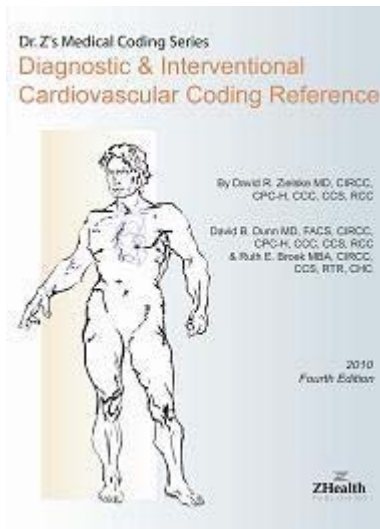


Dr Z's Medical Coding Series:
**Diagnostic & Interventional Cardiovascular Coding Reference: 2010
Edition**

2010 Book Errata



Text to be deleted has been crossed out and new text noted in blue font.

Page 221

In the anatomical drawing depicting a normal AV shunt, delete code 36145 listed below “Venous Limb”.

Page 287

Replace instruction 10 with the following:

10. The venous angioplasty code applies to all venous structures including portal and mesenteric venous structures. It now applies to venoplasty within ~~zone 1~~ the peripheral zone of an AV dialysis graft, as HCPCS codes G0392 and G0393 were deleted in 2010. Use code 35476 or 35475 for venoplasty or angioplasty within ~~zone 1~~ the peripheral zone of an upper extremity AV dialysis graft or at the arterial anastomosis. Codes 35475 and 35476 may be used on the same patient for multiple procedures in the same extremity, but only if the arterial intervention is in a native extremity artery separate from the arterial anastomosis. If both arterial anastomosis and a venous extremity lesion are treated, only submit codes 35475 and 75962.

Zone 1 is changed to peripheral zone.

6/8/2010

1

Page 318

In the left hand anatomical drawing depicting a normal shunt, delete code 36145 listed below “Venous Limb”.

Page 320

In “CODES”, the 6th item on page 232 should be as follows:

Venoplasty within AV graft, at venous anastomosis, fistula, and remainder of zone 1 the peripheral zone (use once for zone 1 peripheral zone stenoses)	35476	75978
---	--------------	--------------

The revision is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Page 320

In “CODES”, the 10th item on page 232 should be as follows:

Venoplasty, percutaneous (for stenoses in zone 2 or 3 the central zone)	35476	75978
---	--------------	--------------

The revision is to change the instruction from indicating there are 3 zones to only 2, peripheral and central.

Page 320

- 1. HCPCS codes G0392 and G0393 are deleted in 2010. Use appropriate codes 35473, 35474, 35475, and 35476 to describe angioplasty at the arterial anastomosis or within “~~zone 1~~” the peripheral zone of a fistula/graft.**

The revision to instruction 1 is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Page 321

- 6. Previously we have recommended coding interventions per zone and there were 3 zones to consider. This has changed for 2010 as now there is a “bundling” of zones 2 and 3 into a single zone called the “central zone” for intervention. The peripheral zone as described below is the same as the previous zone 1.**

Upper Extremity

- a) Peripheral zone: arterial anastomosis, intragraft, venous anastomosis, and outflow veins up to and including the axillary vein (peripheral veins)**
- b) Central zone: subclavian vein, brachiocephalic vein and superior vena cava (central veins)**

Lower Extremity

- a) **Peripheral zone: arterial anastomosis, intragraft, venous anastomosis and outflow veins up to and including the common femoral/external iliac veins (peripheral veins)**
- b) **Central zone: common iliac vein and inferior vena cava (central veins)**

There are now 2 zones for performing interventions related to an AV dialysis graft, the peripheral and the central zones. Instruction 6 has been totally revised.

Page 321

7. **Code 35476 applies to all of zone 1 the entire peripheral zone, except the arterial anastomosis. If the only stenosis treated with venoplasty is in the native cephalic or basilic vein, use 35476 along with 75978.**

The revision of instruction 7 is to remove references to numerical zones. Peripheral and central zones will now be the designations. In addition, "basilic" was misspelled.

Page 322

14. **If venoplasty in the shunt or outflow is done, and arterial anastomotic or juxta-anastomotic angioplasty is performed, do not code venoplasty in the AV fistula graft or extremity veins. Central vein interventions are separately coded. Do not code 35475 and 35476 together at the same session if they are both performed in zone 1 the peripheral zone.**

Instruction 14 revised to change zone 1 to peripheral zone.

Page 362

4. **Fitting and adjustment of other device, automatic implantable cardiac defibrillator (when ICD reaches natural end of battery life).**

***List of Diagnosis Codes Not Requiring the –Q0 Modifier**

- **427.1 Ventricular tachycardia**
- **427.41 Ventricular fibrillation**
- **427.42 Ventricular flutter**
- **427.5 Cardiac arrest**
- **427.9 Cardiac dysrhythmia, unspecified**
- **996.04 Mechanical complication of cardiac device, implant, and graft due to automatic implantable cardiac defibrillator (due to ICD recall)**
- **V12.53 Personal history of sudden cardiac arrest**

6/8/2010

3

- **V53.32 Fitting and adjustment of other device, automatic implantable cardiac defibrillator (when ICD reaches natural end of battery life)**

List of diagnosis codes revised to add V12.53, which was added by CMS on 03/26/10.

Pages 407 – 410

The legends accompanying the anatomical drawings are not applicable. They should be ignored.

Page 522

Appendix D – 2010 Inpatient Only Procedures

Add code 37215

In the HOPPS final rule 37215 was indicated as being changed from a C status indicator to a T. On December 31, 2009, CMS announced that the instruction was an error in the Federal Register and it is remaining status indicator C.

Page 568

Venous Procedures – 2010





Under “Percutaneous AV Shunt Interventions”, the 4th entry should be:

Venoplasty, zone 1 peripheral zone		35476	75978
--	--	--------------	--------------

The revision is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Pages 575 and 576

Add the following legend to accompany the anatomical drawings on both pages:

-  Heart Muscle or Graft Material
-  De-oxygenated Blood
-  Oxygenated Blood
-  Mixed Oxygenated Blood

