

National Correct Coding Initiative
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August 6, 2008

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Dear Drs. Wallis, Blankenship, Duszak, Allen, Weiner, Zwolak, Siskin, and Tutton:

I thank you for your letter dated February 22, 2008 in which you comment about Chapter 5 (Surgery: Respiratory, Cardiovascular, Hemic and Lymphatic Systems), Section D (Cardiovascular System), Paragraph 16 of the *National Correct Coding Initiative Policy Manual for Medicare Services*, version 13.3, effective October 1, 2007 ("Manual"). We discussed your letter with CMS (Centers for Medicare and Medicaid Services) which owns NCCI and makes all decisions about its contents. We



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also thank you for meeting with CMS and us for a teleconference on this issue on April 3, 2008.

When NCCI was implemented by CMS in 1996, the Manual included a paragraph addressing performance of percutaneous angioplasty and percutaneous (or open) atherectomy in the same vessel at the same patient encounter. The paragraph stated that if a percutaneous angioplasty was followed by an atherectomy generally due to insufficient improvement in blood flow from the angioplasty alone in the same vessel at the same patient encounter only the atherectomy should be reported. Since its initial publication in 1996, no national healthcare organization ever objected to this paragraph.

In 2007 the NCCI received an inquiry from a physician who teaches interventional vascular coding asking whether the same principle discussed in this paragraph applied to other interventional procedures also. After reviewing his request and other information in the Manual, CMS decided to revise the paragraph to clarify that the same principle applies to atherectomy, angioplasty, and stenting. This paragraph in version 13.3 states:

“16. If an atherectomy fails to adequately improve blood flow and is followed by an angioplasty at the same site/vessel during the same patient encounter, only the successful angioplasty may be reported. Similarly if an angioplasty fails to adequately improve blood flow and is followed by an atherectomy at the same site/vessel at the same patient encounter, only the successful atherectomy may be reported. If atherectomy and/or angioplasty fail to adequately improve blood flow and are followed by a stenting procedure at the same site/vessel during the same patient encounter, only the successful stenting procedure may be reported. These principles apply to percutaneous or open procedures.”

As explained above, this paragraph replaced a paragraph that had been present in the Manual since 1996. CMS will temporarily rescind the new paragraph and replace it with the one originally published in 1996 which states:

“When percutaneous angioplasty of a vascular lesion is followed at the same session by a percutaneous or open atherectomy, generally due to insufficient improvement in vascular flow with angioplasty alone, only the most comprehensive atherectomy that was performed (generally the open procedure) is reported (see sequential procedure policy, Chapter I, Section M).”

This change will be retroactive to October 1, 2007. The original paragraph will appear in version 14.3 of the Manual scheduled for publication on October 1, 2008. The change will also occur in the online version of the Manual published on the CMS website as early as possible.

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CMS remains concerned about this issue and encourages your organization to work with other interested parties to address coding for reporting atherectomy, angioplasty, and stenting in non-coronary arteries.

CMS and we appreciate your assistance with the NCCI.

Sincerely,

**(Signed copy will be faxed if requested.
Please provide your fax number with the request.)**

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