptions and complications of heart disease
  - 070-079 - OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE (070-079)
  - 110-118 - MYCOSES (110-118)
  - 090-099 - SYPHILIS AND OTHER VENEREAL DISEASES (090-099)
  - 390-392 - ACUTE RHEUMATIC FEVER (390-392)
  - 030-041 - OTHER BACTERIAL DISEASES (030-041)
  - 393-398 - CHRONIC RHEUMATIC HEART DISEASE (393-398)
  - 440-449 - DISEASES OF ARTERIES, ARTERIOLES, AND CAPILLARIES (440-449)
  - 740-759 - CONGENITAL ANOMALIES (740-759)
  - 580-589 - NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS (580-589)
  - 080-088 - RICKETTSIOSES AND OTHER ARTHROPOD-BORNE DISEASES (080-088)
  - 710-719 - ARTHROPATHIES AND RELATED DISORDERS (710-719)
  - 996-999 - COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED (996-999)
  - 001-009 - INTESTINAL INFECTIOUS DISEASES (001-009)
- ICD-10
  - I30-I52 - Other forms of heart disease
  - B35-B49 - Mycoses
  - B25-B34 - Other viral diseases
  - A50-A64 - Infections with a predominantly sexual mode of transmission
  - I05-I09 - Chronic rheumatic heart diseases
  - I70-I79 - Diseases of arteries, arterioles and capillaries
  - A15-A19 - Tuberculosis

Add Code(s) to your favorite list with a message you want to associate with it.

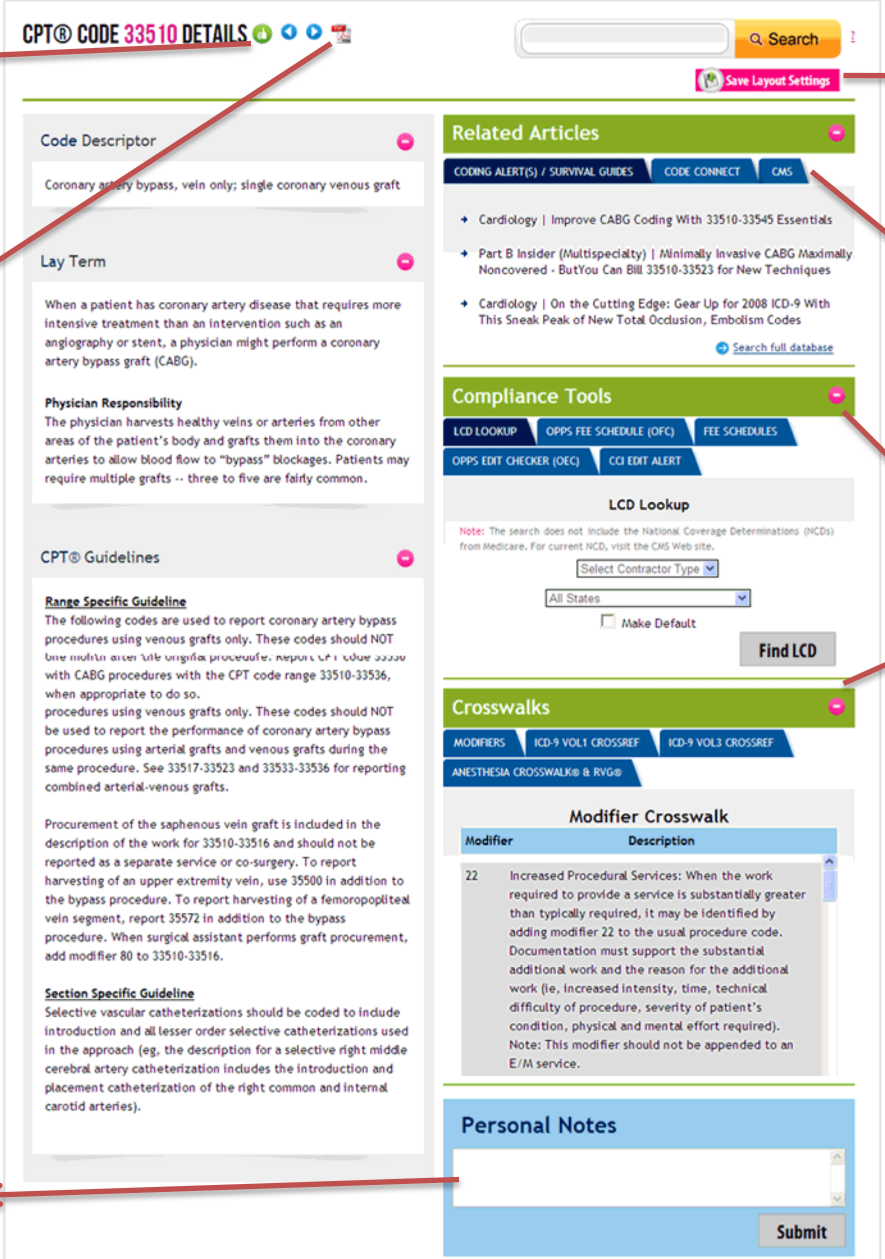
Save layout settings so can get to the desired info in a flash.

