

LCD for Cardiac Catheterization (L26623)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26623

LCD Title

Cardiac Catheterization

Contractor's Determination Number

CV-506

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862(a)(1)(A). This section excludes coverage and payment for items and services that are not considered reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the function of a malformed body member.

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 10/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Diagnostic cardiac catheterization is the introduction and maneuvering of a catheter into the heart to assess cardiac function. This assessment may include the measurement of intracavitary pressures, obtaining blood samples for blood gas analysis, dilution curves and determination of cardiac output. Additionally, specific angiographic information may be obtained by selective injection of contrast material.

Cardiac catheterization is generally indicated to determine the optimal therapeutic strategy in a given patient with heart disease. It may also be used to establish that the diagnosis is coronary artery disease. In most cases, the results of diagnostic cardiac catheterization would guide the physician in selecting a primarily medical vs. an interventional or surgical approach.

Cardiac catheterization may be utilized in various clinical situations ranging from those requiring only a right heart catheterization to those requiring the performance of right and left heart catheterization with simultaneous interventional procedures. The following guidelines outline the medical necessity for coverage.

Right Heart Catheterization

This is the introduction of a catheter(s) into the right atrium, right ventricle and pulmonary artery. Hemodynamic measurements, cardiac output determination, shunt determinations, blood sampling and hydrogen arrival time are commonly included as part of the procedure. Placement of catheter(s), repositioning and replacement with other catheters are included as part of the procedure. Cannulation of the coronary sinus is included in this procedure.

Indications for Right Heart Catheterization

Right heart catheterization is indicated to evaluate:

- Valvular heart disease
- Congestive heart failure
- Congenital heart disease
- Cor pulmonale
- Pulmonary hypertension
- Intracardiac shunts
- Endocarditis and Myocarditis
- Cardiogenic shock
- Myocardial infarction
- Transplanted heart or valve

Limitations for Right Heart Catheterization

This procedure is done in a cardiac catheterization laboratory or interventional radiology laboratory and does not include a "bedside placement" of a flow directed (Swan-Ganz type) catheter.

There is no additional reimbursement for a right heart catheterization done for reasons other than hemodynamic evaluation. Studies done in conjunction with electrophysiologic tests, HIS bundle studies, pacing studies, temporary pacemaker insertion and endomyocardial biopsy are not separately payable. Right heart catheterization with hemodynamic measurements done at the same time as these above-mentioned procedures will still have to meet the requirements of medical necessity.

There is no additional reimbursement for leaving a catheter in place for monitoring at the conclusion of a right heart catheterization or for the introduction of a Swan-Ganz type catheter at the time of a right heart catheterization, or for its subsequent removal.

Right heart catheterization is not indicated for:
Atherosclerotic heart disease without heart failure
Angioplasty or other interventional procedures

Left Heart Catheterization

Indications and Limitations for Left Heart Catheterization

This is the introduction of catheter(s) into the aorta, left ventricle and left atrium and includes cannulation of the coronary arteries and bypass grafts. It includes hemodynamic measurements, blood sampling and shunt determinations as part of the procedure. Placement of multiple catheters and their repositioning or replacement is included in this procedure. Injection procedures for selective opacification of arteries and conduits are separately reimbursable.

There is no additional reimbursement for a left heart catheterization done for reasons other than hemodynamic evaluation or angiography. Therefore, left heart catheterization is not separately reimbursed with studies such as electrophysiologic or pacing studies or endomyocardial biopsies (unless there is medical necessity).

Angiography

Indications and Limitations for Angiography

Angiograms of the individual cardiac chambers will be reimbursed based on medical necessity. Coding must utilize the most all-inclusive procedure description. Each procedure may be reimbursed only once regardless of the number of views or actual pictures taken.

Aortography is reimbursable only for diagnoses of aortic root disease, valvular heart disease or congenital heart disease. It is not reimbursable for atherosclerotic heart disease. Angiograms to visualize the coronary ostia are included as part of coronary angiography. A diagnosis of "rule out (valvular lesion)" is not reimbursable.

