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Illustrated Coding and Billing for
**Cardiology/
Cardiovascular/
Vascular Surgery**

A Comprehensive Specialty Guide



Expert

2011

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Thrombolysis – The breaking up of a blood clot.

Thrombolytic Therapy – Process in which a drug dissolves blood clots.

Thrombosis – A blood clot that forms inside the blood vessel or cavity of the heart.

Thrombus – A blood clot.

Tissue Plasminogen Activator (TPA) – A clot-dissolving drug used to treat myocardial infarction patients.

Transesophageal Echocardiography (TEE) – A diagnostic test that analyzes sound waves bounced off the heart. The sound waves are sent through a tube-like device inserted in the mouth and passed down the esophagus, which ends near the heart. This technique is useful in studying patients whose heart and vessels, for various reasons, are difficult to assess with standard echocardiography.

Transient Ischemic Attack (TIA) – A temporary, stroke-like event that lasts for only a short time and is caused by a temporarily blocked blood vessel.

Transplantation – Replacing a defective organ with one from a donor.

Transposition of the Great Arteries (Vessels) – Congenital heart defect in which the two arteries emerging from the heart are switched.

Tricuspid Valve – The structure that controls blood flow from the heart's right atrium (upper chamber) into the right ventricle (lower chamber).

Triglycerides – The most common fatty substances found in the blood, which is normally stored as an energy source in fat tissue. High triglyceride levels tend to accompany high cholesterol levels and other risk factors for heart disease such as obesity.

Truncus Arteriosus – A congenital heart disease resulting in abnormal development of the great arteries.

Two (2) - D Echocardiography – A feature of the echocardiogram machine which allows imaging of heart structure and function.

Ultrasound – High frequency sound vibrations not audible to the human ear, used in medical diagnosis.

Urokinase – An enzyme derived from human urine that dissolves blood clots.

Valve – Door-like structures which guard various parts of the heart, allowing blood to go into one direction and preventing it from returning backwards. There are four valves in the heart: the tricuspid, mitral, pulmonary, and aortic valves.

Valvular Regurgitation – Regurgitation of blood (blood moving the wrong way) in the heart. Caused by a heart valve malfunction.

Valvuloplasty – The reshaping of a heart valve with surgical or catheter techniques.

Varicose Vein – Any vein that is abnormally dilated, usually from long-standing pressure within it.

Vascular – Pertaining to the blood vessels.

Vasodilators – Any medications that dilate (widen) the arteries.

Vasopressors – Any medications that elevate blood pressure.

Veins – Any of a series of blood vessels of the vascular system that carry blood from various parts of the body back to the heart. Veins return oxygen-depleted blood to the heart.

Ventricles – The two lower chambers of the heart.

Ventricular Fibrillation – A condition in which the ventricles contract in a rapid, unsynchronized fashion. When fibrillation occurs, the ventricles cannot pump blood throughout the body.

Ventricular Septal Defect (VSD) – A hole in the ventricular septum.

Ventricular Tachycardia – An arrhythmia (abnormal heartbeat) in the ventricle, characterized by a very fast heartbeat

Vertigo – A feeling of dizziness or spinning.

William's Syndrome – A genetic disorder affecting the vasculature resulting in pulmonary and systemic vascular anomalies.

Wolff-Parkinson-White Syndrome – A condition in which an extra electrical pathway connects the atria (two upper chambers) and the ventricles (two lower chambers). It may cause a rapid heartbeat.

X-ray – A form of radiation used to create a picture of internal body structures on film.

Abbreviations

The following definitions are medical terms commonly seen in the cardiovascular system:

a	before meals
A & P	anterior and posterior; auscultation and percussion
AA	aortic aneurysm; ascending aorta
AAA	abdominal aortic aneurysm
AAo	ascending aorta
AAR	aortic arch syndrome
AAT	atrial demand triggered pacemaker
ab	antibody
ab	away from, abductor
abd	abdomen
ABE	acute bacterial endocarditis
ABG	arterial blood gases
ABP	arterial blood pressure
ac	before meals
ACBG	aortocoronary bypass graft
ACD	absolute cardiac dullness
ACE	angiotensin converting enzyme
ACEI	angiotensin converting enzyme inhibitor
ACG	angiocardiology
ACI	acute coronary insufficiency
ACLS	advanced cardiac life support
ACT	anticoagulant therapy; active motion
ACTH	adrenocorticotropic hormone
ad	to, toward, near to, adhesion; adnexia; adrenal
Ad lib	as desired
ADG	atrial diastolic gallop

of Diseases, 10th Edition (ICD-10). To view these Mappings, refer to the following link:

http://www.contextodata.com/2010ICD10CMMappings/2010_I9Gem.txt
http://www.contextodata.com/2010ICD10CMMappings/2010_I10Gem.txt

ICD-10-CM Code Set Improvements

The clinical modification of ICD-10 represents a significant improvement over ICD-9-CM. Some of the specific organizational improvements that provide greater specificity in code assignment include:

- The addition of information relevant to ambulatory and managed care encounters
- Expanded injury codes, grouped by anatomical site rather than injury category
- The creation of combination diagnosis/symptom or manifestation codes to reduce the number of codes needed to fully describe a condition as well as combination codes for poisonings and external causes
- The addition of 6th and 7th characters with the seventh digit extensions representing visit encounter or sequelae for injuries and external causes
- Added laterality
- Full code titles for all codes with the incorporation of common 4th and 5th digit subclassifications (no more referring back to common fourth and fifth digits to understand the full code)
- V and E codes are no longer supplemental classifications
- Postoperative complications have been grouped within a procedure-specific body system chapter

Official Coding Guideline Differences

In order to code more effectively, the Official Guidelines for Coding and Reporting should be reviewed. Below are examples of the ICD-9-CM and ICD-10-CM Guidelines placed side-by-side and the differences between the two become readily apparent. Because the format and structure of ICD-10-CM has undergone a number of changes, there is additional information as well as the changes.

ICD-9-CM General Coding Guidelines	ICD-10-CM General Coding Guidelines
Locating a Code in ICD-9-CM	Locating a Code in ICD-10-CM
Locate each term in the Alphabetic Index and verify the code selected in the Tabular List. Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.	To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record, first locate the term in the Index, and then verify the code in the Tabular List. Read and be guided by instructional notations that appear in both the Index and the Tabular List. It is essential to use both the Index and Tabular List when locating and assigning a code. The Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. A dash (-) at the end of an Index entry indicates that additional characters are required. Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.

