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# Medicare Hospital Manual

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

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**HEADER SECTION NUMBERS**

**PAGES TO INSERT**

**PAGES TO DELETE**

443 (Cont.) - 443 (Cont.)

4-434.3 - 4-434.4 (2 pp.)

4-434.3 - 4-434.4 (2 pp.)

**REFER TO CHANGE REQUEST 1884**

**NEW/REVISED MATERIAL--EFFECTIVE DATE: November 15, 2001**

**--IMPLEMENTATION DATE: November 15, 2001**

Section 443, HCPCS for Hospitals Outpatient Radiology Services and Other Diagnostic Procedures, is revised to indicate that this policy only pertains to External Counterpulsation devices intended for the treatment of cardiac conditions. Other non-cardiac conditions in which end diastolic pneumatic compression devices may be considered for coverage are not considered under this policy.

**DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.**

- G0046 PET myocardial perfusion imaging, (following stress ECG, 93015); single study, rest or stress (exercise and/or pharmacologic)
- G0047 PET myocardial perfusion imaging, (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)

m. Payment for Adenosine.--The drug adenosine is paid on a reasonable cost basis when used as a pharmacologic stressor for other diagnostic testing. In cases where the other diagnostic testing procedure being performed is subject to a payment limit, the limit will not be applied to adenosine. Separate cost-based payments for adenosine will be made in addition to payments made for the procedure. When billing for adenosine, HCPCS coding is required. Report HCPCS code J0150 (Injection, adenosine, 6 mg.) with revenue code 636.

n. External Counterpulsation (ECP).--External Counterpulsation (ECP), commonly referred to as enhanced external counterpulsation, is a non-invasive outpatient treatment for coronary artery disease refractory to medical and/or surgical therapy. **Although ECP devices are cleared by the Food and Drug Administration (FDA) for use in treating a variety of cardiac conditions, including stable angina pectoris, acute myocardial infarction, and cardiogenic shock, the use of this device to treat cardiac conditions other than stable angina pectoris is not covered, since only that use has developed sufficient evidence to demonstrate its medical effectiveness.** Medicare payment is made for claims with dates of service on or after July 1, 1999 when this limited coverage is met. **Payment is made under Part B on a reasonable cost basis. Deductible and coinsurance apply. The non-coverage of hydraulic versions of these types of devices remains in force.**

Follow the general billing instructions in §460 Bill on Form HCFA-1450 or electronic equivalent.

Applicable Bill Types.--The appropriate bill types are 12X, 13X, 83X, and 85X.

If you utilize the UB-92 flat file use record type 40 to report bill type. Record type (Field No. 1), sequence number (Field No. 2), patient control number (Field No.3), and type of bill (Field No. 4) are required.

If you utilize the hard copy UB-92 (Form HCFA-1450) report the applicable bill type in Form Locator (FL) 4 "Type of Bill".

HCPCS Reporting.--For claims with dates of service on or after July 1, 1999 report CPT code 93799 (Unlisted cardiovascular service or procedure). For dates of service on or after January 1, 2000 report HCPCS code G0166, (External counterpulsation, per treatment session). If you utilize the UB-92 flat file use record type 61, HCPCS code (Field No. 5) to report the CPT/HCPCS code. If you utilize the hard copy UB-92 (Form HCFA-1450) report the CPT/HCPCS code in FL 44 "HCPCS/Rates."

Codes for external cardiac assist (92971), ECG rhythm strip and report (93040 or 93041), pulse oximetry (94760 or 94761) and plethysmography (93922 or 93923) or other monitoring tests for examining the effects of this treatment are not medically necessary with this service and are not paid on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP.

D. Radiology or Other Diagnostic Unlisted Service or Procedure.--You may find radiology and other diagnostic services for which a corresponding code in HCPCS may not be found. This is because these are typically services that are rarely provided, unusual, or new. You have been instructed to assign the appropriate "unlisted procedure" code to any such service. The following list contains the "unlisted procedure" codes along with the suggested revenue code for billing.

For Radiology

<u>Revenue Code</u>	<u>HCPCS</u>	<u>Definition</u>
32X	76499	Unlisted diagnostic radiologic procedure
402	76999	Unlisted ultrasound procedure
333	77299	Unlisted procedure, therapeutic radiology clinical treatment planning
333	77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices
333	77499	Unlisted procedure, therapeutic radiology clinical treatment management
333	77799	Unlisted procedure, clinical brachytherapy
34X	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
34X	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
34X	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
34X	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
34X	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
34X	78599	Unlisted respiratory procedure, diagnostic nuclear medicine
34X	78699	Unlisted nervous system procedure, diagnostic nuclear medicine
34X	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
34X	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
34X	79999	Unlisted radiopharmaceutical therapeutic procedure

For Other Diagnostic Procedures

<u>Revenue Code</u>	<u>HCPCS</u>	<u>Definition</u>
75X	91299	Unlisted diagnostic gastroenterology procedure
47X	92599	Unlisted otorhinolaryngological service or procedure
48X	93799	Unlisted cardiovascular service or procedure
73X	93799	Unlisted cardiovascular service or procedure
921	93799	Unlisted cardiovascular service or procedure
46X	94799	Unlisted pulmonary service or procedure
74X	95999	Unlisted neurological or neuromuscular diagnostic procedure
922	95999	Unlisted neurological or neuromuscular diagnostic procedure