



Related MLN Matters Article #: MM5667

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### *Clarification of Percutaneous Transluminal Angioplasty (PTA) Billing Requirements Issued in CR 3811*

#### Key Words

MM5667, CR5667, R1315CP, CR3811, PTA, Percutaneous, Transluminal, Angioplasty

#### Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for services provided to Medicare beneficiaries

#### Key Points

- The effective date of the instruction is March 17, 2005.
- The implementation date is October 1, 2007.
- On March 17, 2005, the Centers for Medicare & Medicaid Services (CMS) issued a National Coverage Determination (NCD) that provides Medicare coverage for PTA of the carotid artery concurrent with placement of a Food and Drug Administration-approved carotid stent when beneficiaries are at high risk for carotid endarterectomy.
- This was announced in Change Request (CR) 3811 and was effective March 17, 2005 (See the Important Links section below.).
- The NCD provides coverage for patients with symptomatic carotid artery stenosis who meet the coverage criteria specified in the policy.
- As stated in the NCD:
  - Patients who experience non-disabling strokes (modified Rankin scale < 3) are considered to be symptomatic and therefore, are eligible for coverage; however,
  - Patients who experience disabling strokes (modified Rankin scale  $\geq$  3) are not eligible for coverage.
- Currently, there are no codes that distinguish between non-disabling and disabling strokes.

- In order to ensure that claims for all eligible patients can be paid, CR5667 adds the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code of 433.11 (Occlusion and stenosis of carotid artery, with cerebral infarction) to the list of payable claims for carotid artery stenting.
- Patients who experience disabling strokes remain ineligible for coverage.

Note: Medicare contractors will not search their files to reprocess claims already processed. However, they will adjust such claims if providers bring the claims to their attention. Since CMS considers this an administrative error, the provider's Medicare contractor will follow the guidelines in the *Medicare Claims Processing Manual* (Chapter 1, Section 70.7.1) for allowing an extension to the timely filing limits. This allows the contractor to accept claims with 433.11 outside the timely filing limitations, since such claims were not previously payable due to the administrative error.

### Billing Information

- CR5667 also advises providers that they can correctly bill covered bilateral carotid services by coding the following ICD-9-CM codes in any order on the same claim:
  - 433.30 (Occlusion and stenosis of multiple and bilateral arteries, without mention of cerebral infarction) or 433.31 (Occlusion and stenosis of multiple and bilateral arteries, with cerebral infarction) and
  - 433.10 (Occlusion and stenosis of carotid artery, without mention of cerebral infarction) or 433.11 (occlusion of the carotid artery with infarct).
- Providers would code 433.30 with 433.10 or 433.31 with 433.11 to identify the multiple and bilateral condition and 433.10 or 433.11 to specifically identify the carotid artery.
- Claims submitted by physicians to carriers or A/B MACs may also contain:
  - A Current Procedural Terminology (CPT) code of 37215 (Transcatheter placement of intravascular stent(s), cervical carotid artery, Percutaneous; with distal embolic protection),
  - A CPT of 0075T (Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel), or
  - A CPT code of 0076T (Each additional vessel).
- Claims submitted by institutional providers to FIs or A/B MACs should contain the appropriate procedure codes of 00.61 (Percutaneous angioplasty or atherectomy of precerebral (extracranial) vessels) and 00.63 (Percutaneous insertion of carotid artery stent(s)).

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5667.pdf> on the CMS website.

The official instruction (CR5667) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R1315CP.pdf> on the CMS website.

Medicare manuals are available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage> on the CMS website.

Related MLN Matters articles that providers may wish to review are:

- MM3489, Percutaneous Transluminal Angioplasty (PTA), which is located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3489.pdf> on the CMS website.
- MM3811, Expansion of Coverage for Percutaneous Transluminal Angioplasty (PTA), which is located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3811.pdf> on the CMS website.
- MM5022, Clarification on Billing Requirements for Percutaneous Transluminal Angioplasty (PTA) Concurrent with the Placement of an FDA-approved Carotid Stent, which is located at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5022.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their carrier, FI, or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.