ICD-9-CM General Coding Guidelines	ICD-10-CM General Coding Guidelines
Level of Detail in Coding	Level of Detail in Coding
ICD-9-CM diagnosis codes are composed of codes with 3, 4, or 5 digits. Codes with three digits are included in ICD-9-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater detail.	ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6, or 7 digits. Codes with three digits are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits, which provide greater detail.
A three digit code is to be used only if it is not further subdivided. Where fourth-digit subcategories and/or fifth-digit subclassifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code.	A three-digit code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable.
Codes from 001.0 through V91.99	Codes from A00.0 through T88.9, Z00-Z99.89
The appropriate code or codes from 001.0 through V91.99 must be used to identify problems, complaints or other reason(s) for the encounter/visit.	The appropriate code or codes from A00.0 through T88.9, Z00-Z99.89 must be used to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit.
Signs and Symptoms	Signs and Symptoms
Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 16 of ICD-9-CM, Symptoms, Signs, and Ill-defined conditions (codes 780.0-799.9) contains many, but not all codes for symptoms.	Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0-R99) contains many, but not all codes for symptoms.

Cardiology Specific ICD-10-CM Coding Information

Chapter 9 in ICD-10-CM contains codes for diseases of the circulatory system. Significant changes for coding of circulatory system diseases in ICD-10-CM include:

- Introduction of combination codes for atherosclerotic heart disease with angina pectoris
- New definition of the healing time (4 weeks) for an acute myocardial infarction
- Change in definition of subsequent episode of care for acute myocardial infarction
- Elimination of hypertension table
- Hypertension is no longer differentiated as benign or malignant
- Nontraumatic subarachnoid hemorrhage requires documentation of specific artery and laterality
- Cerebral and precerebral infarction, occlusion, and stenosis require identification of cause (thrombosis, embolism, or unspecified), laterality (right or left), and specific artery (vertebral, carotid, middle cerebral, anterior cerebral, posterior cerebral, cerebellar, or other specified)
- Embolism, thrombosis, phlebitis, and thrombophlebitis of veins of the lower extremities requires identified of laterality as well as the specific lower extremity vein

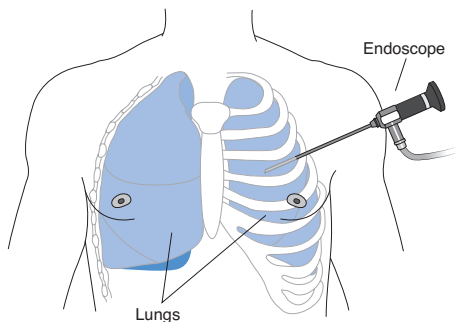
32601-32602

- 32601** Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
- 32602** Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy

Plain English Description

This procedure may also be referred to as pleuroscopy. There are several different techniques employed in diagnostic thoracoscopy. One technique involves blunt entry by passing a clamp over the rib and through the pleura. The pleural space is digitally inspected at the entry site to ensure adequate space for insertion of the scope, which is then inserted under direct vision into the pleural space. The pleura and lung are inspected and abnormalities noted. Fluid may be evacuated using suction catheters. Using another technique, a small intercostal incision may be made in the chest and a trocar inserted in the intercostal space (the space between two ribs). Following entry into the pleural space, air is injected and an artificial pneumothorax is induced for better visualization of the lung and pleura. An endoscope is inserted through the trocar and the lung and pleura are inspected. Additional small incisions may be made for introducing other surgical instruments; however, diagnostic procedures on the lungs and pleura are often performed through a single incision. Fluid is drained from the chest and the lungs and pleura are inspected again. Any abnormalities are noted. Lesions may be photographed. Once the examination is complete, the scope is withdrawn, air is evacuated, and a chest tube is placed. Use 32602 if the lung or pleura is biopsied. For biopsy of the pleura or lung, cusp forceps, a surgical stapling device, or other biopsy tool is inserted and tissue samples are obtained.

**Thoracoscopy, diagnostic;
lungs and pleural space,**



A diagnostic thoracoscopy is performed to visualize the lungs and pleural space. Without (32601), or with (32602) biopsy

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
- 163.0** Malignant neoplasm of parietal pleura
- 163.1** Malignant neoplasm of visceral pleura
- 163.8** Malignant neoplasm of other specified sites of pleura
- 163.9** Malignant neoplasm of pleura, unspecified
- 197.0** Secondary malignant neoplasm of lung
- 197.2** Secondary malignant neoplasm of pleura
- 212.3** Benign neoplasm of bronchus and lung
- 212.4** Benign neoplasm of pleura
- 231.2** Carcinoma in situ of bronchus and lung
- 235.7** Neoplasm of uncertain behavior of trachea, bronchus, and lung
- 235.8** Neoplasm of uncertain behavior of pleura, thymus, and mediastinum
- 492.0** Emphysematous bleb
- 510.9** Empyema without fistula
- 511.0** Pleurisy without effusion or current tuberculosis
- 511.1** Pleurisy with effusion, with a bacterial cause other than tuberculosis
- 511.8** Other specified forms of pleural effusion, except tuberculous

- 511.81** Malignant pleural effusion
- 511.89** Other specified forms of effusion, except tuberculous
- 511.9** Unspecified pleural effusion
- 512.0** Spontaneous tension pneumothorax
- 512.8** Other spontaneous pneumothorax
- 515** Postinflammatory pulmonary fibrosis
- 518.3** Pulmonary eosinophilia
- 518.89** Other diseases of lung, not elsewhere classified
- 714.81** Rheumatoid lung
- 748.4** Congenital cystic lung
- 748.60** Congenital anomaly of lung, unspecified
- 748.69** Other congenital anomalies of lung
- 786.05** Shortness of breath
- 786.6** Swelling, mass, or lump in chest
- 793.1** Nonspecific (abnormal) findings on radiological and other examination of lung field
- 860.2** Traumatic hemothorax without open wound into thorax
- 861.20** Unspecified injury of lung without open wound into thorax
- 861.21** Contusion of lung without open wound into thorax
- 861.22** Laceration of lung without open wound into thorax
- 861.30** Unspecified injury of lung with open wound into thorax
- 861.31** Contusion of lung with open wound into thorax
- 861.32** Laceration of lung with open wound into thorax
- 934.8** Foreign body in other specified parts, bronchus and lung
- 947.1** Burn of larynx, trachea, and lung
- 996.84** Complications of transplanted lung
- V10.11** Personal history of malignant neoplasm of bronchus and lung
- V16.1** Family history of malignant neoplasm of trachea, bronchus, and lung
- V42.6** Lung replaced by transplant
- V45.76** Acquired absence of organ lung

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
32601	5.45	2.70	2.70	1.26	9.41	9.41	000	A
32602	5.95	2.89	2.89	1.36	10.20	10.20	000	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
32601	0	2	0	0	0
32602	0	2	0	0	0

