

## **Billing and Coding Guidelines**

**LCD Database ID Number**  
**L30719**

**LCD Title**  
**Cardiac Catheterization and Coronary Angiography**

**Contractor's Determination Number**  
**CV-006**

### **Coding Information**

#### **General**

1. List the appropriate CPT cardiac catheterization code/combination that most clearly describes the service(s) performed.
2. List the appropriate ICD-9 code describing the condition/diagnosis of the patient that is the reason for the right, left, or combined right/left catheterization service(s).
3. Cardiac catheterization codes 93452-93461 include contrast injections, image supervision, interpretation and report for imaging typically performed during these procedures.
4. When injections procedures for right atrial, aortic or pulmonary angiography are performed in conjunction with cardiac catheterization these services (93566-93568) are reported in addition to the appropriate catheterization code.
5. Services considered included in cardiac catheterization/angiography procedures (93452-93461) are as follows, when indicated:
  - a. Local anesthesia and/or sedation
  - b. Introduction, positioning, and repositioning of catheters
  - c. Recording of intracardiac and intravascular pressures
  - d. Obtaining blood samples for blood gases
  - e. Cardiac output measurements
  - f. Monitoring services, e.g., ECCS, arterial pressures, oxygen saturation
  - g. Vascular catheter and line removal
  - h. Final Evaluation
  - i. Written Report
6. Swan Ganz Placement (93503). When a catheter is placed in the right heart for medically necessary monitoring purposes, the code 93503 must be reported. The codes describing a right heart catheterization (e.g., 93451) are used only for medically necessary diagnostic procedures. Do not report code 93503 in conjunction with other diagnostic cardiac catheterization codes. The code 93503 includes:
  - a. Anesthesia or sedation.
  - b. The insertion of the flow-directed catheter.
  - c. The recording of intracardiac and intravascular pressures.
  - d. Obtaining blood samples.
  - e. The use of data obtained from measurements of the catheter.

7. The CPT codes for "Repair of blood vessel, direct" (35201, 35206 and 35226) and "Repair of blood vessel with graft other than vein" (35261, 35266 and 35286) are codes for open repairs of these vessels and should not be used to bill for the use of percutaneous vascular closure devices with angiographic, cardiac catheterization and interventional cardiology or radiology procedures.

Vascular closure of the puncture site is an inherent part of all procedures for arterial access. As such, it is included in the arterial access codes for all angiographic and Catheterization procedures and may not be billed separately. These services are not separately payable with angiographic or cardiac catheterization procedures.

8. Endomyocardial biopsy (93505) may be separately allowed when performed independently or in addition to a cardiac catheterization procedure, when medical necessity is met (e.g., pre or post heart or heart/lung transplant, suspected doxorubicin myotoxicity, in the presence of, or suspected heart neoplasm). Typically, multiple samples are obtained. When this service is billed, list **one** unit of service for single or multiple biopsy excisions.
9. Insertion of intra-aortic balloon catheter (33967) may be separately allowed when performed independently or in addition to a cardiac catheterization procedure, when medical necessity is met.
10. Medicare Part B covers only the professional component of cardiac catheterization procedure when performed in a hospital inpatient or a hospital outpatient setting. The technical component is covered under the Part A benefit.
11. The global (technical [TC] and professional [26] components) procedures are covered under Part B in the following circumstances:
  - a. The procedure is performed in a free-standing facility. Cardiac catheterization may be covered in a free-standing facility when the catheterization is performed under personal physician supervision. Personal physician supervision means the physician would have to be present in the room while the cardiac catheterization is being performed.
  - b. The cardiac catheterization is performed in an entity set up as a physician specialty group or physician directed clinic.
12. Cardiac catheterizations under Part B can be performed in the following place of service (POS):  
**Professional and /or technical services are payable in an:**  
11-office,  
49 independent clinic  
  
**Professional service is payable by Part B in:**  
21-inpatient,  
22-outpatient
13. Cardiac catheterizations will be payable when performed by the following specialties:  
06-Cardiology,  
78-Cardiac Surgery  
21-Cardiac Electrophysiology

When a right heart catheterization, procedure code 93451, is being done for hemodynamic evaluation of pulmonary hypertension and billed with diagnosis codes 416.0 or 416.8.

29- Pulmonologist  
81- Critical care intensivist

14. Consult the CCI for services considered bundled into the service billed.
15. All services provided by the billing physician for the cardiac catheterization procedure must be submitted on one claim.

**Published/Website**

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07/16/2010

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07/16/2012

**Revision History**

06/01/2012 - This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12.

07/01/2011 Added new physician specialty code 21 Cardiac Electrophysiology effective 04/01/2011 (CR 7209). 01/01/2011 Removed instructions that do not apply with new code descriptions. CPT code update added codes 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93563, 93564, 93565, 93566, 93567, 93568. Deleted codes 93501, 93508, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93539, 93540, 93541, 93542, 93543, 93544, 93545, 93555, 93556,