CPT® and RBRVS 2013 Annual Symposium
November 14-16, 2012

Cardiothoracic Surgery

Presented by:
Peter K. Smith, MD
Society of Thoracic Surgeons
Lungs and Pleura Revisions

• Surgery
• Respiratory System
• Lungs and Pleura
• Removal
  • ► (32420 has been deleted. To report, use 32405) •
  • ► (32421 and 32422 have been deleted. To report, see 32554, 32555) •
  • ► (Do not report 32503, 32504 in conjunction with 19260, 19271, 19272, 32100, 32551, 32554, 32555) •
Lungs and Pleura Revisions

Introduction and Removal

▲ 32551 Tube thoracostomy, includes connection to drainage system (eg. water seal) (eg, for abscess, hemothorax, empyema), when performed, open (separate procedure)
Tube Thoracostomy “Kit”
These are Chest Tubes

- 2 cm depth markings aid in accurate catheter placement.
- Gentle spiral hole configuration helps reduce tissue invagination for optimal drainage efficiency.
- Tapered oval drainage eyes maximize drainage performance and help prevent tissue damage and clot adhesion.
- Blue radiopaque stripe confirms placement upon X-ray.

Advanced extrusion design improves patient comfort, surgical placement, and provides a preferred atraumatic insertion technique.

Firm PVC Thoracic Catheters
Chest Drainage Kit & Procedure Trays
“Pigtail Catheter”
Lungs and Pleura New Codes

- **32554** Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
- **32555** with imaging guidance
- **32556** Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- **32557** with imaging guidance

- (Do not report 32550 in conjunction with 32554, 32555)
- (If imaging guidance is performed, use 75989)
Lungs and Pleura New Guidelines

• ➤(For insertion of indwelling tunneled pleural catheter with cuff, use 32550) ➤
• ➤(For open procedure, use 32551) ➤
  – Note: This is a REAL CHEST TUBE
• ➤(Do not report 32554-32557 in conjunction with 32550, 32551, 76942, 77002, 77012, 77021, 75989) ➤
## Final Rule Physician Fee Schedule

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<th>HCPCS Code</th>
<th>Short Descriptor</th>
<th>CY 2012 Work RVU</th>
<th>AMA RUC/HCPAC Recommended Work RVU</th>
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Single Ventricle and Other Complex Cardiac Anomalies

Septal Defect

• (Do not report 33675-33677 in conjunction with 32100, 32551, 32554, 32555, 33210, 33681, 33684, 33688)
Stereotactic Radiation Therapy
New Code

- **32701** Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

  - Do not report 32701 in conjunction with 77261-77799)

  - (For placement of fiducial markers, see 31626, 32553)
Thoracic stereotactic body radiation therapy (SRS/SBRT) is a distinct procedure which may involve collaboration between a surgeon and radiation oncologist. The surgeon identifies and delineates the target for therapy. The radiation oncologist reports the appropriate code(s) for clinical treatment planning, physics and dosimetry, treatment delivery and management from the Radiation Oncology section (see 77295, 77331, 77370, 77373, 77435). The same physician should not report target delineation services with radiation treatment management codes (77427-77499).
Stereotactic Radiation Therapy
New Guidelines

► Target delineation involves specific determination of tumor borders to identify tumor volume and relationship with adjacent structures (eg, chest wall, intraparenchymal vasculature and atelectatic lung) and previously placed fiducial markers, when present. Target delineation also includes availability to identify and validate the thoracic target prior to treatment delivery when a fiducial-less tracking system is utilized. ◄

► Do not report target delineation more than once per entire course of treatment when the treatment requires greater than one session. ◄
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Cardiovascular System
Heart and Pericardium

+ ▲ 33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including eg, for upgrade to dual chamber system and pocket revision) (List separately in addition to code for primary procedure);

(Use 33225 in conjunction with 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33221, 33222 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33249, 33263, 33264) ▼
Cardiovascular System
Heart and Pericardium