Print the page in view with full code details.

Cardiology Coding Alert articles related to the code searched.

Get relevant information with compliance tools: LCD Lookup, OPPS Fee Schedule, RVUs, Fee Schedules, CCI Edits, Modifiers, ICD-9 Crossref, CROSSWALK®

Add own day-to-day coding notes , abbreviated terms, mostly used coding info for each code you search.



CPT® CODE 33510 DETAILS

Code Descriptor

Coronary artery bypass, vein only; single coronary venous graft

Lay Term

When a patient has coronary artery disease that requires more intensive treatment than an intervention such as an angiography or stent, a physician might perform a coronary artery bypass graft (CABG).

Physician Responsibility
The physician harvests healthy veins or arteries from other areas of the patient's body and grafts them into the coronary arteries to allow blood flow to "bypass" blockages. Patients may require multiple grafts -- three to five are fairly common.

CPT® Guidelines

Range Specific Guideline
The following codes are used to report coronary artery bypass procedures using venous grafts only. These codes should NOT one month after the original procedure. Report CPT code 33530 with CABG procedures with the CPT code range 33510-33536, when appropriate to do so.
procedures using venous grafts only. These codes should NOT be used to report the performance of coronary artery bypass procedures using arterial grafts and venous grafts during the same procedure. See 33517-33523 and 33533-33536 for reporting combined arterial-venous grafts.

Procurement of the saphenous vein graft is included in the description of the work for 33510-33516 and should not be reported as a separate service or co-surgery. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs graft procurement, add modifier 80 to 33510-33516.

Section Specific Guideline
Selective vascular catheterizations should be coded to include introduction and all lesser order selective catheterizations used in the approach (eg, the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries).

Related Articles

CODING ALERT(S) / SURVIVAL GUIDES | CODE CONNECT | CMS

- Cardiology | Improve CABG Coding With 33510-33545 Essentials
- Part B Insider (Multispecialty) | Minimally Invasive CABG Maximally Noncovered - ButYou Can Bill 33510-33523 for New Techniques
- Cardiology | On the Cutting Edge: Gear Up for 2008 ICD-9 With This Sneak Peak of New Total Occlusion, Embolism Codes

Search full database

Compliance Tools

LCD LOOKUP | OPPS FEE SCHEDULE (OFC) | FEE SCHEDULES | OPPS EDIT CHECKER (OEC) | CCI EDIT ALERT

LCD Lookup

Note: The search does not include the National Coverage Determinations (NCDs) from Medicare. For current NCD, visit the CMS Web site.

Select Contractor Type
All States
☐ Make Default
Find LCD

Crosswalks

MODIFIERS | ICD-9 VOL1 CROSSREF | ICD-9 VOL3 CROSSREF | ANESTHESIA CROSSWALK® & RVG®

Modifier Crosswalk

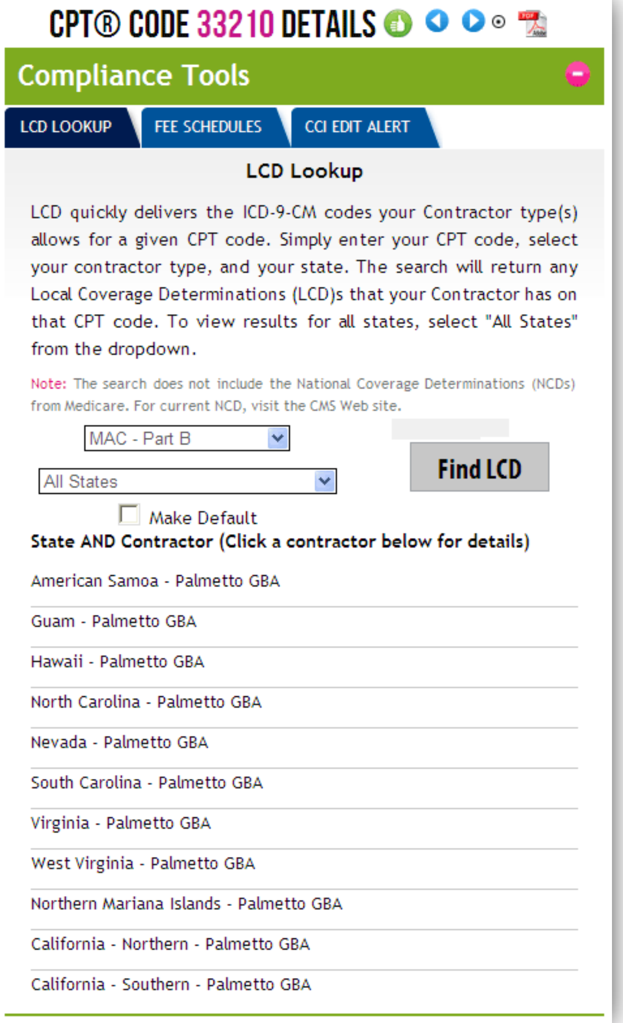
Modifier	Description
22	Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.

