

BILLING BULLETIN

Re: Interventional Cardiology

Bulletin #: 1 (A)

Date Issued: November 10, 2016 (Amended: September 28, 2018)

Background

This Billing Bulletin provides billing guidance when submitting claims to Manitoba Health, Seniors and Active Living (MHSAL) for tariffs regarding interventional cardiology found in the Cardiovascular System section of the Manitoba Physician's Manual (the Physician's Manual)

The Physician's Manual is the authoritative reference when submitting medical claims to MHSAL. The Billing Bulletin reflects the Surgical Rules of Application and Notes set out in the Physician's Manual. For ease of reference the tariffs have been grouped into categories.

CATEGORY A

One of the following tariffs can be claimed, per sitting. Combinations of the below tariffs are ineligible for payment and should not be claimed:

Angiography- Angiocardiograms- Percutaneous Transluminal Balloon Coronary Angioplasty

Tariff	Description
6267	Percutaneous transluminal balloon coronary angioplasty including angiography with or without pressure measurements on one (1) or more sites on a single coronary artery
6268	on two (2) coronary arteries (i.e., right and circumflex, or right and anterior descending, or circumflex and anterior descending)
6270	on three (3) coronary arteries, right, circumflex, and anterior descending

CATEGORY B

One of the following tariffs may be claimed, per sitting. Combinations of the below tariffs are ineligible for payment and should not be claimed:

Selective Coronary Artery Arteriography, With or Without Heart Catheterization

Tariff	Description
2307	Selective coronary artery arteriography
2308	and left heart catheterization
2325	and right heart catheterization
2327	and both left heart catheterization and right heart catheterization

CATEGORY C

IF 1 tariff from any of the following 5 groups is claimed:

Group 1: Cardiac Catheterization

Tariff	Description
2302	Cardiac catheterization, left heart
2304	left heart plus right heart
2306	Cardiac catheterization, right heart, outside the O.R. setting

Group 2: Selective Coronary Artery Arteriography, With or Without Heart Catheterization

Tariff	Description
2307	Selective coronary artery arteriography
2308	and left heart catheterization
2325	and right heart catheterization
2327	and both left heart catheterization and right heart catheterization

Group 3: Angiography- Angiocardiograms: Percutaneous Transluminal Balloon Coronary Angioplasty

Tariff	Description
6267	Percutaneous transluminal balloon coronary angioplasty including angiography with or without pressure measurements on one (1) or more sites on a single coronary artery
6268	on two (2) coronary arteries (i.e., right and circumflex, or right and anterior descending, or circumflex and anterior descending)
6270	on three (3) coronary arteries, right, circumflex, and anterior descending

Group 4: Angiography - Angiocardiograms: Balloon Valvuloplasty

Tariff	Description
6271	Aortic balloon valvuloplasty
6272	Coarctation balloon valvuloplasty
6273	Pulmonary balloon valvuloplasty
6274	Mitral valve balloon valvuloplasty

Group 5: Angiography- Angiocardiograms: Pulmonary Artery Stenosis

Tariff	Description
6275	Pulmonary artery stenosis, first vessel
6276	each additional vessel

THEN, the following tariffs (in the below 3 groups) are ineligible for payment and should not be claimed:

Group 1: Angiography

Tariff	Description
	Aortograms
6200	Abdominal
6201	Arch
6202	Intravenous
6203	Thoracic
6204	Translumbar
6205	Other
	Selective Angiograms
6210	Adrenal arteriogram
6211	Angiographic examination dialysis shunt
6212	Axillary
6213	Brachial
6208	Cerebral (brachial retrograde)
6214	Bronchial
6215	Carotid
6216	Celiac
6217	Common iliac
6229	Popliteal, with antegrade catheterization
6218	External carotid arteriogram
6219	Hepatic
6220	Inferior mesenteric
6221	Innominate
6222	Internal iliac
6223	Renal
6224	Superior mesenteric