• ►(Use 33225 in conjunction with 33222 only with pacemaker pulse generator pocket relocation and with 33223 only with pacing cardioverter-defibrillator [ICD] pocket relocation) ◄
Aortic Valve New Codes

- **33361** Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- **33362** open femoral artery approach
- **33363** open axillary artery approach
- **33364** open iliac artery approach
- **33365** transaortic approach (eg, median sternotomy, mediastinotomy)

► (Use 0318T for transapical approach [eg, left thoracotomy]) ◄
Aortic Stenosis
Do Not Disturb!!
—Transcatheter aortic valve replacement (TAVR).

Transcatheter aortic valve replacement (TAVR).
Photographs of aortic valve replacement systems.

—Deployment of balloon-expandable Transcather Aortic Valve.

Photographs of self-expanding Transcatheter Aortic Valve.

—Different iliofemoral arterial anatomy.

—Different iliofemoral arterial anatomy.

Cardiac Valves

Aortic Valve New Guidelines

• Codes 33361-33365, 0318T are used to report transcatheter aortic valve replacement (TAVR)/transcatheter aortic valve implantation (TAVI). TAVR/TAVI requires two physician operators and all components of the procedure are reported using modifier 62.

• Codes 33361-33365, 0318T include the work, when performed, of percutaneous access, placing the access sheath, balloon aortic valvuloplasty, advancing the valve delivery system into position, repositioning the valve as needed, deploying the valve, temporary pacemaker insertion for rapid pacing (33210), and closure of the arteriotomy when performed. Codes 33361-33365, 0318T include open arterial or cardiac approach.

• Angiography, radiological supervision, and interpretation performed to guide TAVR/TAVI (eg, guiding valve placement, documenting completion of the intervention, assessing the vascular access site for closure) are included in these codes.
Cardiac Valves
Aortic Valve New Guidelines

• Diagnostic left heart catheterization codes (93452, 93453, 93458-93461) and the supravalvular aortography code (93567) should not be used with TAVR/TAVI services (33361-33365, 0318T) to report:

• 1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the TAVR/TAVI,

• 2. Aorta/left ventricular outflow tract measurement for the TAVR/TAVI, or

• 3. Post-TAVR/TAVI aortic or left ventricular angiography, as this work is captured in the TAVR/TAVI services codes (33361-33365, 0318T).
Cardiac Valves
Aortic Valve New Guidelines

• Diagnostic coronary angiography performed at the time of TAVR/TAVI may be separately reportable if:
  • 1. No prior catheter-based coronary angiography study is available and a full diagnostic study is performed, or
  • 2. A prior study is available, but as documented in the medical record:
    • a. The patient’s condition with respect to the clinical indication has changed since the prior study, or
    • b. There is inadequate visualization of the anatomy and/or pathology, or
    • c. There is a clinical change during the procedure that requires new evaluation.
Cardiac Valves
Aortic Valve New Guidelines

• d. For same session/same day diagnostic coronary angiography services, report the appropriate diagnostic cardiac catheterization code(s) appended with modifier 59 indicating separate and distinct procedural service from TAVR/TAVI.

• Diagnostic coronary angiography performed at a separate session from an interventional procedure may be separately reportable.

• Other cardiac catheterization services are reported separately when performed for diagnostic purposes not intrinsic to TAVR/TAVI.
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Cardiac Valves
Aortic Valve Valve New Guidelines

• When transcatheter ventricular support is required in conjunction with TAVR/TAVI, the appropriate code should be reported with the appropriate ventricular assist device (VAD) procedure code (33990-33993, 33975, 33976, 33999) or balloon pump insertion code (33967, 33970, 33973).