Personal Notes

Submit

Cardiology Coder: Compliance Tools

The power of **LCD Lookup** to help you decrease your denials for coding challenges.



LCD Lookup

LCD quickly delivers the ICD-9-CM codes your Contractor type(s) allows for a given CPT code. Simply enter your CPT code, select your contractor type, and your state. The search will return any Local Coverage Determinations (LCD)s that your Contractor has on that CPT code. To view results for all states, select "All States" from the dropdown.

Note: The search does not include the National Coverage Determinations (NCDs) from Medicare. For current NCD, visit the CMS Web site.

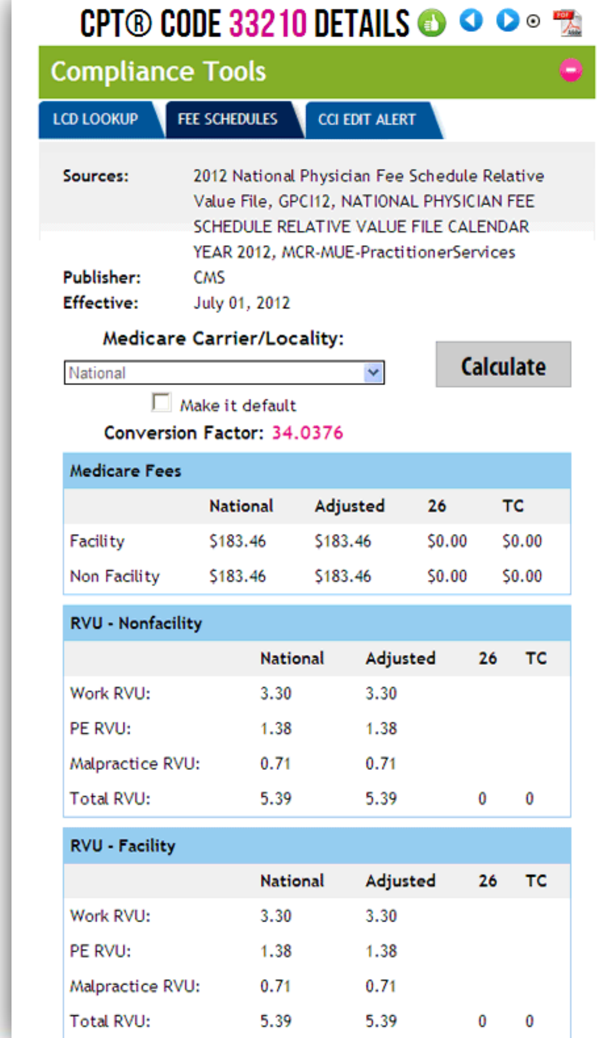
State AND Contractor (Click a contractor below for details)

American Samoa - Palmetto GBA
Guam - Palmetto GBA
Hawaii - Palmetto GBA
North Carolina - Palmetto GBA
Nevada - Palmetto GBA
South Carolina - Palmetto GBA
Virginia - Palmetto GBA
West Virginia - Palmetto GBA
Northern Mariana Islands - Palmetto GBA
California - Northern - Palmetto GBA
California - Southern - Palmetto GBA

Cardiology Coder: Compliance Tools

7-in-1 **Fee Schedule** tool to instantly match a code to the applicable schedule including:

- Medicare Physician Fee Schedule (MPFS)
- Physician Fee Schedule Modifier Allowances
- Medically Unlikely Edits (MUEs)
- Clinical Diagnostic Laboratory Fee Schedule (CLAB)
- Average Sales Price (ASP)
- Average Wholesale Price (AWP)
- Durable Medical Equipment Prosthetics/Orthotics & Supplies (DMEPOS)



