Coding Companion for Cardiology/Cardiothoracic/Vascular Surgery

A comprehensive illustrated guide to coding and reimbursement

2013
Contents

Getting Started with Coding Companion .....................i
Breast ........................................................................1
General Musculoskeletal ...........................................2
Neck and Thorax ......................................................4
Larynx ......................................................................24
Trachea and Bronchi .................................................28
Lungs and Pleura ....................................................58
Heart and Pericardium .............................................132
Arteries and Veins ..................................................288
Lymph Nodes ..........................................................567
Mediastinum ............................................................570
Diaphragm ...............................................................574
Esophagus ...............................................................577
Abdomen .................................................................624
Thyroid Gland ........................................................629
Parathyroid ...............................................................630
Nervous System .......................................................633
Medicine ..................................................................640
Appendix .................................................................702
Evaluation and Management ....................................757
Index .........................................................................777
**Explanation**
In its unmodified form, this operation involves dividing the left subclavian artery, tying off the end of the artery going to the arm, and creating a connection between the end of this artery coming from the heart and the side of the pulmonary artery. The difficulty with this operation is making the connection to the pulmonary artery exactly the right size to supply adequate, but not excessive blood flow to the lungs. Instead, a modified version of the operation is usually performed. The artery to the arm is not divided. Instead, one end of a 3 mm to 5 mm diameter tube of Gortex is sewn to the side of the artery to the arm and the other end is sewn to the side of the pulmonary artery. The size of the tube determines the amount of blood flow to the lungs. Cardiopulmonary bypass is not required. The ductus arteriosus (a connection between the aorta and pulmonary artery that has been supplying blood to the lungs, but usually closes at birth) is tied off.

**Coding Tips**
This procedure is sometimes performed in conjunction with 33684. When ligation and takedown of systemic-to-pulmonary artery shunt is performed in conjunction with this procedure, it should be reported separately; see 33924. Do not append modifier 63 to 33750 as the description or nature of the procedure includes infants up to 4 kg. For shunt, ascending aorta to pulmonary artery (Waterston type operation), see 33755. For descending aorta to pulmonary artery (Potts-Smith type operation), for flow to one lung (classical Glenn procedure), see 33766. For superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure), see 33767.

**ICD-9-CM Procedural**
- **39.0** Systemic to pulmonary artery shunt
- **39.61** Extracorporeal circulation auxiliary to open heart surgery

**Anesthesia**
**33750** 00560

**ICD-9-CM Diagnostic**
- **424.3** Pulmonary valve disorders
- **745.2** Tetralogy of Fallot
- **746.01** Congenital atresia of pulmonary valve
- **746.02** Congenital stenosis of pulmonary valve
- **746.09** Other congenital anomalies of pulmonary valve
- **746.1** Congenital tricuspid atresia and stenosis
- **746.2** Ebstein’s anomaly
- **746.9** Unspecified congenital anomaly of heart

**Terms To Know**
- **Atresia.** Congenital closure or absence of a tubular organ or an opening to the body surface.
- **Blaclock-Taussig procedure.** Anastomosis of the left subclavian artery to the left pulmonary artery or the right subclavian artery to the right pulmonary artery in order to shunt some of the blood flow from the systemic to the pulmonary circulation.
- **Cardiopulmonary bypass.** Venous blood is diverted to a heart-lung machine, which mechanically pumps and oxygenates the blood temporarily so the heart can be bypassed while an open procedure on the heart or coronary arteries is performed. During bypass, the lungs are deflated and immobile.
- **Congenital.** Present at birth, occurring through heredity or an influence during gestation up to the moment of birth.
- **Potts-Smith-Gibson procedure.** Side-to-side anastomosis of the aorta and left pulmonary artery creating a shunt that enlarges as the child grows.
- **Shunt.** Surgically created passage between blood vessels or other natural passages, such as an arteriovenous anastomosis, to divert or bypass blood flow from the normal channel.