• The TAVR/TAVI cardiovascular access and delivery procedures are reported with 33361-33365, 0318T. When cardiopulmonary bypass is performed in conjunction with TAVR/TAVI, codes 33361-33365, 0318T should be reported with the appropriate add-on code for percutaneous peripheral bypass (33367), open peripheral bypass (33368), or central bypass (33369).
Aortic Valve New Codes and Guidelines

● **33367** cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)

   • (Use 33367 in conjunction with 33361-33365, 0318T)

   • (Do not report 33367 in conjunction with 33368, 33369)
Aortic Valve New Codes and Guidelines

- • **33368** cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
  - ►(Use 33368 in conjunction with 33361-33365, 0318T)
  - ►(Do not report 33368 in conjunction with 33367, 33369)
- • **33369** cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
Aortic Valve New Codes and Guidelines

• ► (Use 33369 in conjunction with 33361-33365, 0318T) ◄

• ► (Do not report 33369 in conjunction with 33367, 33368) ◄
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Venous Grafting Only for Coronary Artery Bypass 
New Guidelines

• Procurement of the saphenous vein graft is included in the description of the work for 33510-33516 and should not be reported as a separate service or co-surgery. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs graft procurement, add modifier 80 to 33510-33516. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-33993.
Combined Arterial-Venous Grafting for Coronary Bypass New Guidelines

- Procurement of the saphenous vein graft is included in the description of the work for 33517-33523 and should not be reported as a separate service or co-surgery. Procurement of the artery for grafting is included in the description of the work for 33533-33536 and should not be reported as a separate service or co-surgery, except when an upper extremity artery (e.g., radial artery) is procured. To report harvesting of an upper extremity artery, use 35600 in addition to the bypass procedure. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs arterial and/or venous graft procurement, add modifier 80 to 33517-33523, 33533-33536, as appropriate. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-33993.
Arterial Grafting for Coronary Artery Bypass New Guidelines

- Procurement of the artery for grafting is included in the description of the work for 33533-33536 and should not be reported as a separate service or co-surgery, except when an upper extremity artery (e.g., radial artery) is procured. To report harvesting of an upper extremity artery, use 35600 in addition to the bypass procedure. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs arterial and/or venous graft procurement, add modifier 80 to 33517-33523, 33533-33536, as appropriate. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-33993.
Patients receiving major cardiac procedures may require simultaneous cardiopulmonary bypass insertion of cannulae into the venous and arterial vasculatures with support of circulation and oxygenation by a heart-lung machine. Most services are described by codes in dyad arrangements to allow distinct reporting of procedures with or without cardiopulmonary bypass. Cardiopulmonary bypass is distinct from support of cardiac output using devices (eg, ventricular assist or intra-aortic balloon). For cardiac assist services see 33960-33983, 339XX1-33993.
Cardiac Assist New Codes

- **33990** Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
- **33991** both arterial and venous access, with transseptal puncture
- **33992** Removal of percutaneous ventricular assist device at separate and distinct session from insertion;
- **33993** Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion;
Continuous Flow Trans-Aortic Valve Percutaneous LVAD
Continuous Flow Trans-Atrial Septal Inflow LVAD
Cardiac Assist New Guidelines

- The insertion of a ventricular assist device (VAD) can be performed via percutaneous (33990, 33991) or transthoracic (33975, 33976, 33979) approach. The location of the ventricular assist device may be intracorporeal or extracorporeal.
- For surgical insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO), use 36822.
- Open arterial exposure when necessary to facilitate percutaneous ventricular assist device insertion (33990, 33991), may be reported separately (34812). Extensive repair or replacement of an artery may be additionally reported (eg, 35226 or 35286).
Cardiac Assist New Guidelines

• Removal of a ventricular assist device (33977, 33978, 33980, 33992) includes removal of the entire device, including the cannulas. Removal of a percutaneous ventricular assist device at the same session as insertion is not separately reportable. For removal of a percutaneous ventricular assist device at a separate and distinct session, but on the same day as insertion, report 33992 appended with modifier 59 indicating a distinct procedural service.