Coronary angiography includes arteriograms of all the coronary arteries and their branches, regardless of the number of vessels visualized. Coronary angiography includes angiograms done with the administration of medications for diagnostic purposes (e.g., ergonovine, nitroglycerin) as part of the procedure. The procedure may be reimbursed only once regardless of the number of views, films or whether medications were administered. Replacement and repositioning of catheters are considered part of the procedure and are not reimbursable separately. The selective injection procedures may be performed without a formal left heart catheterization.

Angioplasty/Stent Placement/Atherectomy

Indications and Limitations for Angioplasty/Stent Placement/Atherectomy

The interventional procedures: percutaneous transluminal angioplasty, coronary stent placement and atherectomy are described under the interventional cardiology policy. These are separately reimbursable procedures.

Diagnostic cardiac catheterization with coronary angiography performed prior to an interventional procedure is reimbursable whether done on the same day or on a previous day, when used as a diagnostic tool to evaluate the need for the intervention, but only once prior to the interventional procedure. When the interventional procedure and cardiac catheterization with angiography are done on the same day, the multiple surgery pricing will apply (payment in full for the higher of two procedures and 50% for the second, etc.). Angiography to evaluate results of the interventional procedure and to guide the catheter(s) (to assist with the interventional procedure) is considered incident to the procedure and is not separately reimbursable.

General Limitations

The completion of the diagnostic cardiac catheterization and the interventional procedure on the same day is increasingly the standard of practice. While there may be legitimate reasons for delaying the interventional procedure (e.g., transfer from a community hospital to a tertiary center), Medicare strongly discourages the separation of these procedures to circumvent the multiple surgery pricing.

Cardiac catheterization requires personal (in person) supervision of its performance by a physician. When performed in a teaching setting, the teaching physician must be present with the resident throughout the procedure. The performance by the resident alone would not establish a basis for fee schedule payment for such services.

Vascular closure of the puncture site is an inherent part of all procedures for arterial access. As such, it is included in the arterial access codes for all angiographic and catheterization procedures, and may not be billed separately.

Other Non-covered Procedures During Catheterization

- Prophylactic insertion of temporary transvenous pacemaker
- Assistant at surgery
- Right heart catheterization for the purpose of inserting a temporary pacemaker or performing electrophysiologic studies
- Standby anesthesia or surgeon during angioplasty
- Repositioning and replacement of catheters
- Administration of medications during catheterization
- Percutaneous vascular closure (e.g., Perclose)
- Anesthesia

A claim for diagnostic cardiac catheterization services rendered in a freestanding facility that has not been certified by the appropriate Quality Improvement Organization (QIO) will be denied as non-covered.

Determinations of coverage for cardiac catheterization when performed outside the hospital setting will be at the discretion of the local Medicare contractor. (CMS CR 4280, Transmittal 46, dated January 27, 2006)

For services that exceed the accepted standard of medical practice, or are deemed not medically necessary, the physician must provide the patient with an acceptable advance notice of Medicare's possible denial of payment and a waiver of liability should thus be signed when a physician does not want to accept the financial responsibility of the service.

Percutaneous vascular closure devices (PVCD) are now available to close an arterial puncture site after angiography, cardiac catheterization and interventional cardiology procedures. These devices are used in place of manual compression, a mechanical clamp to apply pressure to the puncture site, a sandbag or a combination of these methods.

Several PVCD's have been approved by the FDA:

- Techstar(R)XL
- Prostar (R)XL

- Prostar (R)Plus (Perclose, Inc)
- Angio-Seal (TM) (Sherwood-Davis & Geck)
- VasoSeal(R) (Datascope Corp.)
- Any additional similar devices

The advantages of these devices include more rapid hemostasis and earlier patient ambulation after the angiographic or cardiac procedure, allowing more of these procedures to be performed as outpatient services.

They also reduce the amount of physician time spent compressing an artery and monitoring a patient post-angiography or catheterization. These services are not separately payable with diagnostic cardiac catheterization procedures (see the Indications and Limitations of Coverage and/or Medical Necessity section of this policy, under General Limitations).

