

2008 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; 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 - (Effective 1/1/2008-6/30/2008)

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	\$806
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)	\$224

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² 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.

2008 CODING & PAYMENT QUICK REFERENCE

Hospital

MEDICARE HOSPITAL OUTPATIENT - (Effective 1/1/2008-12/31/2008)

CPT® ³ Code	Code Description	APC Group	2008 APC Payment ⁴ (Effective 1/1/08-12/31/08)	Pass-Through 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	\$7,543	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 10/1/2007-9/30/2008)

ICD-9 Code ⁵	Code Description	MS-DRG Group ⁶	2008 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	\$15,733
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	\$11,513
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 27, 2007 Federal Register.

⁵ Source: The Educational Annotation of ICD-9-CM, Reno, NV; Channel Publishing Ltd. Copyright 2007 Craig D. Puckett, Fifth Edition

⁶ MS- DRG grouping is 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 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 (\$5416.74).

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