



From the ASDIN Coding Committee...

New Codes for Angioplasty

CMS has created and issued two new codes for angioplasty associated with a dialysis vascular access, one for venous and one for arterial. The new codes are:

- Venous angioplasty – G0393
- Arterial angioplasty – G0392

The information relative to RVUs attached to these codes is shown below.

HCPCS	Mod	Status	Description	Physician Work RVUs	Fully Implemented Non-Facility PE RVUs	Year 2007 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2007 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2007 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2007 Transitional Facility Total	Global
G0392		A	AV fistula or graft arterial	9.48	47.48	53.96	3.25	3.48	0.62	57.58	64.05	13.35	13.58	000
G0393		A	AV fistula or graft venous	6.03	35.61	42.45	1.97	2.26	0.34	41.98	48.82	8.34	8.63	000

Since most interventional nephrologists are working in a free standing facility that represents an extension of practice, the venous angioplasty code carries a total RVU of 48.82 and the arterial procedure carries 64.05. These are the same as was the case for the old CPT codes.

Since most of us did not expect these changes, some clarification is in order.

What is a G Code?

According to the Compliance Training Manual published by CMS there are three levels of coding:

- Level I – CPT codes
- Level II – National HCPCS codes
- Level III – Local codes

CPT codes are developed, defined and owned by the AMA. CMS has adopted these as the standard. They can determine how they are to be interpreted, but they cannot change them. HCPCS (HCFA Common Procedural Coding System) on the other hand are codes that are developed and defined by CMS. These are assigned alpha-numeric designation. They consist of a single letter (in this case G) which is followed by four numeric digits. They are used to report medical services and supplies and are updated on an annual basis. The G codes describe temporary procedures/professional services. It is presumed that these codes will eventually be changed to CPT codes within a given time period; however, they may stay in use for quite a protracted period.

Why Do We Need New Codes for Angioplasty?

The old CPT codes which we have used in the past, 35476 and 35475, covered all types of venous and arterial angioplasty. They were not specific. Therefore, when an attempt was made to place angioplasty on the approved list of CPT codes for an ambulatory surgical center because it seems reasonable that dialysis vascular access angioplasty should be performed there, it was denied because there were other types of angioplasty that the committee felt should be restricted to the hospital setting with surgical back-up.

We have lobbied for these codes that would be unique for the dialysis access for some time. This was done with considerable trepidation because there was fear that if CMS did create a new code, the RVUs attached might be drastically changed. Having them create the new codes with the same RVUs as the old codes represents the best of both worlds.

Since the new G codes have been put into place, both arterial and venous angioplasty of dialysis vascular access has been placed on the approved list of codes for an ambulatory surgical center.

Additionally, in the past CMS has had no way to quantitate the number of angioplasties done on dialysis vascular access. With these new G codes this will now be possible.

When Will the New G Codes Take Effect?

The new G codes take effect on January 1, 2007. This is not to say that there will not be confusion. Past experience suggest that there will be considerable confusion, but it should be relative short-lived. Private carriers will take some time to adopt these new codes. With these, you will probably continue to need the old CPT codes. This will add to the confusion. However, in the end, we should be better off with specific codes that with the old global codes.

It should be noted, however, that Medicaid does not adopt new codes until later in the year and although the new G codes will go into effect for CMS on January 1, 2007, Medicaid may not accept them until several months into 2007.

Additionally, not all carriers can be expected to pick up on the new codes immediately. There will probably be a period of delay (and confusion). However, we have indications at that time that the major carriers are accepting the new G codes at least at a 90% level.

Do We Have to Use the New Codes?

Their use is not optional. According to the CMS compliance Training Manual, "HCFA has mandated the use of HCPCS codes for Medicare claims." The basic policy for the coding of any procedure is to adopt the code that most closely describes what was done. In the case of the dialysis vascular access, these new G codes describe what has been done better and more accurately than the old CPT codes.

How Do We Use the New G CODES?

Use them exactly as you would the old CPT codes if the patient has a graft or fistula problem. This would include all angioplasties done in connection with that access – all the way from the arterial system around to the venous drainage up through the central veins. It is simply a swap – same rules, same principles, no difference. If the case does not involve a peripheral access, graft or fistula, such as a stenosis associated with a dialysis catheter or a fibrin sheath, then the old CPT code applies.

Site of service is not a factor; the new G codes apply for all sites of service.

What About the S&I Codes?

These have not been changed. The appropriate S&I CPT code should still be applied were warranted. Unfortunately, these radiological codes are still not on the approved list of codes for the Ambulatory Surgical Center. This means that we have more work to do.

Sedation Codes Were Bundled with the Old CPT Codes, What About the G Codes?

CMS is proposing to add edits to the National Correct Coding Initiative (NCCI) that would bundle the sedation codes with the new G codes. This has yet to be published; however, one can expect that this will be the case. We would recommend that they be considered to be bundled.

Remember

Starting January 1, 2007 an angioplasty procedure should be coded as:

Venous angioplasty – G0393, 75978

Arterial angioplasty – G0392, 75962