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

93501	RIGHT HEART CATHETERIZATION
93505	ENDOMYOCARDIAL BIOPSY
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR VENOUS CORONARY BYPASS GRAFT(S) FOR CORONARY ANGIOGRAPHY WITHOUT CONCOMITANT LEFT HEART CATHETERIZATION
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANEOUS

93511 LEFT HEART CATHETERIZATION,
RETROGRADE, FROM THE BRACHIAL ARTERY,
AXILLARY ARTERY OR FEMORAL ARTERY; BY
CUTDOWN

93514 LEFT HEART CATHETERIZATION BY LEFT
VENTRICULAR PUNCTURE

93524 COMBINED TRANSSEPTAL AND RETROGRADE
LEFT HEART CATHETERIZATION

93526 COMBINED RIGHT HEART CATHETERIZATION
AND RETROGRADE LEFT HEART
CATHETERIZATION

93527 COMBINED RIGHT HEART CATHETERIZATION
AND TRANSSEPTAL LEFT HEART
CATHETERIZATION THROUGH INTACT
SEPTUM (WITH OR WITHOUT RETROGRADE
LEFT HEART CATHETERIZATION)

93528 COMBINED RIGHT HEART CATHETERIZATION
WITH LEFT VENTRICULAR PUNCTURE (WITH
OR WITHOUT RETROGRADE LEFT HEART
CATHETERIZATION)

93529 COMBINED RIGHT HEART CATHETERIZATION
AND LEFT HEART CATHETERIZATION
THROUGH EXISTING SEPTAL OPENING (WITH
OR WITHOUT RETROGRADE LEFT HEART
CATHETERIZATION)

93530 RIGHT HEART CATHETERIZATION, FOR
CONGENITAL CARDIAC ANOMALIES

93531 COMBINED RIGHT HEART CATHETERIZATION
AND RETROGRADE LEFT HEART
CATHETERIZATION, FOR CONGENITAL
CARDIAC ANOMALIES

93532 COMBINED RIGHT HEART CATHETERIZATION
AND TRANSSEPTAL LEFT HEART
CATHETERIZATION THROUGH INTACT
SEPTUM WITH OR WITHOUT RETROGRADE
LEFT HEART CATHETERIZATION, FOR
CONGENITAL CARDIAC ANOMALIES

93533 COMBINED RIGHT HEART CATHETERIZATION
AND TRANSSEPTAL LEFT HEART
CATHETERIZATION THROUGH EXISTING
SEPTAL OPENING, WITH OR WITHOUT
RETROGRADE LEFT HEART
CATHETERIZATION, FOR CONGENITAL
CARDIAC ANOMALIES

93539 INJECTION PROCEDURE DURING CARDIAC
CATHETERIZATION; FOR SELECTIVE
OPACIFICATION OF ARTERIAL CONDUITS (EG,
INTERNAL MAMMARY), WHETHER NATIVE OR
USED FOR BYPASS

93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS BYPASS GRAFTS, 1 OR MORE CORONARY ARTERIES
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR PULMONARY ANGIOGRAPHY
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPHY
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR AORTOGRAPHY
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE CORONARY ANGIOGRAPHY (INJECTION OF RADIOPAQUE MATERIAL MAY BE BY HAND)
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CARDIAC CATHETERIZATION; VENTRICULAR AND/OR ATRIAL ANGIOGRAPHY
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING CARDIAC CATHETERIZATION; PULMONARY ANGIOGRAPHY, AORTOGRAPHY, AND/OR SELECTIVE CORONARY ANGIOGRAPHY INCLUDING VENOUS BYPASS GRAFTS AND ARTERIAL CONDUITS (WHETHER NATIVE OR USED IN BYPASS)

ICD-9 Codes that Support Medical Necessity

These are the only covered ICD-9-CM codes: Indications Supporting Right Heart Catheterization (93501) and Right With Left Heart Catheterization (93526, 93527, 93528, 93529):

093.20 - 093.89	SYPHILITIC ENDOCARDITIS OF VALVE UNSPECIFIED - OTHER SPECIFIED CARDIOVASCULAR SYPHILIS
391.0 - 391.9	ACUTE RHEUMATIC PERICARDITIS - ACUTE RHEUMATIC HEART DISEASE UNSPECIFIED
393	CHRONIC RHEUMATIC PERICARDITIS
394.0 - 394.9	MITRAL STENOSIS - OTHER AND UNSPECIFIED MITRAL VALVE DISEASES