CCI

32601	00528 ⁰ , 00529 ⁰ , 00539 ⁰ , 00540 ⁰ , 00541 ⁰ , 20101 ¹ , 32422 ¹ , 32551 ¹ , 36000 ¹ , 36400 ¹ , 36405 ¹ , 36406 ¹ , 36410 ¹ , 36420 ¹ , 36425 ¹ , 36430 ¹ , 36440 ¹ , 36600 ¹ , 36640 ¹ , 37202 ¹ , 43752 ¹ , 51701 ¹ , 51702 ¹ , 51703 ¹ , 62310 ⁰ , 62311 ⁰ , 62318 ⁰ , 62319 ⁰ , 64400 ⁰ , 64402 ⁰ , 64405 ⁰ , 64408 ⁰ , 64410 ⁰ , 64412 ⁰ , 64413 ⁰ , 64415 ⁰ , 64416 ⁰ , 64417 ⁰ , 64418 ⁰ , 64420 ⁰ , 64421 ⁰ , 64425 ⁰ , 64430 ⁰ , 64435 ⁰ , 64445 ⁰ , 64446 ⁰ , 64447 ⁰ , 64448 ⁰ , 64449 ⁰ , 64450 ⁰ , 64470 ⁰ , 64475 ⁰ , 64479 ⁰ , 64483 ⁰ , 64490 ⁰ , 64493 ⁰ , 64505 ⁰ , 64508 ⁰ , 64510 ⁰ , 64517 ⁰ , 64520 ⁰ , 64530 ⁰ , 64550 ⁰ , 69990 ⁰ , 76000 ¹ , 76001 ¹ , 93000 ¹ , 93001 ¹ , 93010 ¹ , 93040 ¹ , 93041 ¹ , 93042 ¹ , 93318 ¹ , 94002 ¹ , 95829 ¹ , 95955 ¹ , 96360 ¹ , 96365 ¹ , 96372 ¹ , 96374 ¹ , 96375 ¹ , 99148 ⁰ , 99149 ⁰ , 99150 ⁰
32602	00528 ⁰ , 00529 ⁰ , 00539 ⁰ , 00540 ⁰ , 00541 ⁰ , 20101 ¹ , 32422 ¹ , 32551 ¹ , 32560 ¹ , 32561 ¹ , 32562 ¹ , 32601 ⁰ , 36000 ¹ , 36400 ¹ , 36405 ¹ , 36406 ¹ , 36410 ¹ , 36420 ¹ , 36425 ¹ , 36430 ¹ , 36440 ¹ , 36600 ¹ , 36640 ¹ , 37202 ¹ , 43752 ¹ , 51701 ¹ , 51702 ¹ , 51703 ¹ , 62310 ⁰ , 62311 ⁰ , 62318 ⁰ , 62319 ⁰ , 64400 ⁰ , 64402 ⁰ , 64405 ⁰ , 64408 ⁰ , 64410 ⁰ , 64412 ⁰ , 64413 ⁰ , 64415 ⁰ , 64416 ⁰ , 64417 ⁰ , 64418 ⁰ , 64420 ⁰ , 64421 ⁰ , 64425 ⁰ , 64430 ⁰ , 64435 ⁰ , 64445 ⁰ , 64446 ⁰ , 64447 ⁰ , 64448 ⁰ , 64449 ⁰ , 64450 ⁰ , 64470 ⁰ , 64475 ⁰ , 64479 ⁰ , 64483 ⁰ , 64490 ⁰ , 64493 ⁰ , 64505 ⁰ , 64508 ⁰ , 64510 ⁰ , 64517 ⁰ , 64520 ⁰ , 64530 ⁰ , 64550 ⁰ , 69990 ⁰ , 76000 ¹ , 76001 ¹ , 93000 ¹ , 93001 ¹ , 93010 ¹ , 93040 ¹ , 93041 ¹ , 93042 ¹ , 93318 ¹ , 94002 ¹ , 95829 ¹ , 95955 ¹ , 96360 ¹ , 96365 ¹ , 96372 ¹ , 96374 ¹ , 96375 ¹ , 99148 ⁰ , 99149 ⁰ , 99150 ⁰

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No Pub 100 references apply to this code or code range.

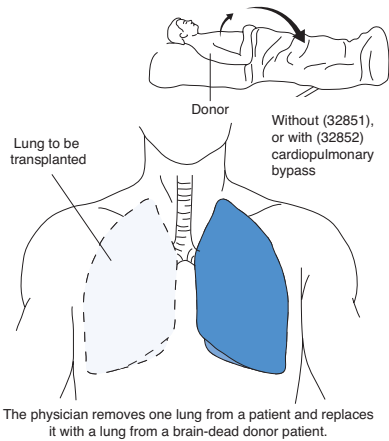
32851-32852

- 32851** Lung transplant, single; without cardiopulmonary bypass
- 32852** Lung transplant, single; with cardiopulmonary bypass

Plain English Description

A single lung transplant is performed. The thorax is opened and the lung exposed via a posterolateral incision through the fourth or fifth intercostal space. The fifth rib may be excised to facilitate access to the lung. A second incision may be made in the groin in the event that cardiopulmonary bypass is required and thoracic vessels cannot be cannulated. The lung with the poorest pulmonary function is removed from the transplant recipient. The donor lung is then placed in the thoracic cavity. There are a number of different lung transplant techniques and anastomosis of the bronchus, pulmonary artery, and pulmonary vein may be done in a different order than described here. Bronchial anastomosis is accomplished by telescoping the smaller bronchus into the larger bronchus and suturing the two together. The bronchial anastomosis site is then covered with local peribronchial tissue, thymic tissue pedicle flaps, or pericardial fat. The donor and recipient pulmonary arteries are then carefully approximated to avoid kinking and anastomosed. The left atrium is clamped in preparation for anastomosis of the donor and recipient pulmonary veins. The recipient pulmonary vein is incised, a left atrial cuff created, and the pulmonary vein orifices anastomosed. The lung is reinflated, air evacuated from the pulmonary vasculature at the left atrial suture line, and lung perfusion reestablished. The suture lines are evaluated and reinforced with sutures as needed. Chest tubes are placed as needed and the chest closed. The bronchial anastomosis is inspected by flexible bronchoscopy and the airway is cleared of blood and secretions. If the lung transplant is performed without cardiopulmonary bypass, use code 32851. If cardiopulmonary bypass is required, use code 32852.

Lung transplant, single



ICD-9-CM Diagnostic Codes (commonly used)

- 135** Sarcoidosis
- 162.2** Malignant neoplasm of main bronchus
- 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
- 197.0** Secondary malignant neoplasm of lung
- 231.2** Carcinoma in situ of bronchus and lung
- 277.00** Cystic fibrosis without meconium ileus
- 277.01** Cystic fibrosis with meconium ileus
- 277.02** Cystic fibrosis with pulmonary manifestations
- 277.03** Cystic fibrosis with gastrointestinal manifestations
- 277.09** Cystic fibrosis with other manifestations
- 416.0** Primary pulmonary hypertension
- 416.8** Other chronic pulmonary heart diseases
- 491.20** Obstructive chronic bronchitis without acute exacerbation
- 491.21** Obstructive chronic bronchitis with (acute) exacerbation
- 491.22** Obstructive chronic bronchitis with acute bronchitis

