Coding Updates for 2022

An overview of endovascular and interventional CPT coding updates for your practice.

By Katharine L. Krol, MD, FSIR, FACR, RCCIR

This article describes coding changes for endovascular and interventional procedures that took effect on January 1, 2022.

KEY

- ▲ Designates an existing CPT code with new revisions in 2022
- ● Designates a new CPT code in 2022
- \+ Designates an add-on code that must be reported with the appropriate base code

EMBOLIC PROTECTION DEVICE DURING TRANSCATHETER AORTIC VALVE REPLACEMENT/IMPLANTATION

+●G33370 Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiologic supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)
(Use 33370 in conjunction with 33361, 33362, 33363, 333364, 33365, 33366)

This add-on code is reported when the service is performed in conjunction with transcatheter aortic valvular replacement/implantation procedures.

ENDOVASCULAR REPAIR OF AORTIC COARCTATION

●33894 Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches

●33895 not crossing major side branches

●33897 Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta

These three new codes are specific for percutaneous therapy of coarctation of the aorta. If angioplasty alone is performed, 33897 is reported. If stenting is performed, 33894 is reported if the stent crosses major branches of the thoracic or abdominal aorta. Code 33895 is reported if a stent is placed that does not cross a major aortic branch.

These codes are inclusive of all catheterizations, diagnostic studies of the aorta, imaging guidance, and radiologic supervision and interpretation. They also include temporary pacemaker placement if used. Balloon angioplasty is included in codes 33894 and 33895 and may not be separately reported for the stented vessel segment. Diagnostic right heart catheterization is not included and may be separately reported if performed and documented.

For stenosis of the aorta other than coarctation (eg, atherosclerosis), treatment is reported with existing codes 37246 (angioplasty) or 37236 (stent).

ADDITIONAL OFFICE EXPENSES INCURRED TO PROVIDE SERVICE(S) DURING A RESPIRATORY PUBLIC HEALTH EMERGENCY

●99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a public health emergency, as defined by law, due to respiratory-transmitted disease

This code was developed in response to the COVID public health emergency (PHE) and may be reported as long as the PHE is still in effect. The code may be reported once daily for in-person encounters (regardless of the number of services provided to that patient in the same day) when the patient is seen in an office or other nonfacility setting. It is intended to help cover the additional costs incurred when providing care, such as additional face masks, cleaning, and staff time for checking in patients or providing patients with previsit instructions that are not needed when there is no PHE.

NERVE DESTRUCTION

●64628 Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first two vertebral bodies, lumbar or sacral

+●64629 each additional vertebral body, lumbar or sacral

NEW CATEGORY III CODES

●0644T Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed

This code applies to either right or left heart procedures and includes vessel access and all selective and nonselective venous and/or arterial catheterizations. Embolic protection is included if performed. It does not include arterial conduits for access when required and does not include repair of arterial access if required. Fluoroscopic and ultrasound guidance are included, but transesophageal echocardiography guidance is not included and may be separately reported if performed by a separate provider. Extracorporeal membrane oxygenation (ECMO) codes may not be reported for the catheterizations or reinfusion of blood in routine cases. However, if the patient requires prolonged ECMO after the procedure is included, ECMO codes may be separately reported.

●0647T Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report

●0655T Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with magnetic resonance–fused images or other enhanced ultrasound imaging

●0673T Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance

●0686T Histotripsy (ie, nonthermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance

A new code for a novel ablation technique was added. It includes ultrasound and all imaging guidance as well as the therapeutic ablation.

LOWER EXTREMITY WOUND ASSESSMENT

▲0493T Contact near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)

●0640T Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO_2]; image acquisition, interpretation and report, each flap or wound

●0641T image acquisition only, each flap or wound

●0642T interpretation and report only, each flap or wound

Three new codes were added to describe noncontact near-infrared spectroscopy studies of cutaneous vascular perfusion. An existing code (0493T) was modified to specify that this service is contact infrared spectroscopy. 0493T is specific for lower extremity, while the new codes (0640T-0642T) are not specific to lower extremity. ■

Katharine L. Krol, MD, FSIR, FACR, RCCIR
Retired Interventional Radiologist
Disclosures: None.