**Stenosis.** Narrowing or constriction of a passage.

**Tetralogy of Fallot.** Specific combination of congenital cardiac defects: obstruction of the right ventricular outflow tract with pulmonary stenosis, interventricular septal defect, malposition of the aorta, overriding the interventricular septum and receiving blood from both the venous and arterial systems, and enlargement of the right ventricle.

**Tricuspid atresia.** Congenital absence of the valve that may occur with other defects, such as atrial septal defect, pulmonary atresia, and transposition of great vessels.

**Waterston procedure.** Type of aortopulmonary shunting done to increase pulmonary blood flow where the ascending aorta is anastomosed to the right pulmonary artery.

**CCI Version 17.3**

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

**Medicare Edits**

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**MUE**

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* with documentation
36400 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein

Explanation
A needle is inserted through the skin to puncture the femoral or jugular vein of a child younger than age 3. The needle is inserted into the vein and used for the withdrawal of blood for diagnostic study or for the therapeutic infusion of intravenous medication. A soft flexible catheter may be placed for prolonged therapy. Once the procedure is complete, the needle or catheter is withdrawn and pressure is applied over the puncture site to control bleeding. Use this code for venipuncture necessitating a physician's skill, not when routine venipuncture is performed.

36405-36406
36405 Venipuncture, younger than age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406 other vein

Explanation
A needle is inserted through the skin to puncture a vein of a child younger than age 3. In 36405, the scalp vein is punctured and in 36406, a vein other than the femoral, jugular, or scalp vein is used. The needle is inserted into the vein and used for the withdrawal of blood or for the therapeutic infusion of intravenous medication. A soft flexible catheter may be placed for prolonged therapy. Once the procedure is complete, the needle or catheter is withdrawn and pressure is applied over the puncture site to control bleeding. Use this code for venipuncture necessitating a physician's skill, not when routine venipuncture is performed.

36410 Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

Explanation
A needle is inserted through the skin to puncture a vein of a person 3 years of age or older. The needle is inserted into the vein and used for the withdrawal of blood for diagnostic study or for the therapeutic infusion of intravenous medication. A soft flexible catheter may be placed for prolonged therapy. Once the procedure is complete, the needle or catheter is withdrawn and pressure is applied over the puncture site to control bleeding. Use this code for venipuncture necessitating a physician's skill, not when routine venipuncture is performed.

36415-36416
36415 Collection of venous blood by venipuncture
36416 Collection of capillary blood specimen (eg, finger, heel, ear stick)

Explanation
A needle is inserted into the skin over a vein to puncture the blood vessel and withdraw blood for venous collection in 36415. In 36416, a prick is made into the finger, heel, or ear and capillary blood that pools at the puncture site is collected in a pipette. In either case, the blood is used for diagnostic study and no catheter is placed.

36420-36425
36420 Venipuncture, cutdown; younger than age 1 year
36425 age 1 or over

Explanation
The physician makes an incision in the skin directly over the vessel and dissects the area surrounding the vein. A needle is passed into the vein for the withdrawal of blood or for the infusion of intravenous medication of a patient under 12 months of age (in 36420) or over 12 months of age (in 36425). A catheter may be left behind. Once the procedure is complete, the incision is repaired with a layered closure.

36430
36430 Transfusion, blood or blood components

Explanation
The physician transfuses blood or blood components to a patient. The physician establishes venous access with a needle and catheter and transfuses the blood products.

36440
36440 Push transfusion, blood, 2 years or younger

Explanation
The physician performs a push transfusion on a child 2 years old and under. The physician calculates the amount of blood to be transfused and slowly injects it into the patient using a needle or existing catheter.

36450-36455
36450 Exchange transfusion, blood; newborn
36455 other than newborn

Explanation
The physician performs an exchange transfusion on a newborn. The physician calculates the blood volume to be transfused. A needle is placed in an artery or in an existing arterial catheter. The patient's blood is removed and replaced simultaneously to maintain blood pressure. Report 36455 if the child is other than a newborn.