Sources: 2012 National Physician Fee Schedule Relative Value File, GPCI12, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2012, MCR-MUE-PractitionerServices
Publisher: CMS
Effective: July 01, 2012

Medicare Carrier/Locality: National

☐ Make it default

Conversion Factor: 34.0376

Medicare Fees

	National	Adjusted	26	TC
Facility	$183.46	$183.46	$0.00	$0.00
Non Facility	$183.46	$183.46	$0.00	$0.00

RVU - Nonfacility

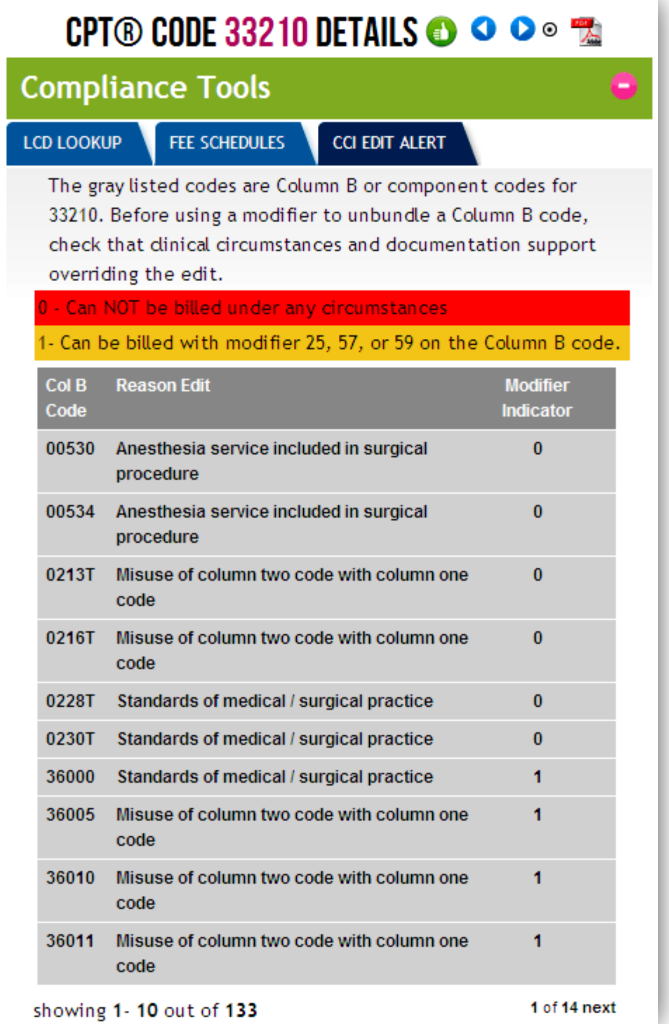
	National	Adjusted	26	TC
Work RVU:	3.30	3.30		
PE RVU:	1.38	1.38		
Malpractice RVU:	0.71	0.71		
Total RVU:	5.39	5.39	0	0

RVU - Facility

	National	Adjusted	26	TC
Work RVU:	3.30	3.30		
PE RVU:	1.38	1.38		
Malpractice RVU:	0.71	0.71		
Total RVU:	5.39	5.39	0	0

Cardiology Coder: Compliance Tools

CCI Edits Checker: Quickly check allowed **CCI CPT® code combinations** sorted by descending order Relative Value Units (RVUs). Updated with the most recent CCI 18.2 edits.



CPT® CODE 33210 DETAILS

Compliance Tools

The gray listed codes are Column B or component codes for 33210. Before using a modifier to unbundle a Column B code, check that clinical circumstances and documentation support overriding the edit.

0 - Can NOT be billed under any circumstances

1- Can be billed with modifier 25, 57, or 59 on the Column B code.