- 492.0** Emphysematous bleb
- 492.8** Other emphysema
- 494.0** Bronchiectasis without acute exacerbation
- 494.1** Bronchiectasis with acute exacerbation
- 496** Chronic airway obstruction, not elsewhere classified
- 501** Asbestosis
- 502** Pneumoconiosis due to other silica or silicates
- 511.8** Other specified forms of pleural effusion, except tuberculous
- 515** Postinflammatory pulmonary fibrosis
- 516.3** Idiopathic fibrosing alveolitis
- 517.8** Lung involvement in other diseases classified elsewhere
- 518.0** Pulmonary collapse
- 518.83** Chronic respiratory failure
- 518.84** Acute and chronic respiratory failure
- 518.89** Other diseases of lung, not elsewhere classified
- 748.4** Congenital cystic lung
- V10.11** Personal history of malignant neoplasm of bronchus and lung
- V15.82** Personal history of tobacco use
- V42.6** Lung replaced by transplant

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
32851	41.61	27.34	27.34	9.78	78.73	78.73	090	A
32852	45.48	30.99	30.99	10.63	87.10	87.10	090	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
32851	0	2	1	2	2
32852	0	2	1	2	2

CCI

32851	32100 ¹ , 32422 ¹ , 32440 ⁰ , 32442 ⁰ , 32445 ⁰ , 32480 ⁰ , 32482 ⁰ , 32484 ⁰ , 32486 ⁰ , 32488 ⁰ , 32491 ⁰ , 32500 ⁰ , 32551 ¹ , 36000 ¹ , 36400 ¹ , 36405 ¹ , 36406 ¹ , 36410 ¹ , 36420 ¹ , 36425 ¹ , 36430 ¹ , 36440 ¹ , 36600 ¹ , 36640 ¹ , 37202 ¹ , 43752 ¹ , 51701 ¹ , 51702 ¹ , 51703 ¹ , 62310 ⁰ , 62311 ⁰ , 62318 ⁰ , 62319 ⁰ , 64400 ⁰ , 64402 ⁰ , 64405 ⁰ , 64408 ⁰ , 64410 ⁰ , 64412 ⁰ , 64413 ⁰ , 64415 ⁰ , 64416 ⁰ , 64417 ⁰ , 64418 ⁰ , 64420 ⁰ , 64421 ⁰ , 64425 ⁰ , 64430 ⁰ , 64435 ⁰ , 64445 ⁰ , 64446 ⁰ , 64447 ⁰ , 64448 ⁰ , 64449 ⁰ , 64450 ⁰ , 64470 ⁰ , 64475 ⁰ , 64479 ⁰ , 64483 ⁰ , 64490 ⁰ , 64493 ⁰ , 64505 ⁰ , 64508 ⁰ , 64510 ⁰ , 64517 ⁰ , 64520 ⁰ , 64530 ⁰ , 64550 ⁰ , 69990 ⁰ , 93000 ¹ , 93005 ¹ , 93010 ¹ , 93040 ¹ , 93041 ¹ , 93042 ¹ , 93318 ¹ , 94002 ¹ , 95829 ¹ , 95955 ¹ , 96360 ¹ , 96365 ¹ , 96372 ¹ , 96374 ¹ , 96375 ¹ , 99148 ⁰ , 99149 ⁰ , 99150 ⁰
32852	32100 ¹ , 32422 ¹ , 32440 ⁰ , 32442 ⁰ , 32445 ⁰ , 32480 ⁰ , 32482 ⁰ , 32484 ⁰ , 32486 ⁰ , 32488 ⁰ , 32491 ⁰ , 32500 ⁰ , 32551 ¹ , 32851 ¹ , 36000 ¹ , 36400 ¹ , 36405 ¹ , 36406 ¹ , 36410 ¹ , 36420 ¹ , 36425 ¹ , 36430 ¹ , 36440 ¹ , 36600 ¹ , 36640 ¹ , 37202 ¹ , 43752 ¹ , 51701 ¹ , 51702 ¹ , 51703 ¹ , 62310 ⁰ , 62311 ⁰ , 62318 ⁰ , 62319 ⁰ , 64400 ⁰ , 64402 ⁰ , 64405 ⁰ , 64408 ⁰ , 64410 ⁰ , 64412 ⁰ , 64413 ⁰ , 64415 ⁰ , 64416 ⁰ , 64417 ⁰ , 64418 ⁰ , 64420 ⁰ , 64421 ⁰ , 64425 ⁰ , 64430 ⁰ , 64435 ⁰ , 64445 ⁰ , 64446 ⁰ , 64447 ⁰ , 64448 ⁰ , 64449 ⁰ , 64450 ⁰ , 64470 ⁰ , 64475 ⁰ , 64479 ⁰ , 64483 ⁰ , 64490 ⁰ , 64493 ⁰ , 64505 ⁰ , 64508 ⁰ , 64510 ⁰ , 64517 ⁰ , 64520 ⁰ , 64530 ⁰ , 64550 ⁰ , 69990 ⁰ , 93000 ¹ , 93005 ¹ , 93010 ¹ , 93040 ¹ , 93041 ¹ , 93042 ¹ , 93318 ¹ , 94002 ¹ , 95829 ¹ , 95955 ¹ , 96360 ¹ , 96365 ¹ , 96372 ¹ , 96374 ¹ , 96375 ¹ , 99148 ⁰ , 99149 ⁰ , 99150 ⁰

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No Pub 100 references apply to this code or code range.

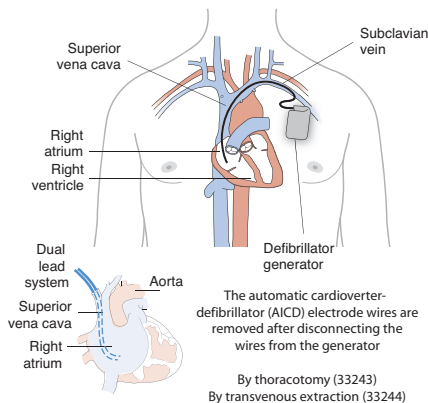
33243-33244

- 33243** Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy
- 33244** Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction

Plain English Description

The physician removes one or more single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy (33243) or by transvenous extraction (33244). Electrode wires may need to be removed because of damage to or malfunction of the lead(s), an infection at the site of the generator or lead(s), or interference of blood flow caused by the lead(s). In 33243, thoracotomy is performed to remove epicardial leads or to remove endocardial leads that cannot be removed via a transvenous approach due to dense scar tissue and adhesions or because they are deeply embedded in the heart muscle (myocardium). An incision is made in the chest over the pacemaker generator and the lead is disconnected from the generator. The heart is exposed by median sternotomy. If cardiopulmonary bypass is required, the aorta is cannulated followed by the superior and inferior vena cava. To remove epicardial leads, the lead is dissected free of the epicardium and removed. To remove an endocardial atrial electrode, the right atrium is incised. The electrode is dissected free of adhesive scar tissue and removed. If the endocardial electrode is in the right ventricle it may be approached through the right atrium or through an incision in the right ventricle. If the right atrial approach is used, the right ventricle is inverted and the electrode dissected free of adhesive scar tissue. Heart wall incisions are closed, chest tubes placed as needed, and the chest closed. In 33244, one or more transvenous (endocardial) electrode wires are removed. An incision is made in the chest over the pacemaker generator and the lead is disconnected from the generator. There are several transvenous techniques used to remove electrodes and the technique selected depends on the amount of scar tissue present and whether the lead has become embedded in the heart muscle (myocardium). If there is not a great deal of scar tissue, an incision is made in the vein containing the electrode and the electrode is extracted by tugging on the lead. If the lead is embedded in the myocardium, the physician may attach a weight to the end of the lead to provide sustained traction that will free the lead from the myocardium. If a great deal of scar tissue is present, a sheath is inserted into the vein containing the electrode wire. The sheath is then threaded over the existing electrode wire and guided to the tip under separately reportable fluoroscopic control. The lead is extracted. If both leads are removed the extraction procedure is repeated using one of the techniques described above.

