

2009 Intravascular Ultrasound (IVUS) and Intracardiac Echocardiography (ICE) Coronary

Reimbursement Information

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2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

- This guide reviews possible coding options for coronary IVUS and ICE procedures.
- All payment amounts are Medicare national averages; actual payments will vary by numerous factors, including geographic location.

MEDICARE PHYSICIAN PAYMENT

CPT ^{®1} Code	Code Description	2009 MD National Average Payment ² (Effective Jan 01, 2009 – Dec 31, 2009)
+92978-26*	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	\$100
+92979-26*	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	\$80
+93662-26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$154

+Add-on codes are always performed in addition to the primary service/procedure and are not reimbursed as a stand-alone code. Check with your local Medicare contractors and third party payers to determine which interventions will be accepted as the primary procedure. Note: IVUS may not be recognized as an add-on to diagnostic catheterization.

*26: Professional or physician component may be reported separately for image interpretation.

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

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MEDICARE HOSPITAL OUTPATIENT

CPT ^{®3} Code	Code Description	APC Group	2009 APC Payment ⁴ (Effective Jan 01, 2009 – Dec 31, 2009)	C-Code
92978	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	Status N, items and services packaged into primary procedure. No separate payment.		C1753* Catheter Intravascular Ultrasound
92979	Intravascular ultrasound (coronary vessel or graft) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)			
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)			C1759* Catheter Intracardiac Echocardiology

*C1753 and C1759 are for data tracking and will not trigger additional pass-through payments.

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⁴Source: November 18, 2008 Federal Register.

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MEDICARE HOSPITAL INPATIENT

ICD-9-CM Procedure Code ⁵	MS-DRG ⁶ (Primary Procedure)	2009 Medicare National Average Payment Rate ⁷ (Effective Oct 01, 2008 – Sept 30, 2009)
00.24: Intravascular imaging of coronary vessels	246 Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	\$17,473
00.28: Intravascular imaging, other specified vessel(s)	247 Perc cardiovasc proc w drug-eluting stent w/o MCC	\$10,620
00.29: Intravascular imaging, unspecified vessel(s)	248 Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	\$15,573
37.28: Intracardiac echocardiography	249 Perc cardiovasc proc w non-drug-eluting stent w/o MCC	\$9,103
	250 Perc cardiovasc proc w/o coronary artery stent w MCC	\$16,611
	251 Perc cardiovasc proc w/o coronary artery stent w/o MCC	\$8,905
	286 Circulatory disorders except AMI, w card cath w MCC	\$10,977
	287 Circulatory disorders except AMI, w card cath w/o MCC	\$5,693

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 based on combination of ICD-9 procedure codes and diagnosis codes. Diagnosis 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).

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