Part B Insider (Multispecialty) Coding Alert

CARDIOVASCULAR SURGERY: Watch Out--Your New Cardio Codes May Have Strings

A modifier won't rescue you from edits on 33254-33256

Your new cardiovascular surgery codes come with a whole new set of rules about what not to bill with them:

- **New epicardial electrode insertion codes 33202-33203** (35-42 Component codes, 14 Comprehensive codes). Don't bill thoracentesis code 32002 or tube thoracostomy code 32020 with these codes, unless you have a modifier. You can't add transmyocardial revascularization codes 33140-33141, even with a modifier. Some other electrode insertion codes are also bundled with 33202-33203.

- New codes for ablation and reconstruction of atria 33254-33256 and 33265-33266 (31-33 Component codes). Tube thoracostomy code 32020 is bundled with these, and so are thoracoscopy codes 32601-32606, transmyocardial vascularization add-on code 33141, and some pacemaker insertion codes. Meanwhile, 33254-33256 also become components of 156 other cardiology codes, and you can't use a modifier to override those edits.

- **New codes 33675-33677,** for closure of multiple ventricular septal def-ects (32-34 Component codes). Many of the same codes are bundled with 33675-33677 as with 33202-33203, plus cardiotomy codes 33310-33315 and blood vessel repair code 35226.

- **New venous anomaly repair codes 33724-33276** (27-28 Component codes). Again, many of the same codes are bundled with these as with 33675-33677, plus 33645 (Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage). You can use a modifier to override these edits, except for one bundl-ing 33254-33326 into 33274-33276.

- **New thromboendarectomy codes 35302-35305** (38 Component codes, 12 Comprehensive codes). You can't bill these codes with embolectomy/thrombectomy codes 34201-34203, femoral artery exposure code 34812, blood vessel repair code 35226 and 35286, thromboendarectomy codes 35371-35372, angioplasty codes 35456 and 35474, atherectomy code 35485, vein harvest code 35500, artery exploration codes 35721-35741 and 35860, unless you use a modifier.

- **New bypass graft codes 35537-35540** (55-59 Component codes) and **35637-35638** (28-29 Component codes). You can't bill embolectomy/ thrombectomy codes 34151-34201, open iliac artery exposure code 34820, bypass graft code 35646 or artery reoperation code 35700 with these codes, without a modifier. But even with a modifier, you can't bill arterial surgery code 34833 with the graft codes, and you can use a modifier to bill 34834 with 33537-35540, not 35637-35638.

- **New femoral anastomosis revision codes 35883-35884** (21 Component codes). Artery reoperation code 35700 is bundled with these codes, as are thrombectomy codes 35875-35876.

- **New uterine fibroid embolization code 37210** (43 Component codes). Blood vessel repair codes 35226, 35256 and 35286 are components of this code, as are transcatheter procedures codes 37202-37204, but a modifier will override those edits.