

2009 CODING & PAYMENT QUICK REFERENCE

Physician

BACKGROUND

- This guide covers the coding options for drug-eluting stents.
- All payment amounts are Medicare national averages for urban areas, full update; actual payments will vary by numerous factors, including geographic location.
- Procedure, rather than device(s) used, often drives coding options. Physician CPT^{®1} codes in this guide represent codes for procedures that frequently use drug-eluting stents. However, hospital outpatient HCPCS and inpatient ICD-9-CM procedure coding options are determined by use of the drug-eluting stent(s).

PHYSICIAN CODING

CPT codes are used to identify services performed by the physician and are paid separately from the facility fee. The same CPT codes apply for coronary drug-eluting and bare metal stent procedures.

MEDICARE PHYSICIAN - (January 01, 2009 – December 31, 2009)

CPT ^{®1} Code	Code Description	In-Facility Transitional Payment ²
92980	Transcatheter placement of an intracoronary stent(s), percutaneous with or without other therapeutic intervention, any method; single vessel	\$848
92981	Transcatheter placement of an intracoronary stent(s), percutaneous with or without other therapeutic intervention, any method; each additional vessel (list separately in addition to code for primary procedure)	\$236

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² Sources: November 19, 2008 Federal Register. MD payments calculated using the 2009 conversion factor of \$36.0666. MD rates are effective through December 31, 2009.

2009 CODING & PAYMENT QUICK REFERENCE

Hospital

MEDICARE HOSPITAL OUTPATIENT - (January 01, 2009 – December 31, 2009)

CPT ^{®3} Code	Code Description	APC Group	2009 APC Payment ⁴	C-Code
G0290	Transcatheter placement of a drug-eluting intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	0656: Transcatheter Placement of Drug-Eluting Stents	\$7,669	C1874** Stent, coated/covered, with delivery system
G0291*	each additional vessel			

*Subject to the 50% multiple procedure reduction.

**C1874 is for data tracking and will not trigger additional pass-through payment.

MEDICARE HOSPITAL INPATIENT - (Effective October 01, 2008 – September 30, 2009)

ICD-9 Code ⁵	Code Description	MS-DRG Group ⁶	2009 MS-DRG Payment ⁷
00.66	Percutaneous transluminal coronary angioplasty (PTCA) or coronary atherectomy	246: Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	\$17,473
36.07	Insertion of drug-eluting coronary artery stent(s)		
Code also: (Select appropriate additional codes)			
00.40	Procedure on single vessel	247: Perc cardiovasc proc w drug-eluting stent w/o MCC	\$10,620
00.41	Procedure on two vessels		
00.42	Procedure on three vessels		
00.43	Procedure on four or more vessels		
00.44	Procedure on vessel bifurcation		
00.45	Insertion of one vascular stent		
00.46	Insertion of two vascular stents		
00.47	Insertion of three vascular stents		
00.48	Insertion of four or more vascular stents		

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⁴ Source: November 18, 2008 Federal Register.

⁵ Source: The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2008 Craig D. Puckett, Fifth Edition.

⁶ MS- DRG grouping is based on combination of ICD-9 procedure codes and diagnosis codes. Diagnoses codes not provided due to large number of possibilities that exist.

⁷ Source: October 3, 2008 Federal Register (update). National average (wage index greater than one) MS-DRG rates calculated using the national adjusted full update standardized labor, non-labor and capital amounts (\$5,552.58). (Actual reimbursement will vary for each provider and institution for a variety of reasons including geographic differences in labor and non-labor costs, hospital teaching status, and/or proportion of low-income patients).

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