6225	Subclavian
6226	Splenic
6227	Vertebral
6228	Transcatheter therapy, embolization, any method
6235	Bilateral selective angiogram or venogram
6206	Internal mammary
6207	Left gastric
6209	Gastroduodenal
6231	Internal carotid
6232	Super selective angiogram (e.g., Distal branch of any of the above selective)
	Femoral Arteriograms
6230	Unilateral
	Venograms
6236	Azygogram
6237	Femoral
6238	Iliac
6239	Inferior vena cavogram
6240	Intraosseous
6241	Jugular
6242	Lower limb
6243	Subclavian
6244	Superior vena cavogram
6245	Umbilical vein catheterization
6246	Upper limb
6247	Orbital venogram
	Selective Venograms
6250	Adrenal
6251	Hepatic
6252	Jugular
6253	Renal
6235	Bilateral selective angiogram or venogram
	Angiography
6255	By exposure of major vein, abdominal or thoracic
6256	Cerebral

Group 2: Cardioversion

Tariff	Description
	Cardioversion
2312	Cardioversion, D.C. countershock, including immediate follow-up care

Group 3: Pacemaker

Tariff	Description
	Pacemaker
2391	Percutaneous left ventricular pacemaker lead placement
2330	Change of pacemaker battery (independent procedure)
2334	repeat transvenous
2345	Repositioning of endocardial electrode
2373	Removal of pacemaker pack with or without partial removal of electrodes

CATEGORY D:

IF one tariff is claimed from the following group:

Percutaneous Transluminal Balloon Coronary Angioplasty

Tariff	Description
6267	Percutaneous transluminal balloon coronary angioplasty including angiography with or without pressure measurements on one (1) or more sites on a single coronary artery
6268	on two (2) coronary arteries (i.e., right and circumflex, or right and anterior descending, or circumflex and anterior descending)
6270	on three (3) coronary arteries, right, circumflex, and anterior descending

THEN the following tariffs are *eligible for payment at 50% only if done at the same sitting and provided the patient has not undergone the same service (2307, 2308, 2325 or 2327) within the preceding fourteen (14) days:*

Selective Coronary Artery Arteriography, With or Without Heart Catheterization

Tariff	Description
2307	Selective coronary artery arteriography
2308	and left heart catheterization
2325	and right heart catheterization
2327	and both left heart catheterization and right heart catheterization

CATEGORY E

IF the following tariff is claimed:

Cardiac Catheterization

Tariff	Description
2304	left heart plus right heart

THEN the following tariffs are ineligible for payment and should not be claimed:

Angiocardiograms

Tariff	Description
6260	Atrial, left
6261	Atrial, right
6263	Selective coronary angiogram
6264	Selective coronary angiogram with left and/or right heart catheterization
6265	Ventricular, left
6266	Ventricular, right

CATEGORY F

IF one tariff is claimed from the following group:

Percutaneous Transluminal Balloon Coronary Angioplasty

Tariff	Description
6267	Percutaneous transluminal balloon coronary angioplasty including angiography with or without pressure measurements on one (1) or more sites on a single coronary artery
6268	on two (2) coronary arteries (i.e., right and circumflex, or right and anterior descending, or circumflex and anterior descending)
6270	on three (3) coronary arteries, right, circumflex, and anterior descending

THEN the following tariffs are ineligible for payment and should not be claimed:

Angiocardiograms

Tariff	Description
6260	Atrial, left
6261	Atrial, right
6262	Pulmonary angiogram
6263	Selective coronary angiogram
6264	Selective coronary angiogram with left and/or right heart catheterization
6265	Ventricular, left
6266	Ventricular, right

The Physician's Manual is the authoritative reference when submitting medical claims to Manitoba Health, Seniors & Active Living www.gov.mb.ca/health/manual/

Claims information and further assistance is also available by calling the Claims Unit staff at CLAIMS ENQUIRY 204-786-7355