The end of 2008 is drawing near, and many cardiothoracic surgeons still have not been reimbursed for their 2007 Maze procedures using unlisted code 33999. STS has worked for two years to have unlisted code 33999 recognized and reimbursed by payers, but has been unsuccessful thus far. After a review of earlier requests, the Centers for Medicare & Medicaid Services (CMS) has notified STS that most payers should have been reimbursed under unlisted code 33999 for Maze procedures performed in conjunction with other cardiac procedures. In the letter, CMS indicated it would send communications to the Carrier Medical Directors (CMDs) providing guidance on how the Maze procedures billed under the unlisted code but not reimbursed should be handled by the carriers.

As you make your travel plans to San Francisco, be sure to allow time to visit some of the city’s—and the world’s—best restaurants. See Fisherman’s Wharf or tour the wine country in Napa or Sonoma Valley. View more things to do in San Francisco.

Registration is now open for the STS 45th Annual Meeting, January 26-28, 2009, in San Francisco, California. In addition to an expanded scientific program, the Annual Meeting will feature several special presentations, including important feedback on the recent SYNTAX trial results. The Thomas B. Ferguson Lecture will be presented by Bruce E. Keogh, MD, Medical Director of the United Kingdom’s National Health Service. And the J. Maxwell Chamberlain Memorial Papers, among the highest rated abstracts submitted in each subspecialty, are always an important not-to-be-missed highlight.

The Annual Meeting will also provide important networking opportunities. It has been said that there is as much to be learned in the hallways of the STS Annual Meeting as in the classrooms. In San Francisco you’ll have the chance to catch up with former colleagues, make new friends and, perhaps most importantly, mingle one-on-one with experts to gain added insights and perspectives on key issues in the specialty.

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The Society has received correspondence from CMS that includes information which might assist with the appeals process and to follow-up on unpaid procedures reported under unlisted code 33999 in 2007. A copy of the letter is provided on pages 5 and 6. Hopefully, this will facilitate payer communications with the CMDs and help secure reimbursement for the remaining procedures that were denied.
Coding Tips

Aortic Valve Replacements, Aortic Annular Enlargement, Aortic Root Replacements, Replacement of the Aorta

Aortic Valve Replacements

33405 – Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

This code is used to report an aortic valve replacement with a mechanical valve or a stented bioprosthesis (such as a stented porcine bioprosthesis or a bovine pericardial bioprosthesis), or the use of a stented bioprosthesis (porcine, bovine pericardial) where the biological valve is pre-mounted in a stent and the only suture line is from the valve at the base of the stent to the aortic annulus. Code 33405 should also be used to report the use of mechanical aortic valves. (Mechanical aortic valves also have one suture line for insertion.)

33406 – Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)

This code is used to report an aortic valve replacement with a human (allograft or homograft) aortic valve using two suture lines, one from the base of the valve to the aortic annulus, and the other to suspend the commissures of the valve by attaching the valvar commissures to the supravalvar aorta. The procedure does not include aortic root replacement or coronary anastomoses. Code 33406 does not cover the use of an autograft, which is included in the Ross procedure.

33410 – Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve

This code is used to report an aortic valve replacement with a non-human stentless biological valve using two suture lines, one from the base of the valve to the aortic annulus, and the other to suspend the commissures of the valve by attaching the valvar commissures to the supravalvar aorta. This code is generally used for the freehand implantation of a stentless porcine valve. The procedure does not include aortic root replacement or coronary anastomoses.

33413 – Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)

This code is used to report an aortic valve replacement with a pulmonary autograft, known as the Ross procedure. With the Ross procedure, the aortic valve is replaced with the patient’s pulmonary valve, which is moved from the pulmonary valve location to the aortic valve location. The aortic valve is replaced with pulmonary autograft. The patient’s pulmonary valve is then replaced with a prosthetic valve, most commonly a homograft, which is also known as an allograft.

Aortic Annular Enlargement

Codes 33411 and 33412, for aortic annular enlargement, are listed below. They include the techniques described in the four codes above (33405, 33406, 33410, and 33413) for aortic valve replacement. Therefore, Codes 33411 and 33412 should be used to code for aortic valve replacement with aortic annular enlargement. The only exception to this strategy is the commonly performed combination of the Ross procedure and the Konno procedure, known as the Ross-Konno operation. In this case, report Code 33413 for the Ross procedure and include the -22 modifier, or use unlisted Code 33999 to account for the work of the Konno procedure.

