

CODING COMPANION

2019

Cardiology/ Cardiothoracic/ Vascular Surgery

A comprehensive illustrated guide
to coding and reimbursement



Power up your coding
optum360coding.com



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Getting Started with Coding Companion

Coding Companion for Cardiology/Cardiothoracic/Vascular Surgery is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

32800 Repair lung hernia through chest wall

could be found in the index under the following main terms:

Hernia

Repair
Lung, 32800

Repair

Lung
Hernia, 32800

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

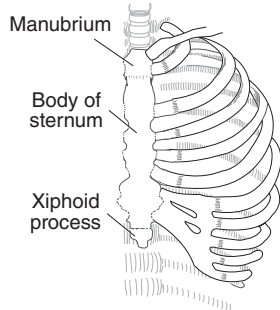
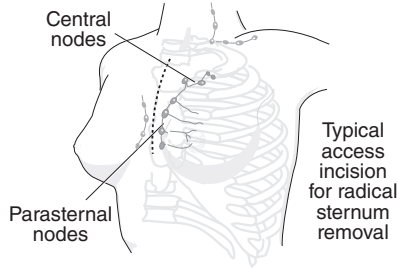
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

21630-21632

21630 Radical resection of sternum;
21632 with mediastinal lymphadenectomy



The sternum is the flat, elongated bone that makes up the anterior structure of the thoracic cage

Explanation

The physician removes most or all of the sternum from the chest. With the patient under anesthesia, the physician makes a long incision overlying the sternum and anterior chest. This is carried deep to the bone. Dissection is performed around the sternum. Ribs are disarticulated as needed and thorough debridement is accomplished. Using saws and other surgical instruments, the physician removes the bone. Internal fixation devices (reported separately) are often needed to support the ribs and chest wall. The wound is thoroughly irrigated and closed in layers. Report 21632 if a mediastinal lymphadenectomy is performed during the procedure.

Coding Tips

Debridement, irrigation, and closure are not reported separately. If significant additional time and effort are documented, append modifier 22 and submit a cover letter and operative report. When 21630 or 21632 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure, and subsequent procedures are appended with modifier 51. If internal fixation devices are necessary, report separately; see 21825.

ICD-10-CM Diagnostic Codes

- C41.3 Malignant neoplasm of ribs, sternum and clavicle
- C77.1 Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
- C78.1 Secondary malignant neoplasm of mediastinum
- D16.7 Benign neoplasm of ribs, sternum and clavicle
- S21.121A Laceration with foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter
- S21.122A Laceration with foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter

- S21.129A Laceration with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter
- S21.141A Puncture wound with foreign body of right front wall of thorax without penetration into thoracic cavity, initial encounter
- S21.142A Puncture wound with foreign body of left front wall of thorax without penetration into thoracic cavity, initial encounter
- S21.149A Puncture wound with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter
- S21.92XA Laceration with foreign body of unspecified part of thorax, initial encounter
- S21.94XA Puncture wound with foreign body of unspecified part of thorax, initial encounter
- T81.4XXA Infection following a procedure, initial encounter

AMA: 21630 2002, Apr, 13 21632 2002, Apr, 13

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
21630	19.18	12.38	3.81	35.37
21632	19.68	10.5	4.63	34.81
Facility RVU	Work	PE	MP	Total
21630	19.18	12.38	3.81	35.37
21632	19.68	10.5	4.63	34.81

	FUD	Status	MUE	Modifiers			IOM Reference	
21630	90	A	1(2)	51	N/A	62*	80	None
21632	90	A	1(2)	51	N/A	62*	80	

* with documentation

Terms To Know

aseptic necrosis. Death of bone tissue resulting from a disruption in the vascular supply, caused by a noninfectious disease process, such as a fracture or the administration of immunosuppressive drugs.

lymphadenectomy. Dissection of lymph nodes free from the vessels and removal for examination by frozen section in a separate procedure to detect early-stage metastases.

