



## ACC Overview of Upcoming Coding Changes in 2010

2009 was a sentinel year for cardiology coding and payment. Not only were there revisions to echocardiography codes, there were significant changes in cardiac device monitoring coding and payment processing. Recently announced changes for 2010 will be more modest, but will still affect three commonly used services – myocardial perfusion/SPECT imaging; coronary CT angiography (CTA); and cardiac MRI.

The ACC has prepared the following overview to help ease the transition to the new codes and better enable physicians and coders to prepare and comply with the new coding structures.

### Multiple Study SPECT Imaging

Multiple study SPECT imaging is one of the most commonly provided cardiology services. To date, this service has typically been reported using three codes: 78465 to report the heart imaging, and two add-on codes, 78478 for wall motion study and 78480 for ejection fraction. However, given the recent trend by policymakers to create one “bundled” code for services performed together, a new code (78452) has been created to report all three of these services.

Similarly, codes for a single SPECT study and planar studies have been created that bundle wall motion and ejection fraction codes. Even if a SPECT or planar study is performed without these additional studies, they should still be reported with these new codes as the old codes have been deleted.

Medicare has reduced the payment for these services by 36 percent with the release of the final 2010 Medicare Physician Fee Schedule. Other services that require the reporting of multiple codes for a single service may be subject to similar review and potential payment reductions in the future. The ACC is fighting to prevent cuts of this magnitude from being implemented.

### Coronary CTA

Coronary CTA is a rapidly developing technology that has been reported using eight different Category III codes since 2005. While Category III codes are used to track emerging technology and often are not paid services, the Category III codes for coronary CTA have been paid services under Medicare and by some private payers for a number of years.

Beginning in 2010, four new Category 1 CPT codes are being added for coronary CTA, replacing the eight Category III codes. Since the codes have changed – shifting from eight codes to four – it is important to review the service provided to determine which code is most appropriate.

### Cardiac MRI

While new cardiac MRI codes were created in 2008, the reporting structure for the codes will change slightly in 2010. As a result of the reporting change, four codes will be deleted and a new add-on code created. Services previously reported with 75558, 75560, 75556, and 75564, which all included velocity flow mapping, now should be reported with the appropriate code from 75557-75563 with an add-on code, 75565, to report the velocity flow mapping.

The tables below list the nine new cardiology CPT codes for 2010. Table 1 lists the revised SPECT codes. Table 2 lists the new codes from the eight existing Category III tracking codes.

**Table 1**

78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

**Table 2**

75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)  Cardiac Magnetic Resonance Imaging
75565	Cardiac Magnetic Resonance Imaging for velocity flow mapping (list separately)

### Tips for Transitioning With Your Health Plans

The ACC recommends working now with your health plans to accurately implement and crosswalk current codes to the new codes so there is no delay in processing beginning in 2010. The ACC is working with local chapters and cardiovascular specialty societies to assist carriers in updating their coverage policies and is asking health plans to maintain reimbursement rates at 2009 levels. Practices should consider negotiating any 2010 contracts now and asking for 2009 reimbursement levels. For information on your local carrier, negotiating contracts or issues with implementation of new coverage policies, please contact Saiza Elayda at [selayda@acc.org](mailto:selayda@acc.org).