

## General Surgery Coding Alert

### CPT® Update: Renew Vascular Coding Know How for 2020

#### Check out codes for pericardiocentesis and more.

Keep your circulatory claims in tip-top shape next year with this first look at code changes you need to know.

Let our experts prepare you for vascular code additions, deletions, and revisions that will impact your general surgery practice when CPT® 2020 goes into effect on Jan. 1.

#### Upgrade Pericardial Procedure Coding

CPT® 2020 adds the following new pericardial drainage codes:

- 33017 (Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly)
- 33018 (... birth through 5 years of age or any age with congenital cardiac anomaly)
- 33019 (Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance).

At the same time, CPT® 2020 deletes current code 33015 (Tube pericardiostomy) and points you to use the new codes 33017-33019 instead.

"The replacement codes are more specific than the single code they replace, distinguishing between guidance methods and possibly a patient congenital anomaly that indicates the need for the procedure," says **Terri Brame Joy, MBA, CPC, COC, CGSC, CPC-I**, National Director of Marketing and Revenue Management at FasPsych in Omaha, Nebr.

**Includes guidance:** Notice that each code definition states the radiological guidance method included in the procedure. CPT® text notes also indicate that you should not report 33017-33019 with radiological guidance codes 75989, 76942, +77002, 77012, or 77021.

CPT® 2020 provides additional guidelines about how to use these codes. For instance, when you report new codes 33017-33019, the catheter must remain in place after the procedure is completed. That means you should not report 33017-33019 when the physician places a catheter to aspirate fluid and then removes the catheter when the procedure is over.

The guidelines also define a congenital cardiac anomaly as, "as abnormal situs (heterotaxy, dextrocardia, mesocardiac), single ventricle anomaly/physiology, or any patient in the first 90-day postoperative period after repair of a congenital cardiac anomaly."

**Caution:** You should not report 33016-33018 with 93303-+93325 when the echocardiography is "solely for the purpose of pericardiocentesis guidance," according to CPT®.

**Bundling:** The inclusive nature of these new codes is part of the move toward complete component CPT® codes, so "it is no surprise that procedure standards to successfully perform a diagnostic or surgical procedure have become bundled within the primary-procedure CPT® code(s)," says **Christina Neighbors, MA, CPC, CCC**, coding quality auditor for Conifer Health Solutions Coding Quality & Education Department.

**Pericardiocentesis update:** CPT® 2020 deletes existing codes for pericardiocentesis 33010 (Pericardiocentesis; initial) and 33011 (... subsequent), and adds a single new replacement code: 33016 (Pericardiocentesis, including imaging guidance, when performed). Like the change to pericardial drainage coding, 33016 includes radiological guidance, and a text note states, "You should not report 33016 in conjunction with ultrasonic guidance code 76942, fluoroscopic guidance

code +77002, CT guidance code 77012, or magnetic resonance imaging code 77021.”

### Explore Changes for Exploration Services Coding

CPT® 2020 reworks the 35701 code family to describe arterial exploration without surgery, organized by arterial groups rather than single, specific arteries. The family upgrade also removes the language, “with or without lysis of artery.”

Changing this code family involves one code revision, three code deletions, and two code additions.

**Revision:** CPT® 2020 revises parent-code 35701 (Exploration (not followed by surgical repair,), with or without lysis of artery; neck (eg, carotid artery, subclavian). (Emphasis added).

**Deletion:** CPT® 2020 deletes child codes 35721 for femoral artery, 35741 for popliteal artery, and 35761 for other vessels.

**Addition:** In place of those deleted codes, you'll find the following two new codes under parent code 35701:

- 35702 (... upper extremity (eg, axillary, brachial, radial, ulnar))
- 35703 (... lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)).

“The reconfigured code family allows more specific reporting rather than grouping all but a few named arteries into the ‘other vessels’ code,” Joy explains.

### Update Endovascular Repair Coding

CPT® 2020 deletes Category III code 0254T (Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral).

In its place, CPT® 2020 provides the following two new codes for iliac artery endovascular repair:

- +34717 (Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure))
- 34718 (Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral)

The main distinction in the codes is that +34717 is an add-on code that you should report for an iliac branched endograft when it occurs in addition to a primary procedure code for aorto-iliac artery endograft placement, such as 34703-34706 (Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of ... endograft ...). On the other hand, you should use 34718 when the iliac artery repair is “not associated with placement of an aorto-iliac artery endograft at the same session.”

**More:** In addition to the noted code changes, CPT® 2020 adds lots of new guidance in the subsection for Endovascular Repair of Abdominal Aorta and/or Iliac Arteries. Look to future issues of General Surgery Coding Alert to learn about that guidance.