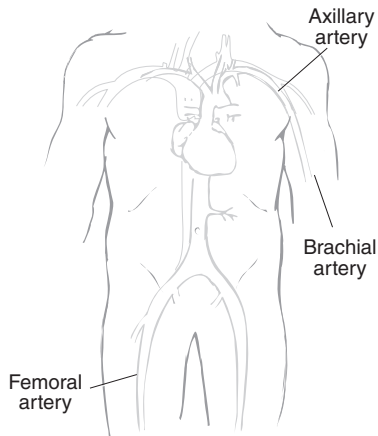
malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

neoplasm. New abnormal growth, tumor.

resection. Surgical removal of a part or all of an organ or body part.

36200

36200 Introduction of catheter, aorta



Explanation

The physician punctures a distal artery (typically femoral, brachial, radial, or axillary) with a large needle and passes a guidewire via the needle into the punctured artery. The physician removes the needle while leaving the guidewire in place, and enlarges the skin opening slightly with a blade. The physician slides an introducer sheath over the guidewire into the arterial lumen. The physician inserts a catheter into the artery through an O-ring in the introducer sheath (this prevents blood from leaking around the catheter) and advances the catheter into the aorta. The physician may use the catheter to inject contrast material to perform aortography, measure aortic pressures, or to administer medication.

Coding Tips

When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153. When provided by another physician, report 99155-99157. Listed services for injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast material with or without automatic power injection, and/or necessary pre- and postinjection care specifically related to the injection procedure. Catheters, drugs, and contrast media are not included in the listed service for the injection procedures. For introduction of a catheter, superior or inferior vena cava, see 36010; for right heart or main artery, see 36013. For other cardiac catheterizations, injection procedures in conjunction with cardiac catheterization, see 93452-93461 and 93563-93568. For nonselective angiography of the extracranial carotid, cerebral vessels, and cervicocerebral arch, see 36221.

ICD-10-CM Diagnostic Codes

- A52.01 Syphilitic aneurysm of aorta
- A52.02 Syphilitic aortitis
- I70.0 Atherosclerosis of aorta
- I71.1 Thoracic aortic aneurysm, ruptured
- I71.2 Thoracic aortic aneurysm, without rupture
- I71.3 Abdominal aortic aneurysm, ruptured
- I71.4 Abdominal aortic aneurysm, without rupture
- I71.5 Thoracoabdominal aortic aneurysm, ruptured
- I71.6 Thoracoabdominal aortic aneurysm, without rupture
- I74.01 Saddle embolus of abdominal aorta
- I74.09 Other arterial embolism and thrombosis of abdominal aorta

- I74.11 Embolism and thrombosis of thoracic aorta
- I74.19 Embolism and thrombosis of other parts of aorta
- I76 Septic arterial embolism
- I77.1 Stricture of artery
- I77.2 Rupture of artery
- I77.3 Arterial fibromuscular dysplasia
- I77.5 Necrosis of artery
- I77.810 Thoracic aortic ectasia
- I77.811 Abdominal aortic ectasia
- I77.812 Thoracoabdominal aortic ectasia
- I77.89 Other specified disorders of arteries and arterioles
- I79.0 Aneurysm of aorta in diseases classified elsewhere
- I79.1 Aortitis in diseases classified elsewhere
- I79.8 Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere

AMA: 36200 2017,Mar,3; 2017,Jan,8; 2016,Jul,6; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Feb,16-17; 2012,Jan,15-42; 2012,Apr,3-9; 2011,Oct,9; 2011,Jul,3-11; 2011,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
36200	2.77	12.54	0.59	15.9
Facility RVU	Work	PE	MP	Total
36200	2.77	0.7	0.59	4.06

	FUD	Status	MUE	Modifiers		IOM Reference
36200	0	A	2(3)	51	50	N/A N/A None

* with documentation

Terms To Know

contrast material. Radiopaque substance placed into the body to enable a system or body structure to be visualized, such as nonionic and low osmolar contrast media (LOCM), ionic and high osmolar contrast media (HOCM), barium, and gadolinium.

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

guidewire. Flexible metal instrument designed to lead another instrument in its proper course.

sheath. Covering enclosing an organ or part.

thrombus. Stationary blood clot inside a blood vessel.