SASCI
South African Society of Cardiovascular Intervention

SASC Guidance on Renal Denervation Procedure Coding Basket

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Renal denervation (RDN) is a percutaneous, endovascular procedure using radiofrequency ablation or ultrasound ablation to treat resistant hypertension. Nerves in the wall of the renal artery are ablated by applying radiofrequency pulses or ultrasound to the renal arteries. Renal Denervation is almost always a bilateral procedure.

The Renal denervation code 1300 has been submitted to the MDCM in 2014. Most funders do not accept code 1300 as a valid code, hence alternatives (surrogate) are needed for claims submission. There is no valid USA CPT Code to compare renal denervation to, making the RVU allocation difficult. The CPT codes allocated to Renal Denervation are 0338T & 0339T (these are temporary codes and have no RVU's attached to them).

CPT	Description
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral

MDCM	Description
6999	Rule C
1300	Renal denervation (RDN), per artery (modifier 0005 is applicable)

Comparator codes		
MDCM	Description	RVU
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	139.20
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	57.00

SASCI view the comparator codes present in the MDCM that is equal in time and skill to renal denervation, according to clinical validation, as codes 3559 and 5010.

SASCI proposes a Rule C billing process, as explained in the table below:

MDCM – Unilateral	
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram (Left renal angiogram) - RVU 57.00
6999	Rule C: 5010 (Left PTRA) First - RVU 139.20
6999	Rule C: 5010 (Left PTRA second or more) - RVU 104.40 (Applied mod 0005 @ 75%)
	Total RVU's for the Unilateral claim = RVU 300.60

MDCM – Bilateral	
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram (Left renal angiogram) - RVU 57.00
6999	Rule C: 5010 (Left PTRA) First - RVU 139.20
6999	Rule C: 5010 (Left PTRA second or more) - RVU 104.40 (Applied mod 0005 @ 75%)
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram (right renal angiogram) - RVU 57.00
6999	Rule C: 5010 (right PTRA) First - RVU 69.60 (Applied mod 0005 @ 50%)
6999	Rule C: 5010 (right PTRA second or more) - RVU 34.80 (Applied mod 0005 @ 25%)
	Total RVU's for the Bilateral claim = **RVU 462.00**

Even though the ablation wire is threaded into the smaller renal arteries bifurcating off the main renal artery, we agreed to allow the billing of only 2 applications per side and applying mod 005 to all the additional ablations. It is clinically appropriate to do as many as 5 ablations per kidney.

The funders do have the right to investigate claims retrospectively to confirm that the correct amounts have been billed. Modifier 0005 must be applied. If the system does not allow the application, the amount must be altered to mimic the application of modifier 0005. Although the application of modifier 0005 is not according to strict coding rules, the thought process behind the application of the modifier is to ensure a market related RVU in comparison to the current MDCM RVU's.

Should a valid CPT code be created for renal denervation, the understanding is that the RVU's currently used will be adjusted to the CPT equivalent.