395.0 - 395.9	RHEUMATIC AORTIC STENOSIS - OTHER AND UNSPECIFIED RHEUMATIC AORTIC DISEASES
396.0 - 396.9	MITRAL VALVE STENOSIS AND AORTIC VALVE STENOSIS - MITRAL AND AORTIC VALVE DISEASES UNSPECIFIED
397.0 - 397.9	DISEASES OF TRICUSPID VALVE - RHEUMATIC DISEASES OF ENDOCARDIUM VALVE UNSPECIFIED
398.0 - 398.91	RHEUMATIC MYOCARDITIS - RHEUMATIC HEART FAILURE (CONGESTIVE)
398.99	OTHER RHEUMATIC HEART DISEASES
410.00 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
415.0 - 415.19	ACUTE COR PULMONALE - OTHER PULMONARY EMBOLISM AND INFARCTION
416.0 - 416.9	PRIMARY PULMONARY HYPERTENSION - CHRONIC PULMONARY HEART DISEASE UNSPECIFIED
417.0 - 417.9	ARTERIOVENOUS FISTULA OF PULMONARY VESSELS - UNSPECIFIED DISEASE OF PULMONARY CIRCULATION
420.0 - 420.99	ACUTE PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE - OTHER ACUTE PERICARDITIS
421.0 - 421.9	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS - ACUTE ENDOCARDITIS UNSPECIFIED
422.0 - 422.99	ACUTE MYOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE - OTHER ACUTE MYOCARDITIS
423.0 - 423.9	HEMOPERICARDIUM - UNSPECIFIED DISEASE OF PERICARDIUM
424.0 - 424.99	MITRAL VALVE DISORDERS - OTHER ENDOCARDITIS VALVE UNSPECIFIED
425.0 - 425.9	ENDOMYOCARDIAL FIBROSIS - SECONDARY CARDIOMYOPATHY UNSPECIFIED
427.1	PAROXYSMAL VENTRICULAR TACHYCARDIA
427.2	PAROXYSMAL TACHYCARDIA UNSPECIFIED
427.41	VENTRICULAR FIBRILLATION
427.42	VENTRICULAR FLUTTER
427.5	CARDIAC ARREST
428.0 - 428.9	CONGESTIVE HEART FAILURE UNSPECIFIED - HEART FAILURE UNSPECIFIED
429.0	MYOCARDITIS UNSPECIFIED

429.1	MYOCARDIAL DEGENERATION
429.2	CARDIOVASCULAR DISEASE UNSPECIFIED
429.3	CARDIOMEGALY
429.4	FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY
429.5	RUPTURE OF CHORDAE TENDINEAE
429.6	RUPTURE OF PAPILLARY MUSCLE
429.71	CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED ACQUIRED CARDIAC SEPTAL DEFECT
785.51	CARDIOGENIC SHOCK
794.30	UNSPECIFIED ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
794.31	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)
794.39	OTHER NONSPECIFIC ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
996.83	COMPLICATIONS OF TRANSPLANTED HEART
V12.51	PERSONAL HISTORY OF VENOUS THROMBOSIS AND EMBOLISM
V42.1	HEART REPLACED BY TRANSPLANT
V42.2	HEART VALVE REPLACED BY TRANSPLANT
V42.6	LUNG REPLACED BY TRANSPLANT
V43.3	HEART VALVE REPLACED BY OTHER MEANS

These are the only covered ICD-9-CM codes: Indications Supporting Catheterization for Congenital Cardiac Anomalies (93530, 93531, 93532, 93533):

745.0 - 745.9	COMMON TRUNCUS - UNSPECIFIED DEFECT OF SEPTAL CLOSURE
746.00 - 746.9	CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED - UNSPECIFIED CONGENITAL ANOMALY OF HEART
747.0 - 747.49	PATENT DUCTUS ARTERIOSUS - OTHER ANOMALIES OF GREAT VEINS
794.30	UNSPECIFIED ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
794.31	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)
794.39	OTHER NONSPECIFIC ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM

These are the only covered ICD-9-CM codes: Indications Supporting Coronary Arteriograms (93508, 93539, 93540, 93543, 93544, 93545):

