ERRATA for
Cardiothoracic Surgery Coding Reference
2020 Edition

Text deletions are ~~crossed out~~. Corrected text is **blue and bolded**. Ordered by appearance in text.

Page 102, Coding Instructions

16. Use code 21615 for first rib resection. This code includes the cervical rib excision if performed. Use code 21616 if sympathectomy is also performed. ~~If patient has neurogenic thoracic outlet syndrome and brachial neurolysis is performed, additionally report code 64713.~~ **There has been a zero NCCI edit between codes 21705 and 64713, and as expected, as of 04/01/20 there is now a zero NCCI edit between codes 21615 and 64713 as well, so code 64713 <u>cannot</u> be reported with 21615 or 21705.**

Page 103, Example(s)

1) A 34-year-old male had a work-up that revealed thoracic outlet syndrome. Conservative measures have failed, so he is taken to the operating room for a first rib resection. General anesthesia is utilized, and the patient is then positioned in a lateral decubitis position with the right arm elevated. An incision is made in the axilla, and dissection is carried down to the chest wall. The insertion sites of the anterior and middle scalene muscles are removed. Scar tissue is carefully dissected away, and the brachial plexus and subclavian artery and vein are visualized. The first rib is skeletonized and removed in several segments with the use of a rongeur (21615). The wound is irrigated with saline, checking for pneumothorax. A drain is placed, and the tissues are re-approximated in layers.

~~Note: If patient has thoracic outlet syndrome and brachial nerve neurolysis is performed, additionally report code 64713.~~

Page 145, Coding Instructions

15. Codes 33251, 33256, 33259, and 33261 describe operative tissue ablation procedures that utilize cardiopulmonary bypass. No additional codes for cardiopulmonary bypass are reported with these codes, as it is included. However, if an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**.

Page 148, Coding Instructions

15. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33305, 33315, 33322, and 33335.

Page 168, Coding Instructions

41. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33390, 33391, 33404-33417, 33422, 33425, 33426, 33430, 33460, 33463-33465, 33468, 33474-33476, 33478, and 33496.

Pages 179-180, Coding Instructions

34. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally

reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33510-33514, 33516, and 33533-33536.

Page 194, Coding Instructions

17. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33600-33622.

Page 202, Coding Instructions

20. The approach (thoracotomy or median sternotomy), cardiopulmonary bypass, chest tube placement, thoracentesis, and placement of temporary pacing wires are all included in these procedures and are not additionally reported. However, if an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33545, 33641-33688, 33692, 33694, and 33697.

Page 205, Coding Instructions

9. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33702-33722.

Page 208, Coding Instructions

9. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33724, 33726, 33730, and 33732.

Page 211, Coding Instructions

16. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33736, 33750, 33755, 33762, 33764, 33766, and 33767.

Page 217, Coding Instructions

11. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33770-33783.

Page 220, Coding Instructions

4. Cardiopulmonary bypass is not reported separately. However, if an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**.

Page 223, Coding Instructions

1. Codes include cardiopulmonary bypass when performed. However, if an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, and 33853.

Page 247, Coding Instructions

60. If an arterial exposure is performed to create a conduit for delivery of an endovascular prosthesis, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported with codes 33880-33886, 34701-34708, 34841-34848, and 34718 (EVAR, FEVAR, TEVAR, and iliac endograft procedures).

Page 261, Coding Instructions

26. If an arterial exposure is performed to create a conduit for delivery of an endovascular prosthesis, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported with codes 33880-33886, 34701-34708, 34718, and 34841-34848 (EVAR, FEVAR, TEVAR, and iliac endograft procedures).

Page 267, Coding Instructions

13. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33910, 33916, 33917, 33920, 33922, and 33926.

Page 270, Coding Instructions

11. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33935 and 33945.

Page 282, Coding Instructions

8. Use code 33993 for repositioning of a percutaneous ~~transseptal~~ VAD. This must be at a separate session from the placement and requires the use of imaging guidance. Repositioning is not reportable without imaging guidance or at the same sesson as placement.

11. Currently available percutaneous VADs include the Tandem Heart and Impella devices. The Tandem heart is a percutaneous transseptal device that requires both venous and arterial catheterizations (which uses code 33991 for placement). The Impella device does not use a transseptal approach and only requires an arterial catheterization (so code 33990 should be used for Impella placement). Code 33993 is used for ~~replacement~~ **repositioning**, and code 33992 is used for removal of either device **at a separate encounter**.

Page 283, Coding Instructions

16. If an open arterial exposure is performed to create a conduit for cardiopulmonary bypass, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported in addition to codes 33975-33980, 33983, 33990, and 33991.

Page 457, Code Table

Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging (Hospital only)	**C9762**	**5524**	**N/A**
Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging (Hospital only)	**C9763**	**5524**	**N/A**
Injection, gatoterate meglumine, 0.1 ml	A9575	N/A	N/A

Page 459, Coding Instructions

14. HCPCS codes C9762 and C9763 are effective July 1, 2020, to describe strain imaging and stress imaging associated with strain-encoded cardiac MRI. These codes may only be used for hospital billing.

15. Report code C9762 for cardiac MRI with strain imaging. All components of the procedure are included.

16. Report code C9762 for cardiac MRI with stress imaging. All components of the procedure are included.

17. There are no codes for physician billing of these services.

Page 545, Charge Sheet - Pacemakers & ICDs

Add the following codes to the bottom of "Implantable Cardiac Defibrillator - *Substernal ICD*":

Removal and replacement of substernal ICD generator	0614T	0.00