Removal of single or dual chamber pacing cardioverter-defibrillator electrode



ICD-9-CM Diagnostic Codes (commonly used)

- 337.01** Carotid sinus syndrome
- 397.0** Diseases of tricuspid valve
- 414.01** Coronary atherosclerosis of native coronary artery
- 414.8** Other specified forms of chronic ischemic heart disease
- 424.0** Mitral valve disorders
- 425.4** Other primary cardiomyopathies
- 426.0** Atrioventricular block, complete
- 426.2** Left bundle branch hemiblock

- 426.3** Other left bundle branch block
- 426.53** Other bilateral bundle branch block
- 427.0** Paroxysmal supraventricular tachycardia
- 427.1** Paroxysmal ventricular tachycardia
- 427.2** Paroxysmal tachycardia, unspecified
- 427.31** Atrial fibrillation
- 427.41** Ventricular fibrillation
- 427.81** Sinoatrial node dysfunction
- 427.89** Other specified cardiac dysrhythmias
- 427.9** Cardiac dysrhythmia, unspecified
- 428.0** Congestive heart failure, unspecified
- 428.22** Chronic systolic heart failure
- 996.01** Mechanical complication due to cardiac pacemaker (electrode)
- 996.04** Mechanical complication of automatic implantable cardiac defibrillator
- 996.61** Infection and inflammatory reaction due to cardiac device, implant, and graft
- 996.83** Complications of transplanted heart
- V12.53** Personal history of sudden cardiac arrest
- V17.41** Family history of sudden cardiac death (SCD)
- V45.02** Automatic implantable cardiac defibrillator in situ
- V53.32** Fitting and adjustment of automatic implantable cardiac defibrillator

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
33243	23.57	13.06	13.06	5.55	42.18	42.18	090	A
33244	13.99	9.61	9.61	3.10	26.70	26.70	090	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
33243	0	2	1	0	2
33244	0	2	1	0	1

CCI

- 33243** 00530⁰, 00534⁰, 32100¹, 32422¹, 32551¹, 33140⁰, 33141¹, 33210¹, 33211¹, 33215¹, 36000¹, 36005¹, 36010¹, 36011¹, 36012¹, 36013¹, 36120¹, 36140¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 76000¹, 76001¹, 76942¹, 76998¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰

- 33244** 00530⁰, 00534⁰, 33210¹, 33211¹, 33215¹, 33243^{E1}, 36000¹, 36005¹, 36010¹, 36011¹, 36012¹, 36013¹, 36120¹, 36140¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 76000¹, 76001¹, 76942¹, 76998¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 94770¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99143⁰, 99144⁰, 99145⁰, 99148⁰, 99149⁰, 99150⁰

Pub 100

Pub 100-3, 1, 20.8

** See Appendix for CCI information

* See Appendix for Modifier Rules

● New Code

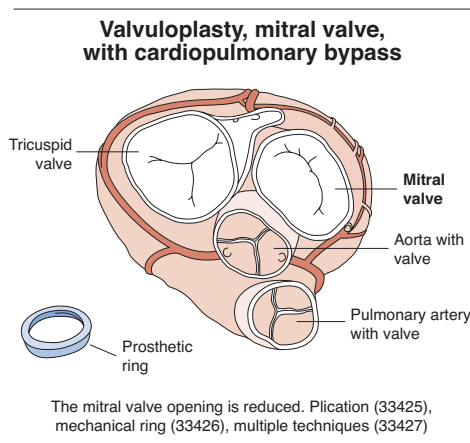
▲ Revised Code

33425-33427

- 33425** Valvuloplasty, mitral valve, with cardiopulmonary bypass;
- 33426** Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
- 33427** Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring

Plain English Description

Mitral valvuloplasty is performed to treat mitral valve prolapse and regurgitation. The mitral valve is located between the left atrium and left ventricle. Mitral valve prolapse and regurgitation occur when the valve does not close tightly. When the left ventricle contracts the valve leaflets bulge (prolapse) upward into the left atrium and blood from the left ventricle may leak (regurgitate) back into the left atrium. The heart is exposed by median sternotomy or right anterolateral thoracotomy. Cardiopulmonary bypass is established and cardioplegia initiated. An incision is made in the left atrium and the mitral valve exposed. The type of repair performed depends on the type and extent of damage or malformation of the valve. If the valve annulus is dilated, an annuloplasty may be performed to reduce the size of the orifice. This is accomplished by plicating (folding) the edges of the valve to reduce the diameter of the valve orifice. If a ring annuloplasty device is used the annulus is sized and an appropriately sized ring is placed in the annulus and secured with sutures. The valve leaflets may also be repaired using an autologous pericardial patch. If the chordae have ruptured or elongated, the chordae may be resected, followed by plication to narrow the diameter of the valve and reconstruction of the valve leaflet. If the chordae is broken, they may be replaced with special sutures that replace the chordae. Other techniques to repair chordae include transfer or transposition from one leaflet to another. Upon completion of the repair, the heart incision is closed and the patient is weaned from cardiopulmonary bypass. Chest tubes are placed as needed and the chest is closed. In 33425, the mitral valve is repaired using a technique such as annuloplasty without the use of a prosthetic ring or a single repair technique. In 33426, the mitral valve is repaired using a ring annuloplasty device. In 33427, radical reconstruction is performed with or without a ring. This involves using multiple repair techniques to reconstruct damaged valve.



