
AAA Coding and Billing III

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AAA Coding and Billing

- ▼ Endovascular Grafts are coded using specific codes for the various stages or steps in their placement.
- ▼ If a Team approach is used, these codes allow for accurate coding for each of the physicians involved.

AAA Coding and Billing

- ▼ When two physicians work together as primary surgeons performing distinct part(s) of a procedure, each physician should report his/her distinct operative work by adding modifier -62 to the procedure code and any associated add-on code(s).

AAA Coding and Billing

- ▼ When co-surgeons are billed, each will receive 50% of 120% of the usual reimbursement rate for each member of the two-person team. (\$752 each)
- ▼ No assistant surgeon charges can be billed.
- ▼ All work related to the deployment of the graft is included in the codes for the placement.

AAA Coding and Billing

- ▼ Each component of the procedure is coded separately
- ▼ The Radiological Supervision and Interpretation(S&I) code(s) can be billed only once per procedure
- ▼ Other interventional procedures performed at the time of the Repair should be coded

AAA Coding and Billing

- ▼ Surgeon codes for the femoral access
- ▼ 34812-50 - Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision.
- ▼ The -50 modifier is used to denote Bilateral exposure.

AMA/CPT

AAA Coding and Billing

- ▼ The physician who places the catheters /guidewires into the abdominal aorta from each groin access codes for the placement.
- ▼ 36200-50 Catheter/sheath placement into aorta
- ▼ The -50 modifier is used for Bilateral placement

AMA/CPT

AAA Coding and Billing

- ▼ Both physicians bill for the placement of the graft
- ▼ 34803-62 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis(two docking limbs)

AMA/CPT

AAA Coding and Billing

- ▼ The Radiologic Supervision and Interpretation code is billed by only one of the physicians
- ▼ 75952-26 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

AMA/CPT

AAA Coding and Billing

- ▼ If an extension cuff is placed, both physicians bill for the placement.
- ▼ 34825-62 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel

AMA/CPT

AAA Coding and Billing

- ▼ Only one physician can bill for the Radiologic Supervision and Interpretation code
- ▼ 75953-26 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic/iliac, aneurysm/pseudoaneurysm/dissection, radiological supervision and interpretation

AMA/CPT

AAA Coding and Billing

- ▼ Intravascular ultrasound (IVUS) may be used during the deployment of these grafts
- ▼ 37250 IVUS, initial vessel, diagnostic or therapeutic procedure
- ▼ 75945-26 IVUS, S&I, initial vessel
- ▼ 37251 IVUS, each add'l vessel
- ▼ 75946-26 IVUS, S&I each add'l vessel

AMA/CPT

AAA Coding and Billing

- ▼ 34806 Transcatheter placement of wireless physiologic sensor in aneurysmal repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data
- ▼ This is an “Add-On” code

AMA/CPT

AAA Coding and Billing

- ▼ These procedures have a 90-day global period
- ▼ The operative report should accurately reflect the work of each physician involved

AAA Coding and Billing

▼ 36200	\$ 149		
▼ 34812	\$ 345		
▼ 34803	\$1,254	75952-26	\$ 220
▼ 34825	\$ 691	75953-26	\$ 67
▼ 37250	\$ 107	75945-26	\$ 20
▼ 37251	\$ 81	75946-26	\$ 20

AAA Coding and Billing

▼ Cardiologist:

34803-62	\$ 752.40
36200-50	\$ 111.75(50%)
75952-26	\$ 220.00
34825-62	\$ 414.60
75953-26	<u>\$ 67.00</u>
TOTAL:	\$ 1,565.75

AAA Coding and Billing

▼ Surgeon:

34803-62	\$ 752.40
34812-50	\$ 258.75(50%)
34825-62	\$ <u>414.60</u>
TOTAL:	\$ 1,425.75

Renal Stenting Coding and Billing

- ▼ The angiograms are billable at time of intervention if:
 - 1) No prior catheter-based angiograms were performed;
 - 2) There was a change in the patient's status;
 - 3) There was inadequate visualization of the anatomy;
 - 4) There is a clinical change during the procedure.

Renal Stenting Coding and Billing

- ▼ Angioplasty performed as the method of stent deployment is not a separately coded service.
- ▼ Should a therapeutic angioplasty be performed before stent placement, in addition to the stent deployment by any method, that therapeutic angioplasty should be coded in addition to the stent placement

Renal Stenting Coding and Billing

- ▼ The operative report should reflect the indications/history for all of the procedures that are performed.
- ▼ The operative report should also reflect that the angioplasty was therapeutic and the medical necessity that led to the stent placement.

Renal Stenting Coding and Billing

- ▼ 37205 Transcatheter placement of an intravascular stent(s)(except coronary, carotid and vertebral vessel) percutaneous; initial vessel
- ▼ 75960-26 Transcatheter introduction of intravascular stent(s)(except coronary, carotid, and vertebral vessel)percutaneous and/or open, radiological S&I

AMA/CPT

Renal Stenting Coding and Billing

If therapeutic angioplasty performed:

- ▼ 35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery
- ▼ 75966-26 Transluminal balloon angioplasty renal or other visceral artery, radiological S&I

AMA/CPT

Renal Stenting Coding and Billing

If no prior angiogram performed:

- ▼ 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch within a vascular family
- ▼ 75722-26 Angiography, renal, unilateral, selective (including flush aortogram), radiological S&I

AMA/CPT

Renal Stenting Coding and Billing

- ▼ 37205 Stent placement \$ 433.00
- ▼ 75960-26 Stent S&I \$ 41.00
- ▼ 35471 PTA Renal \$ 527.00
- ▼ 75966-26 PTA S&I \$ 66.00
- ▼ 36245 Catheter placement \$ 241.00
- ▼ 75722-26 Angiogram S&I \$ 57.00

Renal Stenting Coding and Billing

- ▼ There is no code for the use of distal protection devices
- ▼ Cannot code for Closure Devices
- ▼ Cannot code for femoral angiogram for use of Closure Devices
- ▼ Cannot code for Moderate (Conscious) Sedation