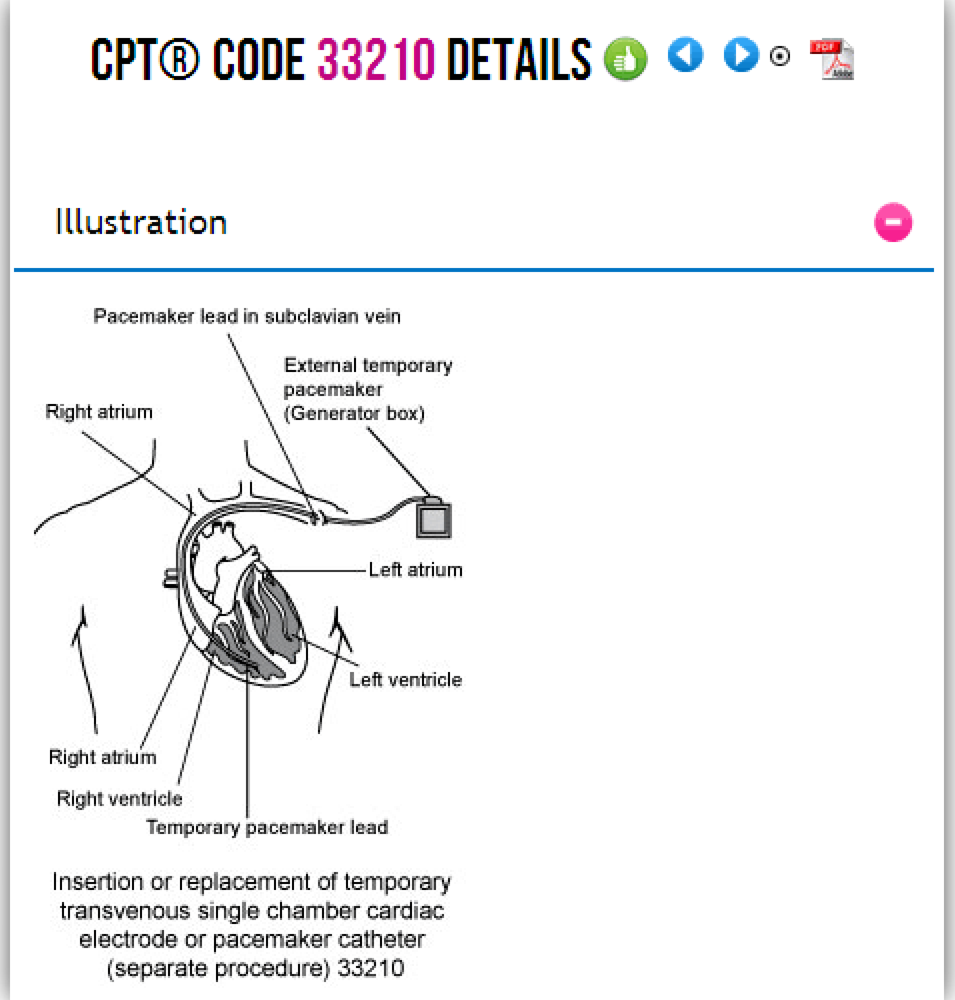
Col B Code	Reason Edit	Modifier Indicator
00530	Anesthesia service included in surgical procedure	0
00534	Anesthesia service included in surgical procedure	0
0213T	Misuse of column two code with column one code	0
0216T	Misuse of column two code with column one code	0
0228T	Standards of medical / surgical practice	0
0230T	Standards of medical / surgical practice	0
36000	Standards of medical / surgical practice	1
36005	Misuse of column two code with column one code	1
36010	Misuse of column two code with column one code	1
36011	Misuse of column two code with column one code	1

showing **1**- **10** out of **133**

1 of **14** next

Cardiology Coder: Compliance Tools

Coder-designed Illustrations
to help you to code easily, efficiently, and accurately.