ICD-9-CM Diagnostic Codes (commonly used)

- 394.0** Mitral stenosis
- 394.1** Rheumatic mitral insufficiency
- 394.2** Mitral stenosis with insufficiency
- 394.9** Other and unspecified mitral valve diseases
- 396.0** Mitral valve stenosis and aortic valve stenosis
- 396.1** Mitral valve stenosis and aortic valve insufficiency
- 396.2** Mitral valve insufficiency and aortic valve stenosis
- 396.3** Mitral valve insufficiency and aortic valve insufficiency
- 396.8** Multiple involvement of mitral and aortic valves
- 396.9** Mitral and aortic valve diseases, unspecified
- 397.9** Rheumatic diseases of endocardium, valve unspecified
- 424.0** Mitral valve disorders
- 424.90** Endocarditis, valve unspecified, unspecified cause

- 424.99** Other endocarditis, valve unspecified
- 746.5** Congenital mitral stenosis
- 746.6** Congenital mitral insufficiency
- 746.7** Hypoplastic left heart syndrome

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
33425	49.96	21.72	21.72	11.96	83.64	83.64	090	A
33426	43.28	20.29	20.29	10.39	73.96	73.96	090	A
33427	44.83	20.54	20.54	10.76	76.13	76.13	090	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
33425	0	2	1	0	2
33426	0	2	1	0	2
33427	0	2	1	0	2

CCI

- 33425** 20680⁰, 32100¹, 32422¹, 32551¹, 33140⁰, 33210¹, 33211¹, 33254⁰, 33255⁰, 33256⁰, 33310¹, 33315¹, 33430^{0E1}, 33600^{E1}, 35226¹, 35820¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 92987¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰
- 33426** 20680⁰, 32100¹, 32422¹, 32551¹, 33140⁰, 33210¹, 33211¹, 33254⁰, 33255⁰, 33256⁰, 33310¹, 33315¹, 33425¹, 33427^{E1}, 33430^{E1}, 33600^{E1}, 35226¹, 35820¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 92987¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰
- 33427** 20680⁰, 32100¹, 32422¹, 32551¹, 33140⁰, 33210¹, 33211¹, 33254⁰, 33255⁰, 33256⁰, 33310¹, 33315¹, 33425¹, 35226¹, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 37202¹, 39010¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 92987¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰

Pub 100

No Pub 100 references apply to this code or code range.

** See Appendix for CCI information

* See Appendix for Modifier Rules

● New Code

▲ Revised Code

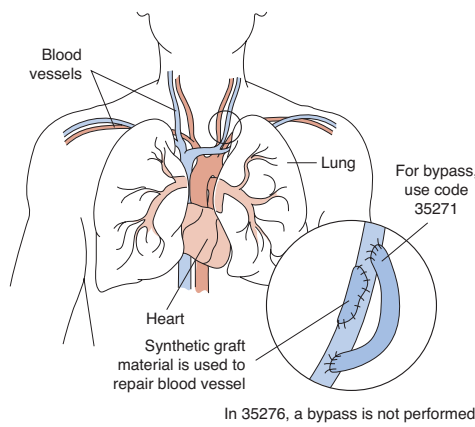
35271-35276

- 35271** Repair blood vessel with graft other than vein; intrathoracic, with bypass
- 35276** Repair blood vessel with graft other than vein; intrathoracic, without bypass

Plain English Description

An intrathoracic blood vessel is repaired with a graft other than a vein. The chest is opened by median sternotomy or other approach. Depending on the nature of the intrathoracic blood vessel injury cardiopulmonary bypass may be initiated. The injured blood vessel is exposed and clamped proximal and distal to the injury to control bleeding. The extent of the injury is evaluated. If an arterial graft is used, a length of artery is harvested and prepared for grafting. Alternatively, a synthetic graft may be used. The edges of the injured blood vessel are debrided and the prepared arterial or synthetic graft sewn to the proximal and distal ends of the injured blood vessel. If cardiopulmonary bypass has been used, the patient is taken off bypass. Overlying tissues are suture repaired in layers. Use 35271 for repair performed with cardiopulmonary bypass and 35276 for repair performed without cardiopulmonary bypass.

Repair of an intrathoracic blood vessel



ICD-9-CM Diagnostic Codes (commonly used)

- 414.11 Aneurysm of coronary vessels
- 414.12 Dissection of coronary artery
- 415.11 Iatrogenic pulmonary embolism and infarction
- 415.19 Other pulmonary embolism and infarction
- 417.1 Aneurysm of pulmonary artery
- 417.8 Other specified diseases of pulmonary circulation
- 429.2 Cardiovascular disease, unspecified
- 441.00 Dissection of aorta aneurysm, unspecified site
- 441.01 Dissection of aorta, thoracic
- 441.03 Dissection of aorta, thoracoabdominal
- 442.89 Aneurysm of other specified site
- 444.1 Embolism and thrombosis of thoracic aorta
- 446.7 Takayasu's disease
- 447.1 Stricture of artery
- 447.2 Rupture of artery
- 447.5 Necrosis of artery
- 447.8 Other specified disorders of arteries and arterioles
- 453.2 Other embolism and thrombosis of inferior vena cava
- 459.0 Hemorrhage, unspecified
- 459.2 Compression of vein
- 747.29 Other congenital anomalies of aorta
- 747.3 Congenital anomalies of pulmonary artery
- 747.40 Congenital anomaly of great veins, unspecified
- 901.0 Injury to thoracic aorta
- 901.1 Injury to innominate and subclavian arteries
- 901.2 Injury to superior vena cava
- 901.3 Injury to innominate and subclavian veins
- 901.40 Injury to pulmonary vessel(s), unspecified
- 901.41 Injury to pulmonary artery
- 901.42 Injury to pulmonary vein

- 901.81 Injury to intercostal artery or vein
- 901.82 Injury to internal mammary artery or vein
- 901.83 Injury to multiple blood vessels of thorax
- 901.89 Injury to other specified blood vessels of thorax
- 901.9 Injury to unspecified blood vessel of thorax

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
35271	24.58	12.29	12.29	6.12	42.99	42.99	090	A
35276	25.83	12.81	12.81	6.03	44.67	44.67	090	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
35271	1	2	1	0	2
35276	1	2	1	0	2

CCI

- 35271** 32100¹, 32422¹, 32551¹, 35211^{E1}, 35241^{E1}, 35276¹, 35506¹, 35510¹, 35511¹, 35512¹, 35515¹, 35516¹, 35518¹, 35606¹, 35612¹, 35616¹, 35645¹, 35650¹, 35761¹, 36000¹, 36002¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰
- 35276** 32100¹, 32422¹, 32551¹, 35216^{E1}, 35246^{E1}, 35506¹, 35508¹, 35510¹, 35511¹, 35512¹, 35515¹, 35516¹, 35518¹, 35606¹, 35612¹, 35616¹, 35645¹, 35650¹, 35761¹, 36000¹, 36002¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 37202¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰

Pub 100

No Pub 100 references apply to this code or code range.