An aortic root replacement using a valved conduit (Code 33863, discussed below) may be done in combination with an aortic annular enlargement. The codes for aortic annular enlargement, 33411 and 33412, do not include an aortic root replacement, Code 33863.

Though, there are strategies for coding an aortic root replacement using a valved conduit in combination with an aortic annular enlargement. If an aortic root replacement (33863) is performed in addition to the annular enlargement into the noncoronary sinus (33411), then report Code 33411 for the annular enlargement and append the -22 modifier, or use unlisted Code 33999 to account for the work of the root replacement. If an aortic root replacement (33863) is performed in addition to the transventricular aortic annulus enlargement (Konno procedure, Code 33412), then use Code 33863 for the root replacement and add modifier -22, or use unlisted Code 33999 to account for the work of the Konno procedure.

33411 – Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp

For this procedure, the type of valve used does not matter. This procedure can be performed with a mechanical valve, a stented bioprosthesis, a human (allograft or homograft) aortic valve, or a

Continued on page 3

For a 30-day FREE trial, visit www.STSCodingToday.com
Continued from page 2

non-human stentless biological valve. In addition to the aortic valve replacement, the aortic annulus, which is part of the aortic root, is enlarged because the annulus is too small for implantation of a new valve of the correct size for the patient. The aortic annulus enlargement is performed utilizing the noncoronary sinus, which sits just below the aortic valve. Code 33411 should be used when an aortic valve replacement is combined with an aortic annular enlargement using the Nick's technique (when the aortic annular enlargement is performed through the noncoronary sinus). Code 33411 should also be used when an aortic valve replacement is combined with an aortic annular enlargement using the Manouguian technique (when the aortic annular enlargement is performed through the commissure between the left coronary cusp and the noncoronary cusp). Note that STS will request that the descriptor for this code is updated. “Cusp” will be replaced with “sinus.”

33412 – Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)

This procedure can be performed with a mechanical valve, stented bioprosthesis, human (allograft or homograft) aortic valve, or non-human stentless biological valve. The type of valve used is not a factor. In addition to the aortic valve replacement, the aortic annulus, which is part of the aortic root, is enlarged because the annulus is too small for implantation of a new valve of the correct size for the patient. The aortic annulus enlargement is performed utilizing the Konno procedure where a defect is created in the ventricular septum in order to enlarge the aortic annulus.

Aortic Root Replacements & Replacement of the Aorta

33863 – Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction

STS will request that the descriptor for this code is updated. “With or without valve suspension” will be removed and “composite prosthesis” will be replaced with “using a valved conduit.” Code 33863 includes the replacement of the aortic root including the replacement of the aortic valve. The code indicates use of a valve conduit which includes two suture lines, one from the valve base to annulus and one from the distal conduit to ascending aorta or aortic arch. The procedure also includes coronary implantation. The valved conduit used for this Code 33863 may include a composite mechanical valved conduit, stented bioprosthesis sutured to a conduit, human (allograft or homograft), aortic valved conduit, or non-human stentless biological valved conduit.

33860 – Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension

Code 33860 can be used to report the repair of an ascending aortic aneurysm or an ascending aortic dissection. It includes re-suspension of the aortic valve if it is performed, but does not cover aortic valve replacement, which would be reported separately using the appropriate aortic valve replacement code. A hemiarch is often done as part of the ascending aortic repair. If a hemiarch is performed with this procedure, it should not be reported separately.

33861 – Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction

STS will ask for the elimination of this code because it is redundant. STS recommends not using this code.

33864 – Ascending aorta graft, with cardiopulmonary bypass, with valve suspension, with coronary reconstruction and valve sparing aortic annulus remodeling (e.g., David procedure, Yacoub procedure)

Code 33864 is a new code for 2008 and should be used to report a procedure where the ascending aorta and aortic root are replaced, the coronary buttons are re-implanted or reconstructed, and the native aortic valve is preserved. Code 33864 should be used when a valve sparing aortic root replacement with a graft is performed as described by the Yacoub and David procedures. Code 33864 should be used when a valve sparing aortic root replacement with a graft is performed with aortic root remodeling, remodelling with a graft with tongues, also known as the David II procedure and the Yacoub procedure. Code 33864 should also be used when a valve sparing aortic root replacement with a graft is performed with re-implantation of the native valve within a vascular graft, also known as the David I procedure.