394.0 - 394.9

MITRAL STENOSIS - OTHER AND UNSPECIFIED
MITRAL VALVE DISEASES

395.0 - 395.9

RHEUMATIC AORTIC STENOSIS - OTHER AND
UNSPECIFIED RHEUMATIC AORTIC DISEASES

396.0 - 396.9

MITRAL VALVE STENOSIS AND AORTIC VALVE
STENOSIS - MITRAL AND AORTIC VALVE
DISEASES UNSPECIFIED

402.00 - 402.91

MALIGNANT HYPERTENSIVE HEART DISEASE
WITHOUT HEART FAILURE - UNSPECIFIED
HYPERTENSIVE HEART DISEASE WITH HEART
FAILURE

410.00 - 410.92

ACUTE MYOCARDIAL INFARCTION OF
ANTEROLATERAL WALL EPISODE OF CARE
UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION
OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF
CARE

411.0 - 411.89

POSTMYOCARDIAL INFARCTION SYNDROME -
OTHER ACUTE AND SUBACUTE FORMS OF
ISCHEMIC HEART DISEASE OTHER

412

OLD MYOCARDIAL INFARCTION

413.0 - 413.9

ANGINA DECUBITUS - OTHER AND UNSPECIFIED
ANGINA PECTORIS

414.00 - 414.9

CORONARY ATHEROSCLEROSIS OF UNSPECIFIED
TYPE OF VESSEL NATIVE OR GRAFT - CHRONIC
ISCHEMIC HEART DISEASE UNSPECIFIED

420.0 - 420.99

ACUTE PERICARDITIS IN DISEASES CLASSIFIED
ELSEWHERE - OTHER ACUTE PERICARDITIS

424.0

MITRAL VALVE DISORDERS

424.1

AORTIC VALVE DISORDERS

424.2

TRICUSPID VALVE DISORDERS SPECIFIED AS
NONRHEUMATIC

425.0 - 425.5

ENDOMYOCARDIAL FIBROSIS - ALCOHOLIC
CARDIOMYOPATHY

427.1

PAROXYSMAL VENTRICULAR TACHYCARDIA

427.2

PAROXYSMAL TACHYCARDIA UNSPECIFIED

427.41

VENTRICULAR FIBRILLATION

427.42

VENTRICULAR FLUTTER

427.5

CARDIAC ARREST

427.89

OTHER SPECIFIED CARDIAC DYSRHYTHMIAS

428.0 - 428.9

CONGESTIVE HEART FAILURE UNSPECIFIED -
HEART FAILURE UNSPECIFIED

429.0

MYOCARDITIS UNSPECIFIED

429.1

MYOCARDIAL DEGENERATION

429.2

CARDIOVASCULAR DISEASE UNSPECIFIED

429.3	CARDIOMEGALY
429.5	RUPTURE OF CHORDAE TENDINEAE
429.6	RUPTURE OF PAPILLARY MUSCLE
429.71	CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED ACQUIRED CARDIAC SEPTAL DEFECT
429.79	CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED OTHER
786.02	ORTHOPNEA
786.05	SHORTNESS OF BREATH
786.50	UNSPECIFIED CHEST PAIN
786.51	PRECORDIAL PAIN
786.52	PAINFUL RESPIRATION
786.59	OTHER CHEST PAIN
794.30	UNSPECIFIED ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
794.31	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)
794.39	OTHER NONSPECIFIC ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
996.02	MECHANICAL COMPLICATION DUE TO HEART VALVE PROSTHESIS
996.03	MECHANICAL COMPLICATION DUE TO CORONARY BYPASS GRAFT
996.09	OTHER MECHANICAL COMPLICATION OF CARDIAC DEVICE IMPLANT AND GRAFT
996.61	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE IMPLANT AND GRAFT
996.62	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.71	OTHER COMPLICATIONS DUE TO HEART VALVE PROSTHESIS
996.72	OTHER COMPLICATIONS DUE TO OTHER CARDIAC DEVICE IMPLANT AND GRAFT
996.83	COMPLICATIONS OF TRANSPLANTED HEART
997.1	CARDIAC COMPLICATIONS NOT ELSEWHERE CLASSIFIED
V42.1	HEART REPLACED BY TRANSPLANT

These are the only covered ICD-9-CM codes: Indications Supporting Imaging Supervision
(93555 and 93556):

