Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: CMS Provides A New Map For The Maze Procedure

Old pacemaker insertion codes replaced with electrode codes

If your surgeon has been providing the Maze procedure and you-ve had to append either the 22 modifier (Unusual procedural service) or the 52 modifier (Reduced services), then your worries may be at an end.

CPT 2007 deletes the existing one-size-fits-all maze procedure code 33253 and replaces it with five new codes, 33254-33256 and 33265-33266. These new codes allow you to specify whether the Maze procedure was limited, extensive or extensive with cardiopulmonary bypass. You can also bill for a limited or extensive endoscopic maze procedure.

-My physician most often performs the modified Maze with cardiopulmonary bypass,- says **Lisa Alexander**, a coder with **ProHealth** in Pekin, IL. With the existing code, she had to append a modifier to explain that the physician didn't perform the standard Maze procedure.

The modifier has delayed her claims because the payors always request the operative report to find out exactly what the surgeon did. -It will be great to have a set fee for this procedure and not have to wait for the payors to make a determination on what amount they will pay,- Alexander rejoices.

Get more specific: Starting in January, you-ll also have five new codes for thromboendarectomy. All of these codes include a patch graft, if performed..

The new codes include the superficial femoral aterery (35302); the popliteal artery (35303); the tibioperoneal trunk artery (35304); the tibial or peroneal artery, initial vessel (35305); and each additional tibial or peroneal artery (35306). The current code covers all possible arteries, so it's great to have a more specific code, says coder **Carol Polk**. Also, sometimes a physician will bill multiple endarectomies in different vessels, which requires the 59 modifier with the current single code.

Instead of billing 33200-33201, for insertion of a permanent pacemaker with epicardial electrode(s), you-ll have two new codes. CPT 2007 introduces 33202-33203 for insertion of an epicardial electrode(s). One code covers open incision and the other covers endoscopic approach. The old codes covered insertion via thoracotomy and xiphoid approaches.

CPT 2007 also makes a major revision to the bypass graft codes. For example, 33501 now applies to a bypass graft, with vein, for the -common carotid-ipsilateral internal carotid,- instead of just -carotid.- Instead of two codes covering several types of graft, you-ll have codes for bypass grafts to the aortoiliac (33537), aortobi-iliac (33538), aortofemoral (33539) and aortobifemoral (33540).

Similar changes happen to the codes for bypass graft with other than vein, with codes specifying aortoiliac (35637) and aortobiiliac (35638).

You-ll soon have three new codes for closure of multiple ventricular septal defects (33675-33677). These include closure with pulmonary valvotomy or infundibular resection (33676) and -with removal of pulmonary artery band, with or without gusset- (33677). There's also a new code for closure of a single ventricular septal defect (33681).

The new codes include a code for repair of isolated partial anomalous pulmonary venous return, also known as Scimitar Syndrome (33724), and repair of pulmonary venous stenosis (33726).

You-ll have two new codes for open revision of a femoral anastomosis of synthetic arterial bypass graft in groin, both without (35883) and with (35884) an autogenous vein patch graft.

Finally, there's a new code, 37210, for uterine fibroid embolization (UFE). This includes all vascular access, selection of vessel, embolization, and all radiological supervision and interpretation and imaging guidance.