

Surgery Section-Cardiovascular System 2018 CPT CODE CHANGES

by Tom Hall, RHIT, CCS

Forty new codes have been added to the 2018 Current Procedure Terminology (CPT) code set within the surgical sections of integumentary, musculoskeletal, sinus endoscopy, cardiovascular, and esophagus of digestive system, as well as to spine and spinal cord section of the nervous section. This article will review the surgical code changes for the cardiovascular system, primarily 16 new codes for endografts involving the aorta and iliac arteries.

New Codes

- 33927 for implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
- 33928 for removal and replacement of total replacement heart system (artificial heart)
- 33929 add-on code for removal of total replacement heart system (artificial heart) for heart transplantation, list separately from primary procedure

Category III code 0051T has been converted to 33927 for a total heart

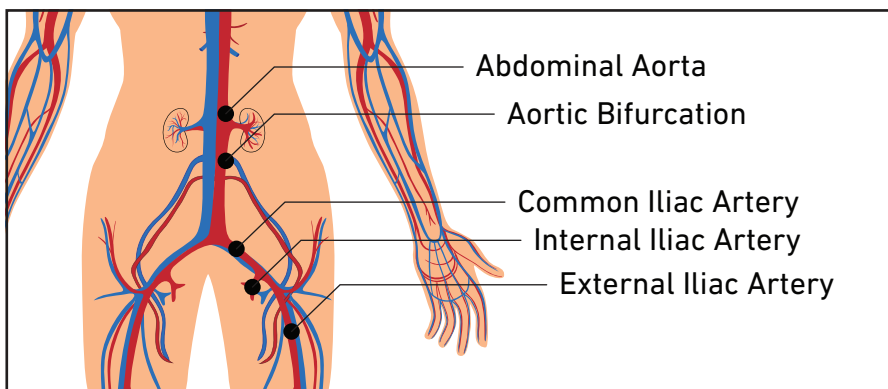
replacement system, and component codes 0052T (thoracic unit) and 0053T (implantable components) have been deleted and replaced by 33928 and 33929, respectively. The rationale for this change is that in current practice, the entire heart system is most often replaced, rather than repairing or replacing heart system components. If only components are replaced, use unlisted code 33999. When using the add-on code 33229 to describe removal of a total heart replacement system with heart transplantation, use the code 33945 heart transplant with or without cardiectomy as the base code.

Most of the 2018 cardiovascular code changes involve endovascular repair of abdominal aorta and/or iliac arteries. The rationale for these new codes is based on the concept of a treatment zone and reflect the anatomy of the treatment zone, rather than the type of device used. The treatment zone is defined as the vessel(s) in which an endograft is deployed, including the main body, docking limb(s), and/or extensions. The section titled “Endovascular Repair of

Abdominal Aortic Aneurysm” has been changed to “Endovascular Repair of Abdominal Aorta and/or Iliac Arteries” to cover the treatment zone and bundle services that have frequently been billed together, and not to limit treatment to aneurysms only.

The new codes describe the vessels involved (i.e., infrarenal aorta or iliac arteries) and the type of endograft used for treatment, such as aortic-aortic tube, aortic-uni-iliac tube or aortic-bi-iliac tube endograft. The codes are further distinguished by the treatment of a ruptured vessel and conditions other than rupture. Endovascular repair of ruptured vessels involves more complexity and work, and possibly temporary aortic and/or iliac balloon occlusion. Treatment of ruptured vessels is coded with codes 34702, -04, -06, and -08. Treatment of these vessels for conditions other than rupture are coded using the code range 34701, -03, -05 and -07.

Services bundled into these new codes are angioplasty and stenting, placement of endografts, placement of extensions in the aorta from the renal arteries to the iliac bifurcation, nonselective catheterization, radiological supervision, and interpretation. Preservice work, such as sizing the aneurysm and sizing the endograft, are now included in the extra work and are clearly stated as such in the code description. Additional treatments within the same artery are not reported separately, but treatments outside the treatment zone are reported separately. An example



would be all treatments within the common iliac artery are covered in base code 34701-08, but additional treatments in the internal or external iliac artery are separately reported in addition to code sequence 34701-08.

Placement of extension prosthesis(es) **distal** to the common iliac and **proximal** to the renal arteries is reported separately with code 34709. Endograft extensions that terminate within the common iliac arteries are included with code sequence 34703-08. Delayed insertion of endograft prosthesis(es) is not done at the same operative session, therefore are reported separately with 34710 for initial insertion and 34711 for each additional delayed insertion as an add-on code to 34710. If an enhanced fixation device such as a tack, screw or anchor (code 34712) is used, it is reported once per operative session no matter how many fixation devices are used. Add-on code 34713 is used when an endovascular

prosthesis is delivered percutaneously via a 12-French or larger sheath through femoral access. If the sheath is less than 12-French size, no add-on code is necessary.

Open arterial exposure may be performed for endovascular prosthesis insertion into the abdominal aortic and/or iliac arteries treatment zone when the vessel is too small for passage of the endograft. Prior to 2018, CPT codes were standalone codes, and now these procedures are add-on codes to base codes 34701-08. 34714 applies to open femoral artery exposure via a unilateral groin incision to create a conduit for delivery of the endograft or for cardio pulmonary bypass. 34715 is for unilateral open axillary/subclavian artery exposure via an infraclavicular or supraclavicular incision for delivery of the endograft, and 34716 is for unilateral open axillary/subclavian artery exposure with creation of a conduit for delivery of the endograft

or for cardio pulmonary bypass. Each code may be reported once per side. Bilateral procedures report the codes twice, not by using modifier-50.

The American Medical Association's CPT 2018 Professional codebook contains many parenthetical notes and chapter guidelines for the cardiovascular section, which should be reviewed by coding professionals for full guidance..

References

American Medical Association (2018). CPT Changes 2018: An Insider's View (CPT Changes), pages 50-54.

American Medical Association (2018). CPT 2018 Professional, pages 228-233.

Tom Hall, RHIT, CCS; Member, CHIA Coding & Data Quality Committee

CPT Coding Tip



2018 New Modifiers 96 & 97

In an effort to aid health information coding professionals, the following tip is provided by the CHIA Coding & Data Quality Committee as an educational resource.
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The 2018 CPT code set does not differentiate habilitative and rehabilitative services, a single code may be used to report either purpose. Therefore, for reporting requirements, new modifiers were created to differentiate the purpose or intent of the service provided.

Modifier 96 Habilitative Services	Modifier 97 Rehabilitative Services
Habilitative services help individuals learn functional skills for daily living that they have not had before, and help individuals keep or improve skills that they have learned previously.	Rehabilitative services help individuals keep, get back, or improve skills and functioning for daily living that had been lost or impaired due to illness, injury, or disability.

Reference: American Medical Association (2018). CPT 2018 Professional.

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