

INGENIX®

Coding Companion for Cardiology/ Cardiothoracic/Vascular Surgery

A comprehensive illustrated guide to coding and reimbursement

Contents

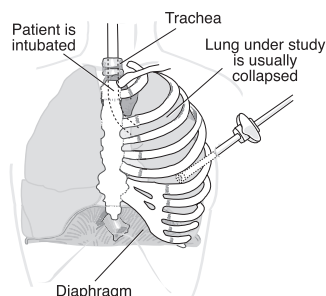
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32601-32602

32601 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy

32602 Lungs and pleural space, with biopsy

Video scope is delivered through trocar and the chest cavity is visually examined in 32601



Report 32602 when biopsy tissue is collected in the course of the examination

The inside of the chest is examined through the use of any variety of endoscopic techniques. Biopsy tissue may be collected in the course of the examination

Explanation

The physician examines the inside of the chest cavity through either a rigid or flexible fiberoptic endoscope. The procedure can be done under local or general anesthesia. The surgeon makes a small incision between two ribs and by blunt dissection and the use of a trocar enters the thoracic cavity. The endoscope is passed through the trocar and into the chest cavity. The lung is usually partially collapsed by instilling air into the chest through the trocar, or if general anesthesia is used, the lung may be collapsed through a special double lumen endotracheal tube inserted through the mouth into the trachea. The contents of the chest cavity are examined by direct visualization and/or the use of a video camera. Still photographs may be taken as part of the procedure. In 32602, the tissue selected for biopsy is identified and a biopsy taken using a device through the endoscope or the insertion of an instrument through a second incision in the chest. At the conclusion of the procedure, the endoscope and the trocar are removed. A chest tube for drainage and re-expansion of the lung is usually inserted through the wound used for the thoracoscopy.

Coding Tips

These separate procedures by definition are usually a component of a more complex service and are not identified separately. When

performed alone or with other unrelated procedures/services they may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59. Report the appropriate endoscopy for each anatomic site examined. Surgical endoscopy includes a diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. For limited thoracotomy to biopsy lung or pleura, see 32095.

HCPCS Level II

N/A

ICD-9-CM Procedural

33.27 Closed endoscopic biopsy of lung

34.21 Transpleural thoracoscopy

34.24 Pleural biopsy

Anesthesia

00528, 00529

ICD-9-CM Diagnostic

- 162.2 Malignant neoplasm of main bronchus
- 162.3 Malignant neoplasm of upper lobe, bronchus, or lung
- 162.4 Malignant neoplasm of middle lobe, bronchus, or lung
- 162.5 Malignant neoplasm of lower lobe, bronchus, or lung
- 162.8 Malignant neoplasm of other parts of bronchus or lung
- 163.0 Malignant neoplasm of parietal pleura
- 163.1 Malignant neoplasm of visceral pleura
- 165.0 Malignant neoplasm of upper respiratory tract, part unspecified
- 165.8 Malignant neoplasm of other sites within the respiratory system and intrathoracic organs
- 176.4 Kaposi's sarcoma of lung
- 195.1 Malignant neoplasm of thorax
- 197.0 Secondary malignant neoplasm of lung
- 197.2 Secondary malignant neoplasm of pleura
- 212.3 Benign neoplasm of bronchus and lung
- 212.4 Benign neoplasm of pleura
- 231.2 Carcinoma in situ of bronchus and lung
- 235.7 Neoplasm of uncertain behavior of trachea, bronchus, and lung
- 492.0 Emphysematous bleb
- 511.0 Pleurisy without mention of effusion or current tuberculosis — (Use

additional code to identify infectious organism)

- 511.1 Pleurisy with effusion, with mention of bacterial cause other than tuberculosis — (Use additional code to identify infectious organism)
- 512.8 Other spontaneous pneumothorax
- 513.0 Abscess of lung — (Use additional code to identify infectious organism)
- 515 Postinflammatory pulmonary fibrosis — (Use additional code to identify infectious organism)
- 516.0 Pulmonary alveolar proteinosis — (Use additional code to identify infectious organism)
- 516.2 Pulmonary alveolar microlithiasis — (Use additional code to identify infectious organism)
- 516.3 Idiopathic fibrosing alveolitis — (Use additional code to identify infectious organism)
- 516.8 Other specified alveolar and parietoalveolar pneumonopathies — (Use additional code to identify infectious organism)
- 516.9 Unspecified alveolar and parietoalveolar pneumonopathy — (Use additional code to identify infectious organism)
- 518.83 Chronic respiratory failure
- 786.3 Hemoptysis

CCI Version 12.3

00528-00529, 00539, 00540-00541, 20101, 32020, 36000, 36410, 37202, 62318-62319, 64415-64417, 64420-64421, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, C8950, C8952