33870 – Transverse arch graft, with cardiopulmonary bypass

A transverse arch graft includes re-implantation of the head vessels or an island graft involving the head vessels. The head vessels include the brachiocephalic (or innominate) artery, left common carotid artery, and subclavian artery. The head vessels are done as an island graft or they are individually grafted, often using prosthetic grafts, back into the arch once the arch has been replaced. Either method of re-implanting the head vessels is included if the aortic arch is also replaced. Code 33870 should not be reported if a hemiarch is performed.

33875 – Descending thoracic aorta graft, with or without cardiopulmonary bypass

Code 33875 should be used to report the repair or replacement of the descending aorta. This code can be performed either on-pump or off-pump. Code 33875 represents the open repair of the descending aorta utilizing a transthoracic approach. For repair of the descending thoracic aorta utilizing an endografting technique, codes from the 33880-33891 series should be reported. The typical approach for the endografting technique is a unilateral or bilateral femoral cut-down. The femoral cut-down should be reported using code 33812 (append the -50 modifier if performed bilaterally) in addition to the endografting codes.
CMS Expands Options for PQRI Participation in 2009

Reports for 2007 Physician Quality Reporting Initiative (PQRI) participants are now available. For reports, and to determine if you were successful in the 2007 PQRI, visit www.cms.hhs.gov/PQRI/20_Report.asp#TopOfPage. Remember, there is no appeal process for the 2007 PQRI.

Good news! The Adult Cardiac Surgery Database was designated by CMS as a qualified registry for PQRI reporting. In addition to claims-based reporting, physicians will have the option under the 2009 PQRI to submit quality-related data through qualified data registries. The added registry reporting option is a positive development for STS Adult Cardiac Surgery Database participants who want to take part in CMS’s performance measurement and quality improvement efforts and secure an additional 2 percent on Medicare reimbursement. Also for 2009 PQRI, CMS added several new cardiac surgery measures for registry reporting only. However, technical issues currently prevent the correct reporting of these new measures. Therefore, STS suggests that cardiothoracic surgeons consider reporting only on measures 43, 44, and 45 through the STS registry. Physicians can still submit data through claims-based reporting, and they have the option of submitting through both the registry and through claims.

One new measure for cardiothoracic surgeons was added to PQRI for 2009. Surgeons can continue to report on perioperative care measures 20, 21, and 22 as they did in 2008, or they may substitute measure 157, “Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection,” for one of the 2008 measures. General thoracic surgeons do not yet have the option of reporting quality-related data to CMS through the STS National Database. CMS has posted the 2009 PQRI measures online and expects to release the full measure specifications in the near future. Please watch for additional updates from STS on 2009 PQRI participation.

If you have questions about PQRI and registry reporting through the STS Adult Cardiac Surgery Database, please contact Ellen R. Clough, PhD, STS Senior Manager, Research and Evidence Based Surgery, at eclough@sts.org.

STSCodingToday

STSCodingToday.com is an online coding resource that provides up-to-date information on coding rules and regulations. It is a subscription-based product available to STS members at a discounted price, and it provides rules and regulations required for coding on a code-by-code basis. Because it is an electronic product, it is updated promptly. For example, on October 1, CMS made public the Medically Unlikely Edits (MUE) data set which outlines the number of times a code can be reported on one day.

STSCodingToday has already incorporated this update along with additional related information for your reference. In addition, the National Correct Coding Initiative (NCCI) is updated quarterly. In each update, bundling edits are added that affect cardiothoracic surgery. You have access to updates as they are released. STSCodingToday also provides data on local coverage decisions (LCDs) for each state. The LCDs change on a regular basis and should be reviewed prior to submitting a claim. Reviewing any applicable LCDs will help in avoiding denials from your carrier. STSCodingToday is a powerful coding resource that coders can use to help make day-to-day decisions in code selection and regulation application for each code. In addition, STS has included cardiothoracic-specific tips for many cardiothoracic procedures. The tips include questions that have been asked on the Coding Hotline, addressed at Coding Workshops, and included in the STS/AATS Coding Newsletter.

