

Empire BlueCross

Percutaneous Coronary Interventions Coding Quick Coding Clarifications

Current Procedural Terminology (CPT) 2013 changes to the percutaneous coronary intervention (PCI) codes included: type of treatment, severity of lesion and identification of vessels. Each vessel treated must be reported using a CPT code. Determining the main vessel and type of intervention performed helps to identify the correct base code as well as the need for appropriate add-on codes.

The base CPT code should be reported for the most comprehensive treatment given to the culprit vessel according to the hierarchy of intensity.

The CPT base codes for comprehensive treatment, any method, highest to lowest, are:

1. Any combination PCI for chronic total occlusion (92943)
2. Any combination PCI during an acute MI (92941)
3. Atherectomy with stent with or without PTCA (92933)
4. Atherectomy without stent with or without PTCA (92924)
5. Stent with or without PTCA (92928)
6. Service in or through a bypass graft (92937)
7. Balloon angioplasty alone (92920)

Additional interventions performed during the same session as the above base codes, in the coronary artery or branches should be reported using the appropriate add-on codes, listed below:

- angioplasty (+92921)
- atherectomy (+92925)
- stent (+92929)
- atherectomy and stent (+92934)
- any combination PCI via Bypass graft (+92938)
- any combination PCT for CTO (+92944)

Note: Maximum of two branches can be billed for the left anterior descending, left circumflex and the right coronary arteries. The left main and ramus intermedius cannot be billed with additional branches these can only be billed as main vessels.

Each of the coronary intervention code should include a modifier indicating which vessel is being treated.

Five modifiers for the major coronary arteries for intervention are:

- Left Main (-LM)
- Ramus Intermedius (-RI)
- Left Circumflex (-LC)
- Left anterior descending (-LD)
- Right coronary (-RC)

PCI coding is based on identifying the type of intervention required to treat the diseased vessel. Any additional interventions performed on other vessels, including up to 2 branches, in the LC, LD and RC can also be reported. Each intervention code should include the appropriate modifier to identify the vessel treated. Coding the base code using the hierarchy of intensity and including codes for additional interventions performed will optimize coding these types of services.

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Empire BlueCross BlueShield

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