



2024 CPT® Code Updates (HIM Focused) December 13, 2023 Webinar FAQ Document

1. **Question:** Can you please clarify the difference between CPT code 33274 and CPT code 0797T? They both appear to describe insertion of the right ventricular leadless pacemaker component.

Answer: CPT® code 0797T, *Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)*, should be assigned when a right ventricular pacemaker component that is part of a dual-chamber leadless pacemaker system is inserted while CPT® code 33274, *Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed*, should be used when a right ventricular leadless pacemaker component that is intended to function as a single-chamber device is inserted. The codes are not interchangeable.

2. **Question:** Is there any updated guidance on being able to report the same unlisted CPT® code multiple times if multiple unlisted procedures are performed during the same session?

Answer: There does not appear to be any updated guidance regarding reporting multiple units of the same unlisted CPT® code. All unlisted codes have an MUE value of 1 and can only be reported once per date of service for Medicare patients. Since an unlisted code does not identify a specific procedure or service, there is no need to report the unlisted code twice. If two unlisted procedures were provided in different anatomical areas on the same date of service, two unlisted codes could be reported together. The use of an unlisted code requires documentation of the specific service provided to be submitted with the claim, which will allow the payer to review which services(s) were provided.

3. **Question:** Can you report CPT® code 96446 in addition to the new HIPEC codes?

Answer: No. Hyperthermic intraperitoneal chemotherapy (HIPEC) includes intraoperative perfusion of a heated chemotherapy agent into the abdominal cavity through catheters and should be reported when performed at the time of primary surgery using CPT® codes 96547-96548. CPT® code 96446, *Chemotherapy administration*

into the peritoneal cavity via implanted port or catheter, uses a previously implanted port to administer non-thermal chemotherapy to the peritoneal cavity. There are notes in the book following code 96446 directing you to the appropriate codes when HIPEC is performed.