

REPORTING CONCURRENT MAZE PROCEDURES FOR 2007

Due to changes in CPT guidelines, cardiothoracic surgeons must now use unlisted cardiac code 33999 to report an open Maze done in conjunction with other cardiac procedures in the same session. The STS/AATS Workforce on Nomenclature and Coding is working with the Medicare Carrier Medical Directors to recognize the unlisted procedure for the Maze codes, which will ease the burden of reporting and ensure payment when the procedures are performed in the same session as other procedures. The STS has submitted a proposal to CPT requesting new add-on Maze codes mirroring the three open codes, which should be effective January 1, 2008. Regardless of efforts thus far, until further notice, cardiothoracic surgeons must report an open Maze procedure in the same session as another cardiac procedure using the unlisted cardiac code 33999.

Tips for reporting the unlisted code to Medicare include:

- Enter the unlisted code 33999 in item 24d of the 1500 claim form (or the equivalent field of an electronic form) along with the codes for the other cardiac procedures performed (ie. CABG, mitral valve replacement, etc...).
- Enter a concise description of an "unlisted procedure code" if one can be given within the confines of item 19 on the 1500 claim form (or the equivalent field of an electronic form). Otherwise submit an attachment with the claim.
- Descriptions include, but are not limited to narratives. If these do not fit in Item 19, an attachment must be submitted. If the atrial tissue ablation procedure performed is reflected by one of the new codes (33254-33256) then list the corresponding code, 33254, 33255, or 33256 and the phrase "concurrent maze". If the claim is denied or if more information is required, then develop a cover letter indicating the appropriate corresponding code and establish that the, work, value, time, effort, and risk are similar to that procedure code. However if the procedure requires more or less work than described by an existing code, use the narrative of the code (if accurate) and indicate if the work was more or less extensive using a percentage (e.g., the procedure required X% less or more work than code XXXXX).

Example 1: If pulmonary vein isolation and ligation of the atrial appendage is done in conjunction with an aortic valve replacement in the same session, then the narrative in item 19 for the unlisted should be "33254 concurrent Maze".

Example 2: If pulmonary vein isolation, left atrial appendage excision, and a lesion created between the isolation and the mitral annulus are done in conjunction with a mitral valve replacement in the same session, then the narrative for item 19 should read "33256 concurrent Maze".

- When submitting attachments (for example, an operative report, procedure report, or invoices) to support the unlisted code billed, unless it is immediately evident, identify the unlisted procedure with a written description, underlining or marking the billed service on the submitted attachments. Do not use a highlighter, which can obliterate the text and is not visible after the document is photocopied or scanned.
- It is the responsibility of the provider to ensure all information required to process unlisted procedure codes (codes that usually end in 99) is included on the CMS-1500 form or electronic claim at the time the claim is submitted.
- The claim will be returned as unprocessable if an unlisted procedure code is indicated in item 24d and a narrative is neither present in item 19 nor attachment.
- If the claim is rejected for more information, send in the operative report and a brief cover letter explaining the patient's situation and the procedure including a comparative code to establish value. Again if the work of the Maze procedure is equivalent to the new codes in the CPT book (33254-33256) use those. If the work is more or less, establish a percentage difference above or below the existing code value as a recommendation.
- If the unlisted procedure is denied, follow it through the appeals process.

Private payers will vary in their interpretation and requirements for processing these claims. You will need to work with them to ensure coverage and payment for these services for 2007.