394.0 - 394.9	MITRAL STENOSIS - OTHER AND UNSPECIFIED MITRAL VALVE DISEASES
395.0 - 395.9	RHEUMATIC AORTIC STENOSIS - OTHER AND UNSPECIFIED RHEUMATIC AORTIC DISEASES
396.0 - 396.9	MITRAL VALVE STENOSIS AND AORTIC VALVE STENOSIS - MITRAL AND AORTIC VALVE DISEASES UNSPECIFIED
402.00 - 402.91	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE - UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
410.00 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.0	POSTMYOCARDIAL INFARCTION SYNDROME
411.1	INTERMEDIATE CORONARY SYNDROME
411.81	ACUTE CORONARY OCCLUSION WITHOUT MYOCARDIAL INFARCTION
411.89	OTHER ACUTE AND SUBACUTE FORMS OF ISCHEMIC HEART DISEASE OTHER
412	OLD MYOCARDIAL INFARCTION
413.0	ANGINA DECUBITUS
413.1	PRINZMETAL ANGINA
413.9	OTHER AND UNSPECIFIED ANGINA PECTORIS
414.00 - 414.9	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL NATIVE OR GRAFT - CHRONIC ISCHEMIC HEART DISEASE UNSPECIFIED
420.0 - 420.99	ACUTE PERICARDITIS IN DISEASES CLASSIFIED ELSEWHERE - OTHER ACUTE PERICARDITIS
424.0 - 424.2	MITRAL VALVE DISORDERS - TRICUSPID VALVE DISORDERS SPECIFIED AS NONRHEUMATIC
425.0 - 425.5	ENDOMYOCARDIAL FIBROSIS - ALCOHOLIC CARDIOMYOPATHY
427.1	PAROXYSMAL VENTRICULAR TACHYCARDIA
427.2	PAROXYSMAL TACHYCARDIA UNSPECIFIED
427.41	VENTRICULAR FIBRILLATION
427.42	VENTRICULAR FLUTTER
427.5	CARDIAC ARREST
427.89	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
428.0 - 428.9	CONGESTIVE HEART FAILURE UNSPECIFIED - HEART FAILURE UNSPECIFIED

429.0	MYOCARDITIS UNSPECIFIED
429.1	MYOCARDIAL DEGENERATION
429.2	CARDIOVASCULAR DISEASE UNSPECIFIED
429.3	CARDIOMEGALY
429.5	RUPTURE OF CHORDAE TENDINEAE
429.6	RUPTURE OF PAPILLARY MUSCLE
429.71	CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED ACQUIRED CARDIAC SEPTAL DEFECT
429.79	CERTAIN SEQUELAE OF MYOCARDIAL INFARCTION NOT ELSEWHERE CLASSIFIED OTHER
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
786.02	ORTHOPNEA
786.05	SHORTNESS OF BREATH
786.50	UNSPECIFIED CHEST PAIN
786.51	PRECORDIAL PAIN
786.52	PAINFUL RESPIRATION
786.59	OTHER CHEST PAIN
794.30	UNSPECIFIED ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
794.31	NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)
794.39	OTHER NONSPECIFIC ABNORMAL FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
996.02	MECHANICAL COMPLICATION DUE TO HEART VALVE PROSTHESIS
996.03	MECHANICAL COMPLICATION DUE TO CORONARY BYPASS GRAFT
996.09	OTHER MECHANICAL COMPLICATION OF CARDIAC DEVICE IMPLANT AND GRAFT
996.61	INFECTION AND INFLAMMATORY REACTION DUE TO CARDIAC DEVICE IMPLANT AND GRAFT
996.62	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.71	OTHER COMPLICATIONS DUE TO HEART VALVE PROSTHESIS
996.72	OTHER COMPLICATIONS DUE TO OTHER CARDIAC DEVICE IMPLANT AND GRAFT
996.83	COMPLICATIONS OF TRANSPLANTED HEART
997.1	

CARDIAC COMPLICATIONS NOT ELSEWHERE
CLASSIFIED

V42.1

HEART REPLACED BY TRANSPLANT

These are the only covered ICD-9-CM codes: Indications Supporting Pulmonary/Right Heart Angiography (93541, 93542):