Also not with 32601: 32002

Also not with 32602: 32002-32005, 32601

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

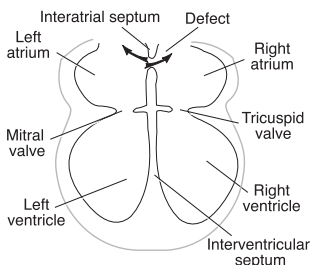
| | Fac | Non-Fac | | |
|--------------|------|---------|-----|--------|
| | RVU | RVU | FUD | Assist |
| 32601 | 8.54 | 8.54 | 0 | ☒ |
| 32602 | 9.27 | 9.27 | 0 | ☒ |

Medicare References: 100-4,12,40.6

33641

33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

Atrial septal defects of the secundum kind occur usually as a small hole in the wall between the left and right atria. This can result in a right-to-left or a left-to-right shunt



Posterior schematic showing atrial septal defect

Small defects can be simply sutured closed, but larger holes may require either a pericardium or synthetic patch. Either is coded 33641

Explanation

Cardiopulmonary bypass is necessary. Two venous tubes are placed for the bypass machine—one draining the superior caval vein and one draining the inferior caval vein. The right atrium is isolated by the putting tourniquets around the superior vena cava and inferior vena cava and their corresponding tubes. The right atrium is opened and the size and location of the atrial septal defect are assessed. If it is small enough or if the atrial septal tissue is sufficiently redundant, the defect is closed primarily with suture. If not, a patch of pericardium or Dacron is sewn to the edge of the defect to close it.

Coding Tips

Atrial septal defects are normally congenital anomalies; however, they may also be the result of myocardial infarction. Note the diagnosis when selecting codes for repair of atrial septal defects as the code selected is dependent on the exact nature of the defect. For repair of atrial septal defect with repair of ventricular septal defect, see 33647. For repair of ostium primum atrial septal defect, see 33660.

HCPCS Level II

HCPCS Level II codes are used to report the supplies, durable medical equipment, and certain medical services provided on an outpatient basis. Because the procedure(s) represented on this page would be performed

in an inpatient facility, no HCPCS Level II codes apply.

ICD-9-CM Procedural

- 35.51 Repair of atrial septal defect with prosthesis, open technique
- 35.61 Repair of atrial septal defect with tissue graft
- 35.71 Other and unspecified repair of atrial septal defect
- 39.61 Extracorporeal circulation auxiliary to open heart surgery

Anesthesia

33641 00561, 00562, 00563

ICD-9-CM Diagnostic

- 410.00 Acute myocardial infarction of anterolateral wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.10 Acute myocardial infarction of other anterior wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.20 Acute myocardial infarction of inferolateral wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.30 Acute myocardial infarction of inferoposterior wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.40 Acute myocardial infarction of other inferior wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.50 Acute myocardial infarction of other lateral wall, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.60 Acute myocardial infarction, true posterior wall infarction, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.70 Acute myocardial infarction, subendocardial infarction, episode of care unspecified — (Use additional code to identify presence of hypertension: 401.0-405.9)

- 410.81 Acute myocardial infarction of other specified sites, initial episode of care — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.82 Acute myocardial infarction of other specified sites, subsequent episode of care — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.91 Acute myocardial infarction, unspecified site, initial episode of care — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 410.92 Acute myocardial infarction, unspecified site, subsequent episode of care — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 414.8 Other specified forms of chronic ischemic heart disease — (Use additional code to identify presence of hypertension: 401.0-405.9)
- 429.71 Acquired cardiac septal defect — (Use additional code to identify the associated myocardial infarction: with onset of 8 weeks or less, 410.00-410.92; with onset of more than 8 weeks, 414.8)
- 745.5 Ostium secundum type atrial septal defect
- 745.61 Ostium primum defect

CCI Version 12.3

32002, 32020, 32100, 33140-33141, 33210-33211, 33310-33315, 33647❖, 33660❖, 35226, 36000, 36410, 37202, 39010, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, 93580, C8950, C8952

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

| | Fac RVU | Non-Fac RVU | FUD | Assist |
|--------------|---------|-------------|-----|--------|
| 33641 | 42.66 | 42.66 | 90 | 80 |

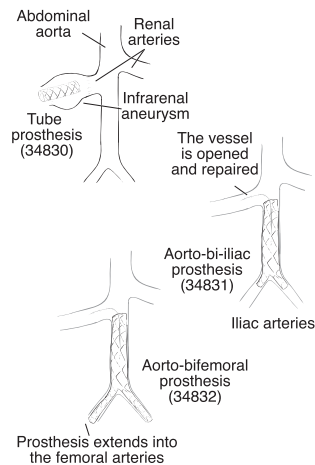
Medicare References: None

34830-34832

34830 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis

34831 aorto-bi-iliac prosthesis

34832 aorto-bifemoral prosthesis



An infrarenal aortic aneurysm or dissection is treated in an open surgical session following an unsuccessful endovascular treatment attempt. A tube prosthesis is placed and any associated arterial trauma is repaired

