Cardiology/
Cardiothoracic/
Vascular Surgery

A comprehensive illustrated guide
to coding and reimbursement

ICD-10
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33477  Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

Explanation
Percutaneous placement of a prosthetic pulmonary valve is used primarily to treat patients with stenosis or regurgitation of a previously repaired right ventricular outflow tract (RVOT). The patient is prepped with general anesthesia and a needle is inserted through the skin and into an underlying vein, usually a lower extremity vein, although jugular access is also utilized. Angiography and hemodynamic studies are performed and a guidewire is threaded through the pulmonary artery. A balloon is inflated in the RVOT conduit to evaluate the coronary arteries. Pre-stenting is commonly performed with a covered bare metal stent to decrease the risk of fractured stents and more than one stent may be required. The needle is removed and a catheter carrying the prosthetic valve is inserted. The prosthesis is positioned over the diseased pulmonary valve and a balloon is inflated, deploying the prosthetic valve in place. Angiography and hemodynamic evaluations are repeated. The catheter is removed and pressure is applied to stop bleeding at the access site. A single suture may provide hemostasis at the venous access.

Coding Tips
This code is new for 2016. This code should be reported only once per encounter. This procedure includes angiography, cardiac catheterization, contrast injection, imaging guidance, and radiological supervision and interpretation necessary to perform the service. Diagnostic catheterization, diagnostic coronary angiography, and diagnostic pulmonary angiography codes may be reported separately in cases where a previous examination is not available or the anatomic visualization is poor quality, there has been a clinical change in the patient’s condition since the previous examination, or complications arise during the course of the procedure requiring the additional study. Cardiopulmonary bypass may be necessary in addition to this procedure. For percutaneous peripheral bypass, see 33367; for open peripheral bypass, see 33368; and for central bypass, see 33369. Do not report 33477 in addition to 76000-76001, 93451, 93453-93461, 93530-93533, 93563, or 93566-93568 for angioplasty, valvuloplasty, or stenting within the treatment site. For transcatheter ventricular assist during this procedure, see 33990-33993 for VAD; see 33946-33989 for ECMO/ECLS; and see 33967, 33970, or 33973 for balloon pump insertion.

ICD-10-CM Diagnostic Codes
- A52.03 Syphilitic endocarditis
- I33.9 Acute and subacute endocarditis, unspecified
- I37.0 Nonrheumatic pulmonary valve stenosis
- I37.1 Nonrheumatic pulmonary valve insufficiency
- I37.2 Nonrheumatic pulmonary valve stenosis with insufficiency
- I37.8 Other nonrheumatic pulmonary valve disorders
- I37.9 Nonrheumatic pulmonary valve disorder, unspecified
- I97.0 Postcardiotomy syndrome
- I97.110 Postprocedural cardiac insufficiency following cardiac surgery
- I97.130 Postprocedural heart failure following cardiac surgery
- I97.190 Other postprocedural cardiac functional disturbances following cardiac surgery
- Q20.0 Common arterial trunk
- Q20.1 Double outlet right ventricle
- Q20.5 Discordant ativoventricular connection
- Q21.3 Tetralogy of Fallot
- Q22.0 Pulmonary valve atresia
- Q22.1 Congenital pulmonary valve stenosis
- Q22.2 Congenital pulmonary valve insufficiency
- Q22.3 Other congenital malformations of pulmonary valve
- Q24.3 Pulmonary infundibular stenosis

HCPCS Equivalent Codes
- N/A

Terms To Know
- angiography: Radiographic imaging of the arteries. Imaging may be performed to study the vasculature of any organ, body system, or area of circulation such as the brain, heart, chest, kidneys, limbs, gastrointestinal tract, aorta, and pulmonary circulation to visualize the formation and the function of the blood vessels to detect problems such as a blockage or stricture. A catheter is inserted through an accessible blood vessel and the artery is injected with a radiopaque contrast material after which x-rays are taken.
- catheterization: Use or insertion of a tubular device into a duct, blood vessel, hollow organ, or body cavity for injecting or withdrawing fluids for diagnostic or therapeutic purposes.
- intubation: Insertion of a tube into a hollow organ, canal, or body cavity within the body.
- regurgitation: Abnormal backward flow.

Medicare Edits

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*N with documentation
36598

Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report.

Explanation
A previously placed central venous access device is evaluated for complications that may be interfering with its proper functioning or the ability to draw blood from the catheter. Complications may include the presence of a fibrin sheath around the end of the catheter, migration of the catheter tip, patency of the tubing, kinking, fracture, or leaks. A small amount of contrast agent is injected into the catheter and the central venous access device is examined under fluoroscopy as the flow is evaluated. Images are documented and a radiological report is prepared.