CPT® CODE 33210 DETAILS

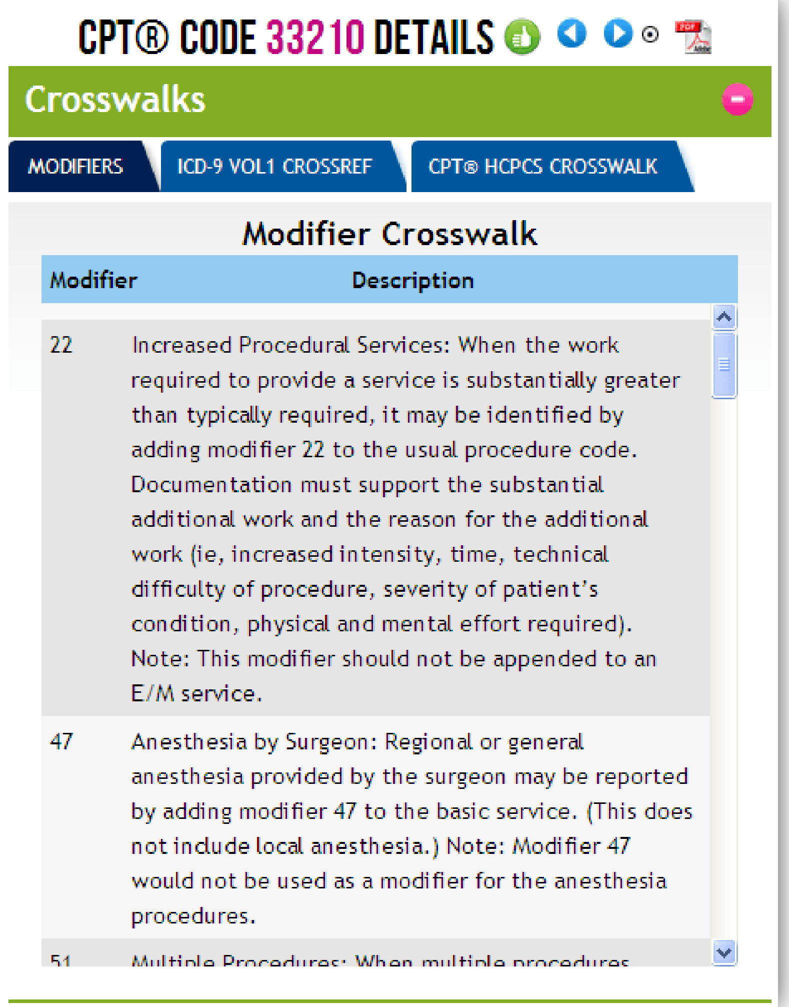
Illustration

Pacemaker lead in subclavian vein
External temporary pacemaker (Generator box)
Right atrium
Left atrium
Left ventricle
Right atrium
Right ventricle
Temporary pacemaker lead

Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) 33210

Cardiology Coder: Compliance Tools

Hassle-Free **Modifier Matcher**: See allowed CPT®, CMS modifiers for CPT® and HCPCS codes.

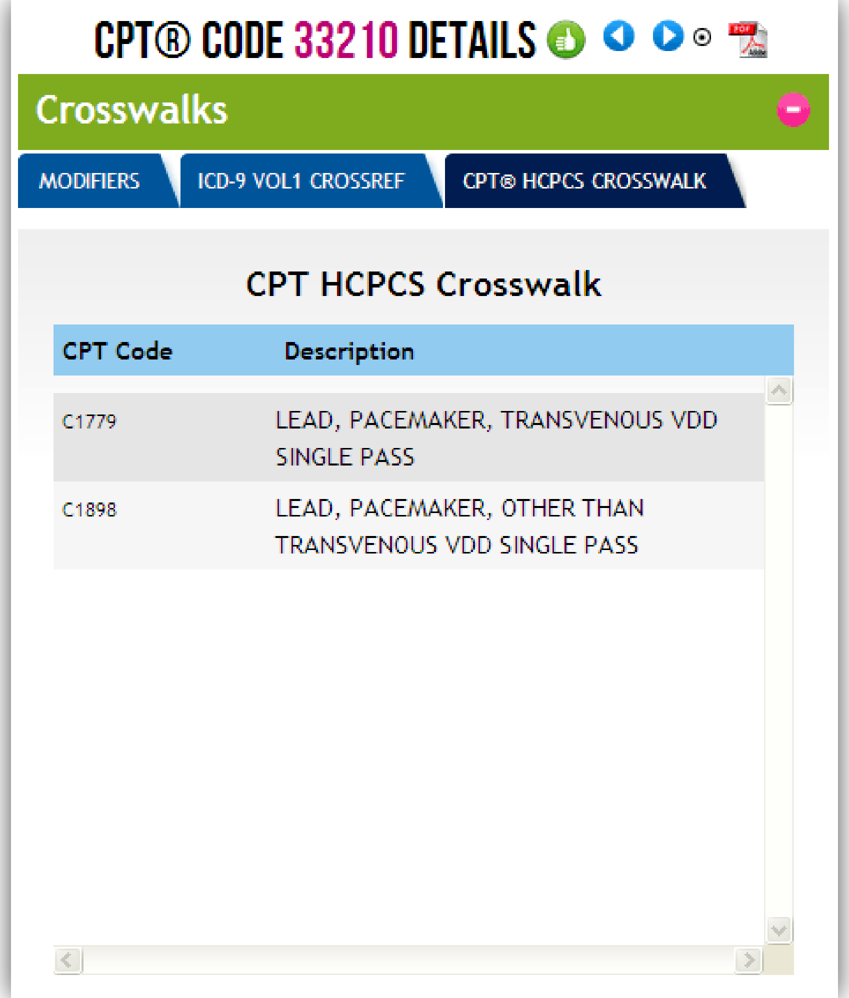


Modifier Crosswalk

Modifier	Description
22	Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.
47	Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures.
51	Multiple Procedures: When multiple procedures

Cardiology Coder: Compliance Tools

CPT® HCPCS Crosswalk:
Quickly spot allowed drug and supply codes for CPT® codes and vise versa.