36510 Catheterization of umbilical vein for diagnosis or therapy, newborn

Explanation
The physician catheterizes the umbilical vein for diagnostic or therapeutic purposes. The physician cleanses the umbilical cord stump and locates the umbilical vein. A catheter is inserted in the vein for reasons including blood sampling or administering medication.

36660 Catheterization, umbilical artery, newborn, for diagnosis or therapy

Explanation
The physician catheterizes an umbilical artery in a newborn for diagnostic or therapeutic purposes. The physician prepares the umbilical artery and passes a catheter sheath inside the lumen for arterial access. The catheter is attached to a pressure line that maintains patency of the arterial lumen. The access is used for diagnostic or therapeutic purposes, allowing the drawing of blood for tests or instillation of medication.

70373 Laryngography, contrast, radiological supervision and interpretation

Explanation
A radiographic contrast study is performed of the larynx, or organ of voice. Iodized oil is given in conjunction with the examination via tubing, which allows oil to drip down the patient's throat at the radiologist's discretion. The radiologist, via x-ray fluoroscopy, simultaneously watches the image amplified and displayed on a TV monitor. Rapid film sequencing must be used to record the image, which may then be studied and interpreted by the radiologist.

70496-70498
70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Explanation
Computed tomographic angiography (CTA) is a procedure used for the imaging of vessels to detect aneurysms, blood clots, and other vascular irregularities. Contrast medium is rapidly infused intravenously, at intervals, usually with an automatic
The specifics of the code components that determine code selection are listed in the table and discussed in the next section. Before a level of service is decided upon, the correct type of service is identified.

Office or other outpatient services are E/M services provided in the physician’s office, the outpatient area, or other ambulatory facility. Until the patient is admitted to a health care facility, he/she is considered to be an outpatient.

A new patient is a patient who has not received any face-to-face professional services from the physician within the past three years. An established patient is a patient who has received face-to-face professional services from the physician within the past three years. In the case of group practices, if a physician of the exact same specialty or subspecialty has seen the patient within three years, the patient is considered established.

If a physician is on call or covering for another physician, the patient's encounter is classified as it would have been by the physician who is not available. Thus, a locum tenens physician who sees a patient on behalf of the patient's attending physician may not bill a new patient code unless the attending physician has not seen the patient for any problem within three years.

Hospital observation services are E/M services provided to patients who are designated or admitted as “observation status” in a hospital. Codes 99218-99220 are used to indicate initial observation care. These codes include the initiation of the observation status, supervision of patient care including writing orders, and the performance of periodic reassessments. These codes are used only by the physician “admitting” the patient for observation.

Codes 99224-99226 are used to indicate evaluation and management services to a patient who is admitted to and discharged from observation status or hospital inpatient on the same day. If the patient is admitted as an inpatient from observation on the same day, use the appropriate level of Initial Hospital Care (99221-99223).

Code 99217 indicates discharge from observation status. It includes the final physical examination of the patient, instructions, and preparation of the discharge records. It should not be used when admission and discharge are on the same date of service. As mentioned above, report codes 99234-99236 to appropriately describe same day observation services.

If a patient is in observation longer than one day, subsequent observation care codes 99224-99226 should be reported. If the patient is discharged on the second day, observation discharge code 99217 should be reported. If the patient status is changed to inpatient on a subsequent date, the appropriate inpatient code, 99221-99223, should be reported.

Initial hospital care is defined as E/M services provided during the first hospital inpatient encounter with the patient by the admitting physician. If a physician other than the admitting physician

### Types of E/M Services

Types of E/M Services

When approaching E/M, the first choice that a provider must make is what type of code to use. The following tables outline the E/M codes for different levels of care for:

- Office or other outpatient services—new patient
- Office or other outpatient services—established patient
- Hospital observation services—initial care, subsequent, and discharge
- Hospital inpatient services—initial care, subsequent, and discharge
- Observation or inpatient care (including admission and discharge services)
- Consultations—office or other outpatient
- Consultations—inpatient