** See Appendix for CCI information

* See Appendix for Modifier Rules

● New Code

▲ Revised Code

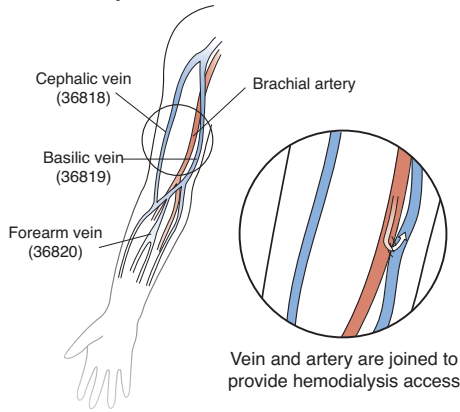
36818-36820

- 36818** Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
- 36819** Arteriovenous anastomosis, open; by upper arm basilic vein transposition
- 36820** Arteriovenous anastomosis, open; by forearm vein transposition

Plain English Description

An open arteriovenous anastomosis is performed to provide hemodialysis access by upper arm cephalic vein transposition (36818), upper arm basilic vein transposition (36819), or forearm vein transposition (36820). In 36818, an incision is made medially in the upper arm to expose the brachial artery and a second incision is made laterally to expose the cephalic vein. The cephalic vein is assessed to ensure that it is patent and of adequate size. A subcutaneous tunnel is then created between the two incisions. The cephalic vein is mobilized and branches ligated. The mobilized segment of cephalic vein is transected taking care to ensure that it is of adequate length for transposition to a more superficial location and tunneling to the brachial artery. The cephalic vein is pulled through the tunnel. An incision is made in the brachial artery and the segment of cephalic vein sutured (anastomosed) to the brachial artery at the arteriotomy site. In 36819, an incision is made in the medial upper arm and the basilic vein and brachial artery exposed. The basilic vein is assessed and if it is found to be patent and of adequate size, the excision is extended exposing the entire basilic vein up to the point where it joins the axillary vein. The basilic vein is then transected near the elbow, branches are ligated, and the basilic vein is transposed and tunneled subcutaneously to the point where it will be connected to the brachial artery. An incision is made in the brachial artery and the transposed segment of basilic vein is anastomosed to the brachial artery at the arteriotomy site. In 36820, the basilic vein is mobilized from the level of the wrist to the middle of the forearm, transposed and tunneled subcutaneously, and then connected to the radial artery or less commonly to the ulnar artery.

Arteriovenous anastomosis, open cephalic/basilic/forearm vein



ICD-9-CM Diagnostic Codes (commonly used)

- 250.40** Diabetes mellitus with renal manifestations, type II or unspecified type, not stated as uncontrolled
- 250.41** Diabetes mellitus with renal manifestations, type I, not stated as uncontrolled
- 250.42** Diabetes mellitus with renal manifestations, type II or unspecified type, uncontrolled
- 250.43** Diabetes mellitus with renal manifestations, type I, uncontrolled
- 403.01** Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage V or end stage renal disease
- 403.11** Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease
- 403.91** Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease
- 404.02** Hypertensive heart and chronic kidney disease, malignant, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.03** Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage V or end stage renal disease

- 404.12** Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.92** Hypertensive heart and chronic kidney disease, unspecified, without heart failure and with chronic kidney disease stage V or end stage renal disease
- 404.93** Hypertensive heart and chronic kidney disease, unspecified, with heart failure and chronic kidney disease stage V or end stage renal disease
- 584.5** Acute kidney failure with lesion of tubular necrosis
- 584.9** Acute kidney failure, unspecified
- 585.5** Chronic kidney disease, stage V
- 585.6** End stage renal disease
- 585.9** Chronic kidney disease, unspecified
- 586** Renal failure, unspecified
- 593.9** Unspecified disorder of kidney and ureter
- 996.1** Mechanical complication of other vascular device, implant, and graft
- 996.73** Other complications due to renal dialysis device, implant, and graft
- 996.74** Other complications due to other vascular device, implant, and graft
- V45.1** Renal dialysis status

RVU(s)

Code	Work	PE Facility	PE Non-Facility	MP	Total Facility	Total Non-Facility	Global	Status
36818	11.89	6.28	6.28	2.65	20.82	20.82	090	A
36819	14.47	7.08	7.08	3.25	24.80	24.80	090	A
36820	14.47	7.27	7.27	3.23	24.97	24.97	090	A

Modifiers*

Code	Mod 50 PAR	Mod 51 PAR	Mod 62 PAR	Mod 66 PAR	Mod 80 PAR
36818	0	2	1	0	2
36819	0	2	1	0	2
36820	1	2	1	0	2

CCI

- 36818** 01844⁰, 01924⁰, 01925⁰, 01926⁰, 35206¹, 35226¹, 35236¹, 35256¹, 35266¹, 35286¹, 35860¹, 36000¹, 36002¹, 36005¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 36800^{E1}, 36810^{E1}, 36815^{E1}, 36821¹, 36822^{E1}, 36825^{E1}, 36830¹, 36831^{E1}, 36832^{E1}, 36833^{E1}, 36834^{E1}, 36835^{E1}, 36860^{E1}, 36861^{E1}, 36870^{E1}, 37202¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰
- 36819** 01844⁰, 01924⁰, 01925⁰, 01926⁰, 35206¹, 35226¹, 35236¹, 35256¹, 35266¹, 35286¹, 35860¹, 36000¹, 36002¹, 36005¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36600¹, 36640¹, 36818¹, 36821¹, 36823^{E1}, 36830¹, 37202¹, 43752¹, 51701¹, 51702¹, 51703¹, 62310⁰, 62311⁰, 62318⁰, 62319⁰, 64400⁰, 64402⁰, 64405⁰, 64408⁰, 64410⁰, 64412⁰, 64413⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450⁰, 64470⁰, 64475⁰, 64479⁰, 64483⁰, 64490⁰, 64493⁰, 64505⁰, 64508⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 64550⁰, 69990⁰, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 94002¹, 95829¹, 95955¹, 96360¹, 96365¹, 96372¹, 96374¹, 96375¹, 99148⁰, 99149⁰, 99150⁰
- 36820** *There are too many associated CCI codes to list. Refer to Appendix A for complete list*

Pub 100

No Pub 100 references apply to this code or code range.

Volume 2 – Alphabetic Index

The Alphabetic Index also makes use of certain instructional conventions to help guide the user in appropriate code selection and sequencing.

Special Instruction Notes

The “*see*” instruction directs the user to another main term to find the correct code.

Example:**Crisis**

Vascular – *see* Disease, cerebrovascular, acute

The “*see also*” instruction directs the user to also refer to the suggested main term for additional information on the condition or disease.

Example:

Crohn’s disease (*see also* Enteritis, regional) 555.9

Punctuation

[/] Slanted brackets identify situations when more than one code is needed to correctly code the condition. The index lists the codes in sequencing order with the secondary code in brackets.

Example:

Mononeuropathy (*see also* Mononeuritis) 355.9

diabetic NEC 250.6x [355.9]

() Parentheses enclose nonessential modifiers which may or may not be used with the diagnosis or condition listed in the index. These nonessential modifiers may help in clarifying the documentation, but the presence or absence of any of them does not change the code number selection.

