

ATTENTION PROFESSIONAL SERVICE PROVIDERS BILLING DIAGNOSTIC HEART CATHETERIZATIONS

It has been brought to the Department's attention that clarification is needed regarding the billing of a therapeutic cardiovascular intervention on the same date of service as a coronary angiography. This message is intended to provide clarification for providers who perform and bill for these services.

Coronary angiography without concomitant left heart catheterization should not be billed to report catheter introduction and position within the vessel when performing a therapeutic cardiovascular intervention (such as balloon angioplasty and intracoronary stent placement). This is considered an integral part to the primary procedure; therefore, it should not be reported separately.

The only instance when it would be appropriate to report coronary angiography without concomitant left heart catheterization on the same date of service as a therapeutic cardiovascular intervention would be if a true diagnostic angiography was performed, and documentation supports the performance and necessity for the procedure. Instances which would be appropriate for separate reimbursement include occasions in which no previous angiographic study is available, insufficient previous angiography, or a change in the patient's condition. In order to appropriately bill for both of these services on the same date of service, providers should append the coronary angiography with the appropriate modifier to identify it as a distinct procedural service.

Providers are reminded that the medical record acts as the only means to support services billed. If the medical record does not support the necessity and performance of a true diagnostic angiography, the claim for the angiography will be determined as an overpayment and is subject to recoupment.

Please contact the Molina Provider Relations unit at (800) 473-2783 or (225) 924-5040 with questions concerning this issue.