Coding Tips
Fluoroscopic guidance is included in 36598. Do not report 36598 in conjunction with 76000. Do not report mechanical removal of pericatheter obstructive material separately (36595). Do not report mechanical removal of intraluminal (intracatheter) obstructive material separately (36596). For complete diagnostic studies (venography), see 75820, 75825, and 75827.

ICD-10-CM Diagnostic Codes
- I82.210 Acute embolism and thrombosis of superior vena cava
- I82.211 Chronic embolism and thrombosis of superior vena cava
- I82.212 Acute embolism and thrombosis of right subclavian vein
- I82.213 Acute embolism and thrombosis of subclavian vein, bilateral
- I82.219 Acute embolism and thrombosis of unspecified subclavian vein
- I82.221 Chronic embolism and thrombosis of right subclavian vein
- I82.222 Chronic embolism and thrombosis of left subclavian vein
- I82.223 Chronic embolism and thrombosis of subclavian vein, bilateral
- I82.229 Chronic embolism and thrombosis of unspecified subclavian vein
- I82.212 Acute embolism and thrombosis of left internal jugular vein
- I82.213 Acute embolism and thrombosis of internal jugular vein, bilateral
- I82.219 Acute embolism and thrombosis of unspecified internal jugular vein
- I82.221 Chronic embolism and thrombosis of right internal jugular vein
- I82.222 Chronic embolism and thrombosis of left internal jugular vein
- I82.223 Chronic embolism and thrombosis of internal jugular vein, bilateral
- I82.229 Chronic embolism and thrombosis of unspecified internal jugular vein
- I87.1 Compression of vein
- I87.8 Other specified disorders of veins
- I87.9 Disorder of vein, unspecified
- T82.41XA Breakdown (mechanical) of vascular dialysis catheter, initial encounter
- T82.514A Breakdown (mechanical) of infusion catheter, initial encounter
- T82.524A Displacement of infusion catheter, initial encounter
- T82.534A Leakage of infusion catheter, initial encounter
- T82.594A Other mechanical complication of infusion catheter, initial encounter
- T82.598A Other mechanical complication of other cardiac and vascular devices and implants, initial encounter
- T82.7XXA Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
- T82.818A Embolism of vascular prosthetic devices, implants and grafts, initial encounter
- T82.828A Fibrosis of vascular prosthetic devices, implants and grafts, initial encounter
- T82.838A Hemorrhage of vascular prosthetic devices, implants and grafts, initial encounter
- T82.848A Pain from vascular prosthetic devices, implants and grafts, initial encounter
- T82.858A Stenosis of vascular prosthetic devices, implants and grafts, initial encounter
- T82.868A Thrombosis of vascular prosthetic devices, implants and grafts, initial encounter
- T82.898A Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
- T82.9XXA Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter
- Z45.2 Encounter for adjustment and management of vascular access device
- Z45.89 Encounter for adjustment and management of other implanted devices
- Z46.89 Encounter for fitting and adjustment of other specified devices
- Z46.89 Encounter for fitting and adjustment of other specified devices

HCPCS Equivalent Codes
N/A

Terms To Know
- central venous access device. Catheter or other device introduced through a large vein, such as the subclavian or femoral vein, terminating in the superior or inferior vena cava or the right atrium and used to measure venous pressure or administer medication or fluids.
contrast material. Radiopaque substance placed into the body to enable a system or body structure to be visualized, such as nonionic and low osmolar contrast media (LOCM), ionic and high osmolar contrast media (HOCM), barium, and gadolinium.

embolism. Obstruction of a blood vessel resulting from a clot or foreign substance.

fluoroscopy. Radiology technique that allows visual examination of part of the body or a function of an organ using a device that projects an x-ray image on a fluorescent screen.

injection. Forcing a liquid substance into a body part such as a joint or muscle.

stenosis. Narrowing or constriction of a passage.

thrombosis. Condition arising from the presence or formation of blood clots within a blood vessel that may cause vascular obstruction and insufficient oxygenation.

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36600

36600 Arterial puncture, withdrawal of blood for diagnosis

Any artery is punctured by a needle to withdraw blood for testing

**Explanation**

The physician inserts a needle through the skin and punctures the artery to withdraw blood for testing. No catheter is left in the artery. Pressure is applied to the puncture site to stop the flow of blood.

**Coding Tips**

Report 36600 only once when multiple tests are performed on the same arterial blood draw. This procedure does not include laboratory analysis. If specimen is transported to an outside laboratory, report 99000 for handling or conveyance. This service is included in the codes for critical care services including 99291-99292 and 99468-99476.

**ICD-10-CM Diagnostic Codes**

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

**HCPCS Equivalent Codes**

N/A

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