

2009 CODING & PAYMENT QUICK REFERENCE

BACKGROUND

- This guide reviews possible coding options for peripheral IVUS procedures.
- All payment amounts are Medicare national averages; actual payments may vary depending on 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)
+37250*	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	\$111
+37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	\$83
75945 -26**	Intravascular ultrasound (non-coronary vessel), radiologic supervision and interpretation; initial vessel	\$21
75946 -26**	Intravascular ultrasound (non-coronary vessel), radiologic supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)	\$21

*Add-on codes (denoted by +) 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 Source: November 19, 2008 Federal Register. MD payments calculated using the 2009 conversion factor of \$36.0666. MD rates are effective through December 31, 2009.

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2009 CODING & PAYMENT QUICK REFERENCE

MEDICARE HOSPITAL OUTPATIENT

CPT® ³ Code	Code Description	APC Group	2009 APC Payment ⁴ (Effective Jan 01, 2009 - Dec 31, 2009)	C-Code
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; 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
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)			
75945**	Intravascular ultrasound (non-coronary vessel), radiologic supervision and interpretation; initial vessel	267-Level III diagnostic ultrasound	\$153	
75946	Intravascular ultrasound (non-coronary vessel), radiologic supervision and interpretation; each additional vessel (List separately in addition to code for primary procedure)	Status N, items and services packaged into primary procedure. No separate payment.		

*C1753 is for data tracking and will not trigger additional pass-through payment

**75945 – Status Q2, packaged service subject to separate payment under OPSS payment criteria

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⁴Source: November 18, 2008 Federal Register.

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2009 CODING & PAYMENT QUICK REFERENCE

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)
00.21: Intravascular imaging of extracranial cerebral vessels	MS-DRG 252 -Other vascular procedures with MCC	\$16,408
00.22: Intravascular imaging of intrathoracic vessels	MS-DRG 253 -Other vascular procedures with CC	\$12,518
	MS-DRG 254 -Other vascular procedures without CC/MCC	\$8,565
00.23: Intravascular imaging of peripheral vessels	MS-DRG 299 -Peripheral vascular disorders with MCC	\$7,979
00.28: Intravascular imaging, other specified vessels(s)	MS-DRG 300 -Peripheral vascular disorders with CC	\$5,156
	MS-DRG 301 -Peripheral vascular disorders without CC/MCC	\$3,668
00.29: Intravascular imaging, unspecified vessel(s)		

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

⁶MS-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.

⁷Source: 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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