

Part B Insider (Multispecialty) Coding Alert

CARDIOTHORACIC: Navigating New Maze Codes Leaves Coders Right Back Where They Started

CPT 2007 makes it almost impossible to bill 33254-33256

You may have celebrated new maze procedure codes too quickly.

CPT 2007 includes five new codes for the maze procedure (33254-33256 and 33265-33266) that allow you to specify whether the procedure was modified, extensive or extensive with cardiopulmonary bypass, plus two endoscopic codes (see PBI, Vol. 7, No. 37). Coders rejoiced because -it will be useful to distinguish- between the types of maze procedures, according to coder **Michele Wann**.

Bad news: But CPT 2007 also includes a note stating that you can't bill 33254-33256 with any open heart surgery codes. This will reduce the usefulness of these codes dramatically, complains **Monica Holodnik**, accounts manager with **Pittsburgh Cardiothoracic Associates**.

The note reads: -Codes 33254-33256 are only to be reported when there is no concurrently performed procedure that requires a median sternotomy or cardiopulmonary bypass.- If you do bill for any such procedure, you should report the maze procedure using unlisted code 33999. CPT 2007 also lists all the dozens of codes you can't bill with 33254-33256, including coronary artery bypass graft (CABG) and ascending aortic graft.

The **Society of Thoracic Surgeons** (STS) had fought for these new codes, but now the STS will have to go back and fight for -G- codes that you can use along with open heart surgeries, Holodnik complains.

Her surgeon occasionally performs the maze procedure alone, but almost always performs it with another open heart procedure, Holodnik says. And when the surgeon performs a maze procedure alone, it's usually endoscopic--and these instructions don't apply to the endoscopic codes anyway.

So this means that in spite of these exciting new codes, Holodnik will still be stuck billing unlisted codes, she laments.