

ERRATA for *Cardiothoracic Surgery Coding Reference* 2021 Edition

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

Page 20, Bottom of page

2020 **2021** RVU File:

Page 99, Code Table

Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	20220	Excluded	90 days 000	None	5072	2.53
Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	20225	Excluded	90 days 000	None	5072	3.77
Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	20240	Excluded	90 days 000	None	5073	4.17
Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	20245	Excluded	90 days 000	None	5073	10.19

Page 115, Code Table

Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	32408	FBØ Excluded	FBØ 000	FBØ None	5072	4.44
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Page 153, Code Table

Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	◆33741	FBØ Allowed	FBØ 000	FBØ None	N/A	22.42
Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	◆33745	FBØ Allowed	FBØ 000	FBØ None	N/A	31.53
Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	☆◆33746	FBØ Allowed	FBØ ZZZ	FBØ None	N/A	12.41

Page 282, Code Table

Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	♦33995	FBD Allowed	FBD 000	FBD None	N/A	10.71
Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	♦33990	Allowed	FBD 000	None	N/A	10.69
Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	♦33991	Allowed	FBD 000	None	N/A	13.93
Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	♦33992	Allowed	FBD 000	None	N/A	5.55
Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	♦33997	FBD Allowed	FBD 000	FBD None	N/A	4.76
Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	♦33993	Allowed	FBD 000	None	N/A	4.88

Page 306, Code Table

Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	31624	0	90 days 000	None	5153	3.91
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Page 345, Code Table

Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	♦47362	FBD Allowed	FBD 90 days	FBD Paid with Documentation	N/A	42.47
Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	♦49000	Allowed	90 days	Paid with Documentation	N/A	22.86
Reopening of recent laparotomy	♦49002	FBD Allowed	FBD 90 days	FBD Paid with Documentation	N/A	30.98

Page 373, Coding Instructions

- Hospitals do not** report codes 37252 and 37253 with lithoplasty **intravascular lithotripsy** codes C9764-C9767 or C9772-C9775; **however**, as these HCPCS Level II codes are not listed as base codes for IVUS in the *CPT Codebook*, **you will likely hit** add-on code edits **apply here**.