

Part B Insider (Multispecialty) Coding Alert

CARDIOTHORACIC SURGERY: Specify Whether Aorta Repair Includes Left Subclavian Artery

Alert: You can't bill for any stenting or balloon angioplasty separately

Next year's CPT book adds a whole new section for "Endovascular Repair of Descending Thoracic Aorta." You'll apply these codes when your surgeon repairs the descending thoracic aorta using an endovascular graft.

You'll be able to bill for the endovascular thoracic aorta repair with (33880) or without (33881) coverage of left subclavian artery origin. And if your surgeon places a "proximal extension" prosthesis for the endovascular repair, you'll be able to [bill 33883](#), plus 33884 for each additional proximal extension.

Similarly, for a distal extension prosthesis, you can use 33886 (Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta), but you can't bill 33880 along with this code.

The section also includes a transposition of the open subclavian to the carotid artery with endovascular repair of the descending thoracic (33889) and a bypass graft in conjunction with an endovascular repair of the descending thoracic (33891).

Bundled: You won't be able to use any additional codes for any work your surgeon does to introduce, position or manipulate the device. And you won't be able to bill separately for any balloon angioplasty or stenting your surgeon does before or after these procedures. You can't bill 33889 with 35694--or 33891 with 35509 or 35601.

Not bundled: But you can separately report any open arterial closure and closure of the arteriotomy sites, such as 34812, 34820 or 34833-34834, the CPT guidelines say. You can also bill separately for introduction of guidewires and catheters, such as 36140 or 36200-36218. You can bill separately for extensive repair or replacement of an artery, such as 35226 or 35286.

And if your surgeon does any other procedures, such as transposing the subclavian artery to the carotid, or a carotid-carotid bypass in conjunction with the endovascular repair of the descending aorta (e.g., 33889-33891) you can report them separately as well.

Don't be afraid to bill separately for fluoroscopic guidance with 33880-33891, using codes 75956-75959.

It'll be really useful to have so much guidance on which procedures are bundled with thoracic aorta repair, says consultant **Kristin Simpson** in Yorba Linda, CA. Right now, surgeons have to bill an unlisted code and then code all of the associated procedures separately, including angioplasty and insertion codes.