CPT® CODE 33210 DETAILS

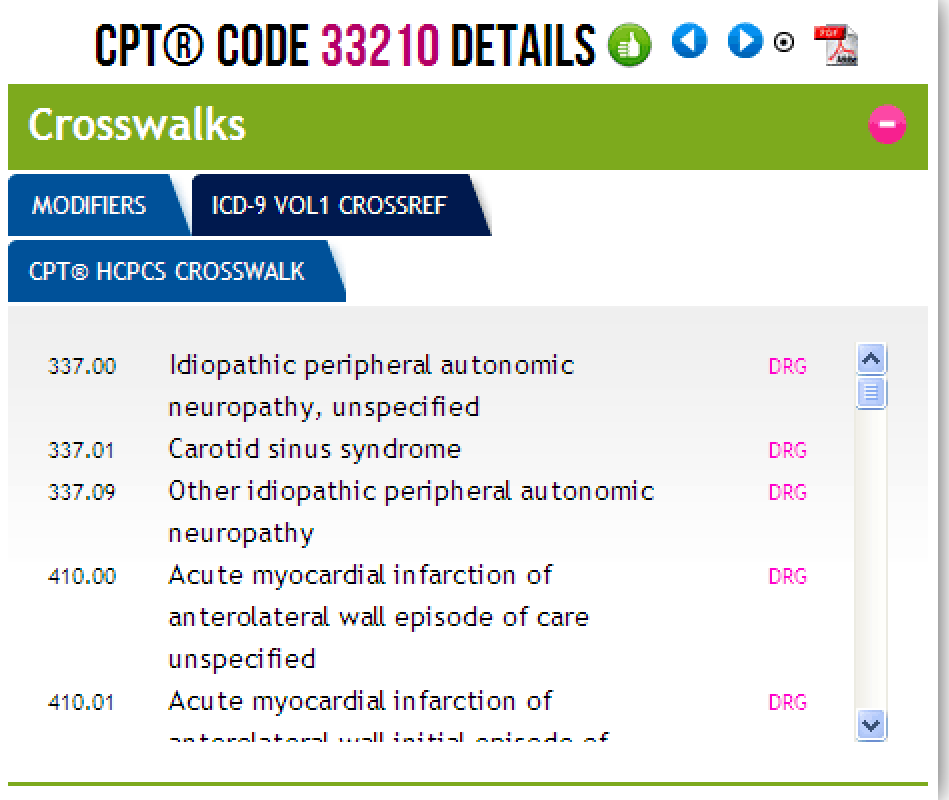
Crosswalks

CPT HCPCS Crosswalk

CPT Code	Description
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS

Cardiology Coder: Compliance Tools

ICD-9 CrossReference: Dodge #1 rejection reason with top used ICD-9 Vol 1 codes for a CPT® code.