415.0	ACUTE COR PULMONALE
415.11	IATROGENIC PULMONARY EMBOLISM AND INFARCTION
415.19	OTHER PULMONARY EMBOLISM AND INFARCTION
416.0	PRIMARY PULMONARY HYPERTENSION
416.8	OTHER CHRONIC PULMONARY HEART DISEASES
424.2	TRICUSPID VALVE DISORDERS SPECIFIED AS NONRHEUMATIC
424.3	PULMONARY VALVE DISORDERS
429.1	MYOCARDIAL DEGENERATION
429.2	CARDIOVASCULAR DISEASE UNSPECIFIED
518.81	ACUTE RESPIRATORY FAILURE
518.82	OTHER PULMONARY INSUFFICIENCY NOT ELSEWHERE CLASSIFIED
518.84	ACUTE AND CHRONIC RESPIRATORY FAILURE
639.6	EMBOLISM FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES
745.5	OSTIUM SECUNDUM TYPE ATRIAL SEPTAL DEFECT
746.00	CONGENITAL PULMONARY VALVE ANOMALY UNSPECIFIED
746.01	ATRESIA OF PULMONARY VALVE CONGENITAL
746.02	STENOSIS OF PULMONARY VALVE CONGENITAL
746.09	OTHER CONGENITAL ANOMALIES OF PULMONARY VALVE
786.00	RESPIRATORY ABNORMALITY UNSPECIFIED
786.01	HYPERVENTILATION
786.05	SHORTNESS OF BREATH
786.06	TACHYPNEA
786.09	RESPIRATORY ABNORMALITY OTHER
V42.1	HEART REPLACED BY TRANSPLANT
V42.6	LUNG REPLACED BY TRANSPLANT

These are the only covered ICD-9-CM codes: Indications Supporting Endomyocardial Biopsy (93505):

425.4	OTHER PRIMARY CARDIOMYOPATHIES
996.83	COMPLICATIONS OF TRANSPLANTED HEART
V42.1	HEART REPLACED BY TRANSPLANT

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

Documentation supporting the medical necessity, such as ICD-9-CM diagnosis codes, must be submitted with each claim.

All services should have a formal procedural and interpretation report. These reports may be requested to support the medical necessity of the service rendered.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When, the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as "not reasonable and necessary" under Section 1862(a)(1) of the Social Security Act.

When requesting a written redetermination (formerly appeal), please send all relevant documentation with the request.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

Braunwald, Eugene, Heart Disease: A Textbook of Cardiovascular Medicine. W.B. Saunders Co., October 1996.

American College of Cardiology/American Heart Association Ad Hoc Task Force on Cardiac Catheterization, ACC/AHA Guidelines for Cardiac Catheterization and Cardiac Catheterization Laboratories, JACC , Vol. 18, No. 5, November 1, 1991: 1149-1182.

Practice Guidelines for Pulmonary Artery Catheterization: A Report by the American Society of Anesthesiologists Task Force on Pulmonary Artery Catheterization. Anesthesiology 78:380-394, February 1993.

HealthGate Data Corporation, May 14, 1998. Swan-Ganz Catheterization.

Other carriers' local medical review policies.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

2

Revision History Explanation

08/17/2009 ICD-9 2010 annual update code 416.2 added to range, reference to prior contractor removed and title corrected.

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 03/01/08. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS) Part B MAC Missouri-Entire State).

06/29/2009 Removed contractor 05392 E MO, this is joining with W MO effective 8/1/09

added Missouri Eastern

08/10/2008 - This policy was updated by the ICD-9 2008-2009 Annual Update.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

11/15/2009 - The description for CPT/HCPCS code 93540 was changed in group 1

Reason for Change**Last Reviewed On Date**

10/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Billing and Coding Guidelines \(PDF - 10,042 bytes\)](#)

All Versions

Updated on 11/15/2009 with effective dates 10/01/2009 - N/A

Updated on 09/25/2009 with effective dates 10/01/2009 - N/A

Updated on 08/24/2009 with effective dates 08/01/2009 - 09/30/2009

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 03/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 03/01/2008 - N/A

Updated on 05/22/2008 with effective dates 03/01/2008 - N/A

Updated on 04/16/2008 with effective dates 03/01/2008 - N/A

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 12/07/2007 with effective dates 02/01/2008 - N/A