Visit www.stscodingtoday.com and sign up for a 30-day free trial. For STS members, the yearly subscription price is $299 – a $100 savings off the non-member price. If there is more than one coder in the office, additional users may be added for $128 per year. A new feature of STSCodingToday is that you can subscribe to the CPT Assistant directly through STSCodingToday. There is an additional fee to sign up for the CPT Assistant, but it is only a pass-through cost equal to ordering the CPT Assistant directly from the AMA. The advantage of ordering it through STSCodingToday is that when looking up a specific code, links to any related CPT Assistant articles are provided. STSCodingToday also contains all of the CPT, Healthcare Common Procedure Coding System (HCPCS), and ICD-9 CM codes, a money saver for many offices.

The material presented here is, to the best of our knowledge, accurate and factual to date. The information and suggestions are provided as guidelines for coding and reimbursement, and should not be construed as organizational policy. STS/AATS disclaim any responsibility for the consequences of actions taken, based on the information presented in this newsletter.

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Thanks to Physician Practice Information Study Participants

The Society thanks all those who responded to the “call for help” regarding the Physician Practice Information Study recently conducted by research firm dmrkynetec for the AMA, STS, and more than 70 other organizations.

Cardiothoracic surgery achieved a 100% completion rate – an excellent showing that will help ensure the specialty is well represented when CMS uses the results of this study to determine future physician payment. Your cooperation in this important effort is much appreciated!

W. Randolph Chitwood, M.D.
President
The Society of Thoracic Surgeons
633 N. Saint Clair Street
Suite 2320
Chicago, IL 60611-3658

Dear Dr. Chitwood:

Thank you for the letters received from Dr. John Mayer on behalf of the Society of Thoracic Surgeons (STS) regarding 2007 payments for atrial tissue ablation (Maze) procedures. According to STS, payments for Maze procedures performed in conjunction with cardiac procedures have not been appropriately made because of national correct coding initiative (NCCI) edits. Your society is requesting that Medicare contractors be informed for calendar year (CY) 2007 that payment should be made for Maze procedures performed in conjunction with cardiac procedures when Common Procedural Terminology (CPT) code 33999 was used.

We have looked into this situation and determined this is not a NCCI edit issue. Although there are NCCI edits in place to prevent payment for the inappropriate reporting of certain other cardiac procedure codes, we do not have NCCI edits for CPT code 33999, which is an unlisted procedure code. Prior to January 1, the Maze procedures (when performed with another cardiac procedure) should have been reported with CPT code 33999.

Our preliminary discussions with some of our Medicare contractors suggest that there have not been categorical denials of CPT code 33999 for Maze procedures. When an unlisted code such as 33999 is used, Medicare contractors have to develop the claim in order to determine the specific procedures performed. In the case of code 33999, many Medicare contractors did not want an automatic process that would allow this unlisted code to pass unnoticed through their system. Use of the unlisted code allows the Contractor Medical Director and/or medical review staff to determine what service in addition to the primary cardiac procedure is being billed in order to determine appropriate payment. For example, in 2007 Trailblazer, the Medicare contractor for the State of Texas, read the individual operative reports to determine the payment according to whether the Maze procedure was very limited, limited, or extensive. In addition to the Maze procedure, other cardiac codes billed on the claim were also paid.
We would appreciate any information that you can provide of specific Medicare contractors that did not pay for Maze procedures in 2007 and the rationale for the non-payment. Both STS and cardiothoracic surgeons were previously advised to bill code 33999 when both Maze and cardiac procedures were provided.

As you requested, we are preparing an instruction that will remind contractors that Maze procedures performed with other cardiac procedures for CY 2007 were to be billed and paid by using code 33999. They will be instructed to reprocess claims that are brought to their attention that have been inappropriately denied with dates of service on or after January 1, 2007.

Thank you for your interest in this important matter. I hope this information is helpful.

Sincerely,

Elizabeth Richter
Deputy Director
Center for Medicare Management