• Repositioning of a percutaneous ventricular assist device at the same session as insertion is not separately reportable. Repositioning of percutaneous ventricular assist device not necessitating imaging guidance is not a reportable service. For repositioning of a percutaneous ventricular assist device necessitating imaging guidance at a separate and distinct session, but on the same day as insertion, report 33993 with modifier 59 indicating a distinct procedural service.
Cardiac Assist New Guidelines

• Replacement of the entire implantable ventricular assist device system, ie, pump(s) and cannulas, is reported using the insertion codes (ie, 33975, 33976, 33979). Removal (ie, 33977, 33978, 33980) of the ventricular assist device system being replaced is not separately reported. Replacement of a percutaneous ventricular assist device is reported using implantation codes (ie, 33990, 33991). Removal (ie, 33992) is not reported separately.
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Aortic Valve Replacement 33405

- RUC review at CMS request via their High Expenditure Procedural Codes Screen

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Mitral Valve Replacement 33430

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Single Arterial CABG 33533

- RUC review at CMS request via their High Expenditure Procedural Codes Screen

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<th>Short Descriptor</th>
<th>CY 2012 Work RVU</th>
<th>AMA RUC/HCPAC Recommended Work RVU*</th>
<th>CY 2013 Interim/Interim Final Work RVU</th>
<th>Agree/Disagree withAMA RUC/HCPAC Recommended Work RVU*</th>
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</thead>
<tbody>
<tr>
<td>33405</td>
<td>Replacement of aortic valve</td>
<td>41.32</td>
<td>41.32</td>
<td>41.32</td>
<td>Interim</td>
</tr>
<tr>
<td>33430</td>
<td>Replacement of mitral valve</td>
<td>50.93</td>
<td>50.93</td>
<td>50.93</td>
<td>Interim</td>
</tr>
<tr>
<td>33533</td>
<td>Cabg arterial single</td>
<td>33.75</td>
<td>34.98</td>
<td>33.75</td>
<td>Interim</td>
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</tbody>
</table>
## Lung Resection Codes

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Descriptor</th>
<th>RUC Rec RVU</th>
<th>CMS Proposed Interim RVU</th>
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</thead>
<tbody>
<tr>
<td>32096</td>
<td>Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral</td>
<td>17.00</td>
<td>13.75</td>
</tr>
<tr>
<td>32097</td>
<td>Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral</td>
<td>17.00</td>
<td>13.75</td>
</tr>
<tr>
<td>32098</td>
<td>Thoracotomy, with biopsy(ies) of pleura</td>
<td>14.99</td>
<td>12.91</td>
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<tr>
<td>32100</td>
<td>Thoracotomy; with exploration</td>
<td>17.00</td>
<td>13.75</td>
</tr>
<tr>
<td>32505</td>
<td>Thoracotomy; with therapeutic wedge resection (e.g., mass, nodule), initial</td>
<td>18.79</td>
<td>15.75</td>
</tr>
</tbody>
</table>
Figure 1 Total RVW vs Total RUC Time

- Cardiothoracic Codes 2005-2010
- Lung Resection CMS Agrees RUC
- Lung Resection CMS Disagrees RUC
- CMS 2010 5 year Thoracic Final Values
- Regression

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Refinement Panel August 2012

Figure 2 Total RVW vs Total RUC Time

- Cardiothoracic Codes 2005-2010
- Lung Resection CMS Agrees RUC
- Lung Resection CMS Disagrees RUC
- CMS 2010 5 year Thoracic Final Values
- Regression
## Refinement Panel and Final Rule

<table>
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<tbody>
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<td>Open wedge/bx lung infiltr</td>
<td>13.75</td>
<td>17.00</td>
<td>17.00</td>
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<tr>
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<td>Exploration of chest</td>
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<td>17.00</td>
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<tr>
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<td>Wedge resect of lung initial</td>
<td>15.75</td>
<td>18.79</td>
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<td>15.75</td>
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