Explanation

An attempted endovascular repair of an aortic aneurysm originating below the renal arteries (infrarenal) fails necessitating open repair of the aneurysm as well as repair of any trauma associated with the endovascular attempt. An incision is made in the abdomen from just below the diaphragm to the umbilicus. The aorta is exposed, the aneurysm identified, and the aorta and other arteries inspected for injury resulting from the failed endovascular procedure. Repair of the aneurysm is accomplished by temporarily clamping the aorta both above and below the aneurysm. It is usually possible to place the upper clamp just below the origins of the renal arteries so that the kidneys continue to receive blood flow throughout the operation. Blood flow to the legs is interrupted while the aorta is clamped. The aneurysm is opened lengthwise and any thrombi (blood clots) removed. The aneurysm wall is not removed. The aorta is cut above and below the aneurysm and a prosthetic graft made of synthetic material is sutured in place between the two ends. The aneurysm wall is then wrapped around the synthetic graft. The clamps are removed allowing blood to flow through the graft and into the vessels of the lower extremities. The surgical wound is then closed. Repair using a tube prosthesis is reported with 34830; repair

with an aorto-bi-iliac prosthesis is reported with 34831; and repair with a aorto-bifemoral prosthesis is reported with 34832.

Coding Tips

These codes should be used only when an endovascular repair has been attempted but has been unsuccessful. To report direct repair of an abdominal aortic aneurysm not preceded by attempted endovascular repair, see 35081–35103.

HCPCS Level II

HCPCS Level II codes are used to report the supplies, durable medical equipment, and certain medical services provided on an outpatient basis. Because the procedure(s) represented on this page would be performed in an inpatient facility, no HCPCS Level II codes apply.

ICD-9-CM Procedural

38.44 Resection of abdominal aorta with replacement

Anesthesia

01926

ICD-9-CM Diagnostic

- 440.0 Atherosclerosis of aorta
- 440.1 Atherosclerosis of renal artery
- 440.8 Atherosclerosis of other specified arteries
- 441.02 Dissecting aortic aneurysm (any part), abdominal
- 441.4 Abdominal aneurysm without mention of rupture
- 442.1 Aneurysm of renal artery
- 442.2 Aneurysm of iliac artery
- 443.22 Dissection of iliac artery
- 444.0 Embolism and thrombosis of abdominal aorta
- 557.0 Acute vascular insufficiency of intestine
- 557.1 Chronic vascular insufficiency of intestine
- 593.81 Vascular disorders of kidney
- 747.89 Other specified congenital anomaly of circulatory system
- 902.50 Unspecified iliac vessel(s) injury
- 902.51 Hypogastric artery injury
- 902.53 Iliac artery injury
- 908.4 Late effect of injury to blood vessel of thorax, abdomen, and pelvis
- 997.4 Digestive system complication — (Use additional code to identify complications)

997.79 Vascular complications of other vessels — (Use additional code to identify complications)

998.11 Hemorrhage complicating a procedure

998.12 Hematoma complicating a procedure

998.2 Accidental puncture or laceration during procedure

Terms To Know

Aneurysm. Abnormal widening or dilation of an artery, vein, or cardiac tissue forming a fluid-filled sac in the vessel wall.

Atherosclerosis. The buildup of yellowish plaques composed of cholesterol and lipid material within the arteries.

Embolism. Obstruction of a blood vessel resulting from a clot or foreign substance.

CCI Version 12.3

0075T❖, 0078T, 0080T, 01926, 34800-34812, 34820-34825, 35082-35092❖, 35103❖, 35132❖, 35221-35226, 35251, 35281, 35452❖, 35472❖, 36000, 36140, 36160-36200, 36410, 36620-36625, 37202, 37205❖, 37207❖, 49000-49002, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 75952-75953, 76000-76003, 76942, 90760, 90765, 90772, 90774, 90775, C8950, C8952, G0275-G0278

Also not with 34830: 34831-34834

Also not with 34831: 34832-34900, 35541, 35548-35549, 35641

Also not with 34832: 34833-34900, 35546-35549, 35646-35647

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

Medicare Edits

| | Fac RVU | Non-Fac RVU | FUD | Assist |
|--------------|---------|-------------|-----|--------|
| 34830 | 52.61 | 52.61 | 90 | ☒ |
| 34831 | 54.56 | 54.56 | 90 | ☒ |
| 34832 | 56.57 | 56.57 | 90 | ☒ |

Medicare References: None