CPT® CODE 33210 DETAILS

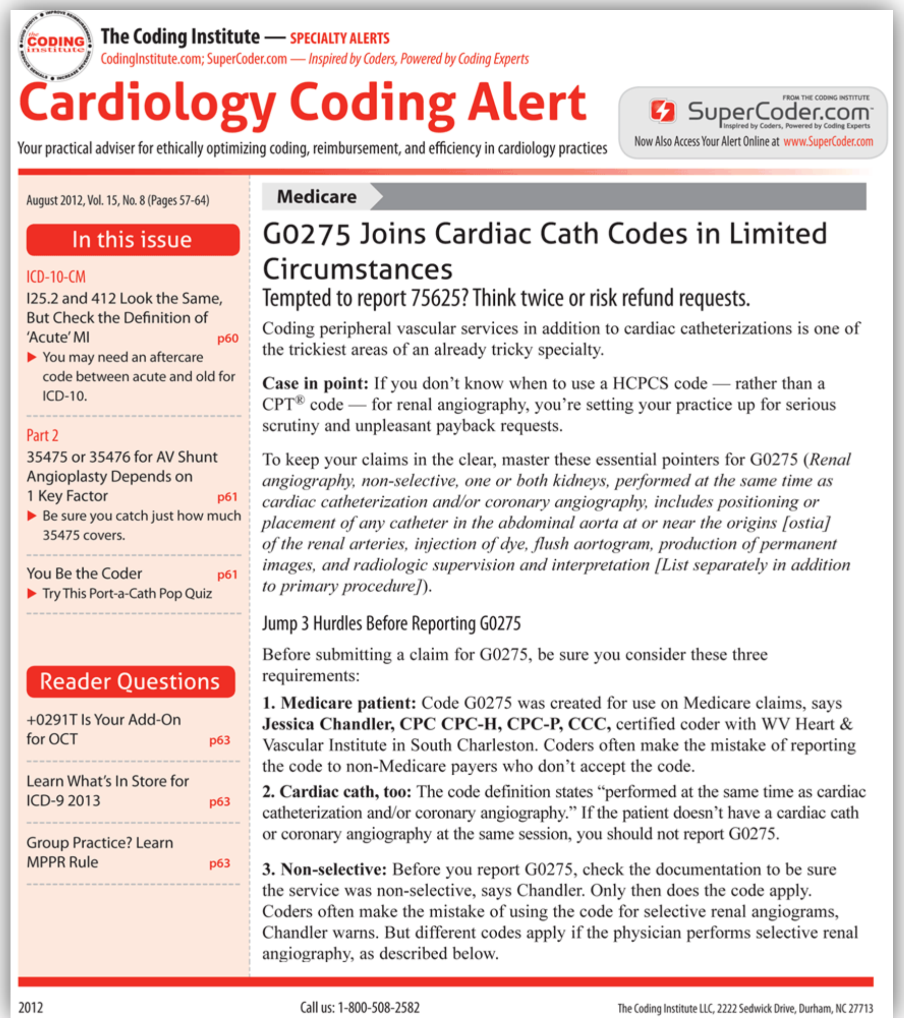
Crosswalks

337.00	Idiopathic peripheral autonomic neuropathy, unspecified	DRG
337.01	Carotid sinus syndrome	DRG
337.09	Other idiopathic peripheral autonomic neuropathy	DRG
410.00	Acute myocardial infarction of anterolateral wall episode of care unspecified	DRG
410.01	Acute myocardial infarction of anterolateral wall initial episode of	DRG

Cardiology Coder: Expert Guidance

Coding Institute Alert:

Quickly understand the official regulations and payer variations required for correctly coding your specialty with online access to monthly issues plus 20 years of archived content.



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Cardiology Coding Alert

Your practical adviser for ethically optimizing coding, reimbursement, and efficiency in cardiology practices

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August 2012, Vol. 15, No. 8 (Pages 57-64)

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I25.2 and 412 Look the Same, But Check the Definition of 'Acute' MI p60
- You may need an aftercare code between acute and old for ICD-10.

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Reader Questions

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Learn What's In Store for ICD-9 2013 p63

Group Practice? Learn MPPR Rule p63

Medicare

G0275 Joins Cardiac Cath Codes in Limited Circumstances

Tempted to report 75625? Think twice or risk refund requests.

Coding peripheral vascular services in addition to cardiac catheterizations is one of the trickiest areas of an already tricky specialty.

Case in point: If you don't know when to use a HCPCS code — rather than a CPT® code — for renal angiography, you're setting your practice up for serious scrutiny and unpleasant payback requests.

To keep your claims in the clear, master these essential pointers for G0275 (*Renal angiography, non-selective, one or both kidneys, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins [ostia] of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation [List separately in addition to primary procedure]*).

Jump 3 Hurdles Before Reporting G0275

Before submitting a claim for G0275, be sure you consider these three requirements:

1. Medicare patient: Code G0275 was created for use on Medicare claims, says **Jessica Chandler, CPC CPC-H, CPC-P, CCC,** certified coder with WV Heart & Vascular Institute in South Charleston. Coders often make the mistake of reporting the code to non-Medicare payers who don't accept the code.

2. Cardiac cath, too: The code definition states "performed at the same time as cardiac catheterization and/or coronary angiography." If the patient doesn't have a cardiac cath or coronary angiography at the same session, you should not report G0275.

3. Non-selective: Before you report G0275, check the documentation to be sure the service was non-selective, says Chandler. Only then does the code apply. Coders often make the mistake of using the code for selective renal angiograms, Chandler warns. But different codes apply if the physician performs selective renal angiography, as described below.

2012 Call us: 1-800-508-2582 The Coding Institute LLC, 2222 Sedwick Drive, Durham, NC 27713

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- ✓ Archived Webinars – Coding Updates and Education via ***free*** webinars
- ✓ SuperCoder Bolt – our ***free*** bi-monthly e-Newsletter
- ✓ Job Board – find a job or post a job opening for the coding community
- ✓ CMS Center – gives you ***free*** access to these:
  - Transmittals
  - Claims Processing Manuals
  - CMS/MLN Specialty Book
  - Evaluation & Management Guidelines
  - Forms
  - CCI Policy Manual
- ✓ Coding 911 – Join one of our 35+ specialty-specific forums to network with peers for ***free*** coding advice, tips and more.

Contact Us

For more information on SuperCoder’s ***Cardiology Coder*** please click here to visit us online.

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For more information call 866-228-9252
E-Mail: customerservice@supercoder.com

Thank You!