Illustrated Coding and Billing for Cardiology/ Cardiovascular/ Vascular Surgery

A Comprehensive Specialty Guide

Expert 2010
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32405

**Biopsy, lung or mediastinum, percutaneous needle**

### Plain English Description

A percutaneous needle biopsy of the lung or mediastinum is performed. A local anesthetic is administered. If the lesion cannot be palpated, separately reportable fluoroscopic, ultrasound, CT or MR guidance is used to locate the lesion and place the needle. Tissue samples are obtained from the lung or mediastinum using a needle or core biopsy and sent for pathology examination.

### Coding Guidance

* For radiological guidance – 76942, 77002, 77012, or 77021. For fine needle aspiration - 10021-10022.

### ICD-9-CM Diagnostic Codes (commonly used)

- 162.3 Malignant neoplasm of upper lobe, bronchus, or lung
- 162.4 Malignant neoplasm of middle lobe, bronchus, or lung
- 162.5 Malignant neoplasm of lower lobe, bronchus, or lung
- 162.8 Malignant neoplasm of other parts of bronchus or lung
- 162.9 Malignant neoplasm of bronchus and lung, unspecified
- 164.2 Malignant neoplasm of anterior mediastinum
- 164.8 Malignant neoplasm of other parts of mediastinum
- 164.9 Malignant neoplasm of mediastinum part, unspecified
- 197.0 Secondary malignant neoplasm of lung
- 197.1 Secondary malignant neoplasm of mediastinum
- 209.21 Malignant carcinoid tumor of the bronchus and lung
- 209.25 Malignant carcinoid tumor of foregut, not otherwise specified
- 209.65 Benign carcinoid tumor of foregut, not otherwise specified
- 212.3 Benign neoplasm of bronchus and lung
- 212.5 Benign neoplasm of mediastinum
- 231.2 Carcinoma in situ of bronchus and lung

### Anesthesia Code(s)

00522

### RVU(s)

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### Modifiers (* payment conditions apply)

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### CCI

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**See Appendix C for Modifier Rules**

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**Coding Tips**

♂ Male  ♂ Female ** See Appendix for CCI information
33206-33208

33206 Insertion or replacement of permanent pacemaker with transvenous electrode(s); analal
33207 Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); analal and ventricular

Plain English Description
A large needle is inserted into the subclavian vein or jugular vein and a wire is guided through to the heart. The electrical end of the pacemaker wire, called a lead, is placed in the right atrium and attached to the permanent pacemaker generator situated in a pocket made under the skin in the upper chest. Code 33206 if the pacemaker wire is placed only in the right atrium. Code 33207 if the pacemaker wire is placed only in the right ventricle. Code 33208 if pacemaker wires are placed in both the right atrium and the right ventricle.

CPT® Procedural Coding
2010 Coding and Billing for Cardiology/Cardiothoracic Surgery/Vascular Surgery

HCPSC Codes
No Crosswalks apply to this code or code range.

Anesthesia Code(s): 00530

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ICD-9-CM Diagnostic Codes (commonly used)
337.01 Carotid sinus syndrome
414.01 Coronary atherosclerosis of native coronary artery
424.1 Aortic valve disorders
426.0 Atrioventricular block, complete
427.1 Paroxysmal ventricular tachycardia
427.31 Atrial fibrillation
427.32 Atrial flutter
427.81 Sinoatrial node dysfunction
427.89 Other specified cardiac dysrhythmias
428.0 Congestive heart failure, unspecified
780.2 Syncope and collapse
786.05 Shortness of breath
996.01 Mechanical complication due to cardiac pacemaker (electrode)
V45.01 Cardiac pacemaker in situ
V53.31 Fitting and adjustment of cardiac pacemaker
33240

Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator

Plain English Description

The physician inserts a single or dual chamber pacing cardioverter-defibrillator pulse generator, also referred to as an automatic implantable cardioverter-defibrillator (AICD) or ICD. An AICD is used to monitor the heart’s electrical activity continuously as well as provide anti-tachycardia pacing to prevent rapid irregular heart rhythm, backup pacing to maintain a healthy heart rhythm, cardioversion using a mild shock to convert an abnormal heart rhythm to a normal rhythm, or defibrillation using a stronger shock to convert a dangerously abnormal rhythm or restore the heart beat when cardiac arrest has occurred. If this is the initial insertion of the cardioverter-defibrillator pulse generator performed alone or at the time of a separately reportable epicardial lead insertion, an incision is made in the skin, typically in the left pectoral region, and a subcutaneous pocket is fashioned. The leads are then connected to the pulse generator and the generator is tested. Once it has been determined that the leads and generator are working, the pulse generator is placed into the pocket and sutured to underlying tissue, and the pocket is closed. If the pulse generator is being replaced, the skin pocket is opened and the existing generator is removed. The new pulse generator is then attached to the existing lead(s) and tested. Once it has been determined that the leads and new pulse generator are working, the new generator is placed into the pocket, sutured to underlying tissue, and the pocket is closed.

ICD-9-CM Diagnostic Codes (commonly used)

337.01 Carotid sinus syndrome
414.01 Coronary atherosclerosis of native coronary artery
414.3 Coronary atherosclerosis due to lipid rich plaque
414.8 Other specified forms of chronic ischemic heart disease
425.4 Other primary cardiomyopathies
426.0 Atriocentral block, complete
426.3 Other left bundle branch block
427.1 Paroxysmal ventricular tachycardia
427.31 Atrial fibrillation
427.41 Ventricular fibrillation
427.81 Sinoatrial node dysfunction
428.0 Congestive heart failure, unspecified
996.01 Mechanical complication due to cardiac pacemaker (electrode)
996.04 Mechanical complication of automatic implantable cardiac defibrillator
V45.02 Automatic implantable cardiac defibrillator in situ
V53.32 Fitting and adjustment of automatic implantable cardiac defibrillator

HCPCS Codes

No Crosswalks apply to this code or code range.

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