

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

Reimbursement Information

Boston Scientific

## 2008 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 <sup>®1</sup> Code	Code Description	2008 MD National Average Payment <sup>2</sup> (Effective 1/1/08-6/30/08)
+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)	\$ 95
+92979-26*	each additional vessel (List separately in addition to code for primary procedure)	\$ 76
+93662-26	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	\$147

+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 is typically not recognized as an add-on to diagnostic catheterization

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

### MEDICARE HOSPITAL OUTPATIENT

CPT <sup>1</sup> Code	Code Description	APC Group	2008 APC Payment <sup>3</sup> (Effective 1/1/08-12/31/08)	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	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 Echocardiography

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

See page 2 for footnotes and disclaimer.

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### MEDICARE HOSPITAL INPATIENT

ICD-9-CM Procedure Code <sup>4</sup>	DRG <sup>5</sup> (Primary Procedure)	2008 Medicare National Average Payment Rate <sup>6</sup> (Effective 10/1/07-9/30/08)
00.24: Intravascular imaging of coronary vessels	246 Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	\$15,733
	247 Perc cardiovasc proc w drug-eluting stent w/o MCC	\$11,513
00.28: Intravascular imaging, other specified vessels(s)	248 Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	\$13,639
	249 Perc cardiovasc proc w non-drug-eluting stent w/o MCC	\$9,817
00.29: Intravascular imaging, unspecified vessel(s)	250 Perc cardiovasc proc w/o coronary artery stent or AMI w MCC	\$13,471
	251 Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC	\$9,468
37.28: Intracardiac echocardiography	286 Circulatory disorders except AMI, w card cath w MCC	\$9,028
	287 Circulatory disorders except AMI, w card cath w/o MCC	\$6,182

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<sup>2</sup>Sources: Medicare, Medicaid, and SCHIP Act of 2007, November 27, 2007 Federal Register, and PFS 2008 Addendum B revised December 4, 2007. MD payments calculated using the 2008 conversion factor of \$38.0870 and mandated budget neutrality work adjuster of 0.8806. MD rates are effective through June 30, 2008.

<sup>3</sup>Source: November 27, 2007 Federal Register.

<sup>4</sup>Source: The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2007. Craig D. Puckett, Fifth Edition.

<sup>5</sup>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.

<sup>6</sup>Source: October 10, 2007 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 (\$5,416.74).

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