

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Leaf Through These Principles For Healthy CABG Coding

Bypass the temptation to code 33517-33523 alone

Whether you're coding for a cardiologist or studying for your certification exam, you need to know the rules for accurately reporting CABG procedures.

CABG Essentials: Codes 33510-33545 describe venous and/or arterial Coronary Artery Bypass Grafting, (CABG). For the bypass, the surgeon harvests healthy veins or arteries from other areas of the body. Patients may require multiple grafts--three to five are fairly common.

Reality: The difficulty of coding a CABG procedure often depends on the surgeon's dictation, says **Barbara Johnson, CPC**, president of Real Code Inc. in Moreno Valley, CA.

The surgeon will decide the number of artery bypasses and the number of vein bypasses based on the individual patient, says Johnson. Explain to the surgeon that it's important for his report to clearly describe how many arteries and veins he used so that you may code accurately, she notes. Why: Your choice of a CABG code--and your reimbursement--depends on the number of grafts.

Example: **CPT 33510** (Coronary artery bypass, vein only; single coronary venous graft) may pay \$400 less than 33516 (... six or more coronary venous grafts).

Careful: If your surgeon fills out a worksheet for CABG procedures, don't assume that sheet has all the information you need, advises Johnson. You should read the report to be sure you have the correct numbers for the artery and vein bypasses, she says.

When you read the operative report, underline or highlight the number of artery and vein grafts the surgeon completes, suggests Johnson. Mark up a copy of the report and save the original in case a payor or auditor wants to review the patient's chart.

Look To 33510-33516 For 'Vein Only' Procedures

The first CABG codes listed in CPT--33510-33516 (Coronary artery bypass, vein only ...)--refer to venous bypass grafts. Instructions in your CPT manual tell you that obtaining the graft from the saphenous vein, which runs along the inside of the leg, is included in these CABG codes, so you should not report the harvesting separately.

Good news: You may report harvesting an upper extremity vein with add-on code +35500 (Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure). Because this is an add-on code, you must report it in conjunction with one of the codes designated by CPT, including 33510-33536.

You may also separately report harvesting a femoropopliteal vein segment with add-on code +35572 (Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure [e.g., aortic, vena caval, coronary, peripheral artery]). CPT indicates you may report +35572 with CABG codes 33510-33523 and 33533-33536.

Tip: Let the surgeon know that describing where he harvested the segment from allows you to code properly and garner maximum reimbursement.

Learn 33517-33523 Rules For Arterial-Venous Coding

When veins and arteries are used together to bypass an occlusion, choose your code from 33517-33523 (Coronary artery bypass, using venous graft[s] and arterial graft[s] ...).

Again, you should not separately report the harvesting of the saphenous vein graft, but you may report harvesting an upper extremity vein with +35500 or harvesting a femoropopliteal vein segment with +35572.

Caution: CPT instructs you not to use codes 33517-33523 alone. Instead: Report both the arterial-venous graft code (33517-33523) and the appropriate arterial graft code (33533-33536, Coronary artery bypass, using arterial graft[s] ...).

Example: The surgeon performs a bypass graft using one artery and two veins harvested from a lower extremity.

Solution: In this case, report 33533 (Coronary artery bypass, using arterial graft[s]; single arterial graft) and 33518 (Coronary artery bypass, using venous graft[s] and arterial graft[s]; two venous grafts [list separately in addition to code for arterial graft]), says Johnson.

Report harvesting the femoro-popliteal vein segment with +35572.

You may also append modifier 80 (Assistant surgeon) to the appropriate code (33517-33523 or 33533-33536) if a surgical assistant procures the arterial or venous grafts, says **Anne Karl, RHIA, CCS-P, CPC**, coding and compliance specialist for **St. Paul Heart Clinic** in Mendota Heights, MN.

Special Notes for 33517-33530

Don't: Avoid the urge to append modifier 51 (Multiple procedures) to codes 33517-33530. CPT designates 33517-33523 as modifier 51 exempt and +33530 (Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation) is an add-on code and therefore isn't subject to multiple procedure rules.

Do: You should list code +33530 separately to garner payment for the increased difficulty the physician faces when redoing a procedure. Report +33530 with CABG procedures 33510-33536.

Turn To 33533-33545 For Arterial Grafting

You should report arterial bypass grafts with the following codes:

- 33533-33536--Coronary artery bypass, using arterial graft[s]
- 33542--Myocardial resection [e.g., ventricular aneurysmectomy] (Before the physician places the graft, he opens the aneurysm, removes any clot from the ventricle, and either excises or opens the aneurysm wider.)
- 33545--Repair of postinfarction ventricular septal defect, with or without myocardial resection. (The physician opens the heart and cuts out all dead muscle on the surface of the heart and in the septum.)

As with the other CABG codes, if the surgeon harvests an upper extremity artery, such as the radial artery, you may report this separately with +35500. And you may report +35572 separately for the harvesting of the femoropopliteal vein segment.