Example:

Cyst (mucus) (retention) (serous) (simple)

ICD-9-CM Coding

ICD-9-CM diagnostic coding is a necessity when submitting claims to payers for reimbursement. It also identifies the reason for the patient’s visit to the provider and will indicate the medical necessity of the services rendered by the provider. The following are guidelines that instruct on ICD-9-CM diagnostic coding:

1. Consult Volume 2, Alphabetic Index to ICD-9-CM, first. Locate the main entry term. The Alphabetic Index is arranged by condition.
2. Refer to Volume 1 of the ICD-9-CM, locating the selected code in the Tabular List. Review any exclusion notes or other instructions for proper coding before final selection of codes. Also, refer to the addenda for any new diagnostic codes or corrections.
3. Read and apply all other conventions used in the Tabular List and Alphabetic Index.
4. Code only confirmed diagnoses. Do not code “suspected,” “rule out” or “probable” diagnoses. If there is not a confirmed diagnosis for outpatient service, code the symptom(s). For inpatient, short-term, acute care, and long term care coding, if only a “suspected,” “rule-out,” or “probable” diagnosis is listed, it should be coded as if it existed or was established.
5. Code only the confirmed diagnoses if both the diagnoses and symptoms are documented in the medical record, except

when the diagnoses and symptoms are not related, then code both.

6. Code to the level of highest specificity. Check to see if the diagnostic code consists of three, four, or five numbers. Truncated codes will be denied if a claim is submitted without all of the digits.
7. Chronic diseases and conditions treated on an ongoing basis may be coded as many times as the patient receives treatment and care for the condition(s).
8. Code all documented conditions that coexist at the time of the patient encounter that require or affect patient care, treatment, or management.

2011 Cardiology Diagnostic Code Index**Abnormal**

echocardiogram 793.2
 electrocardiogram (ECG) (EKG), nonspecific findings 794.31
 function study, cardiovascular, NOS 794.30
 other 794.39
 patient reaction/complication
 artificial internal device E878.1
 cardiac catheterization E879.0
 transplant of whole organ E878.0
 radiological examination
 intrathoracic organ, NEC 793.2
 lung (field) 793.1
 sounds
 chest 786.7
 heart, NEC 785.3

Accident during heart cath E870.6**Adverse effect**

anesthesia, NOS 995.22
 drug in therapeutic use
 agents primarily affecting cardiovascular system
 E942.9
 antihypertensive agents, other E942.6
 antilipemic/antiarteriosclerotic drugs E942.2
 antivaricose drugs, including sclerosing agents E942.7
 capillary-active drugs E942.8
 cardiac rhythm regulators E942.0
 cardiotonic glycosides/drugs of similar action E942.1
 coronary vasodilators E942.4
 vasodilators, other E942.5

Aftercare following

organ transplant V58.44
 surgery
 injury and trauma V58.43
 circulatory system, NEC V58.73

Aneurysm

abdominal aorta
 dissecting 441.02
 aorta, site NOS
 dissecting 441.00
 ruptured 441.5
 syphilitic 093.0
 without rupture 441.9
 ruptured 441.3

Jurisdiction D Information

Claims, Correspondence, Redetermination Requests, Refunds, FOIA, etc.

Noridian Administrative Services

PO Box 6727
Fargo ND 58108-6727
Electronic Funds Transfer (EFT) Forms

Noridian Administrative Services

PO Box 6728
Fargo ND 58108-6728

Benefit Protection**Noridian Administrative Services**

PO Box 6736
Fargo ND 58108-6736

Advance Determination of Medicare Coverage (ADMC)**IntegriGuard, LLC**

2301 N 117 Ave Suite 200
Omaha NE 68164
Fax: 1-402-498-2306

Reconsiderations/Administrative Law Judge (ALJ) Hearing Requests**RiverTrust Solutions**

PO Box 180208
Chattanooga, TN 37401-7208

ALJ Status Inquiries**Office of Medicare Hearings and Appeals (OMHA)**

BP Tower & Garage
200 Public Square Suite 1300
Cleveland OH 44114-2316

Jurisdiction D Durable Medical Equipment**Benefit Integrity Support Center (DME-BISC)**

Richard Kensic, Benefit Integrity Manager
DME-BISC
PO Box 51152
Los Angeles CA 90051-5452
www.integriguard.org/gov/psc/dme-bisc.html

Additional Resources**Supplier Enrollment/Inquiries**

National Supplier Clearinghouse
PO Box 100142
Columbia SC 29202-3142

Overnight Mailing Address**National Supplier Clearinghouse**

2300 Springdale Drive Bldg 1
Camden SC 29020
Phone: 1-866-238-9652
www.palmettogba.com/nsc

The supplier enrollment form, CMS 855S, is available at www.cms.gov/cmsforms/downloads/cms855S.pdf

Coding Assistance**Statistical Analysis Durable Medical Equipment Regional Contractor (SADMERC)**

Palmetto Government Benefits Administrators
Medicare SADMERC Operations
PO Box 100143
Columbia SC 29202-3143
Phone: 1-877-735-1326
www.palmettogba.com/sadmerc

2011 Cardiology HCPCS Level II Code Index**Angiography**

magnetic resonance (MRA)
spinal canal, G8931-G8933
upper extremity, G8934-G8936
performed w/cardiac catheterization
iliac artery, G0278
renal artery, G0275

Anticoagulation clinic services (except lab) per session S9401**Blood pressure monitor, automatic A4670****Ballistocardiogram S3902****Battery**

for electric, electric/pneumatic ventricular assist device
replacement Q0496
charger for battery/power pack Q0495
clips for battery Q0497
for pneumatic ventricular assist device
replacement Q0503

Blood pressure cuff A4663**Bypass surgery, coronary artery, direct**

using arterial graft(s)
single S2205
two S2206
using arterial and venous graft(s)
single S2208
two S2209
using venous graft only, single S2207

Cardiac event recorder

implantable C1764
with memory, activator and programmer E0616

Cardiokymography Q0035**Cardiac rehabilitation**

intensive G0422-G0423

Cardioverter-defibrillator, implantable

dual chamber C1721
other than single or dual chamber C1882
single chamber C1722

Catheter for

ablation, non-cardiac, endovascular (implantable) C1888
angioplasty, transluminal
laser C1885
non-laser (may include guidance, infusion/perfusion capability) C1725

- ❶ In some hospitals with residency programs, Medicare pays through the medical program or graduate medical education (GME) program. Because of this, they will not reimburse for a resident when they are used as an assistant surgeon. Although under special circumstances, payment may be made if there is an emergent situation that is life-threatening.

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.

- ❶ Check with payers to determine if the provider may bill for the laboratory procedure if not performed by the provider.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of the modifier 91.

Note: This modifier may not be used when tests are rerun to confirm initial results due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the laboratory procedure code (HIV testing 86701-86703). The test does not require permanent dedicated space, hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure, and other applicable modifiers may be listed as part of the description of the service.

- ❶ Check with payers to determine if this modifier is necessary when reporting multiple modifiers.

Approved Modifiers For Ambulatory Surgery Center (ASC) Hospital Outpatient Use

There are some differences in modifiers for professional and ASC hospital use. The following list consists of the only approved modifiers that can be used in an ASC/hospital setting:

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M

service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This service may be reported by adding modifier 25 to the appropriate level of E/M service.

Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

- ❶ According to Medicare, modifier 25 may be appended to an Emergency Department Services E/M code (99281-99285) if provided on the same day as a diagnostic or therapeutic procedure.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding the modifier 27 to each appropriate level outpatient and/or emergency department code(s). This modifier provides a means of reporting circumstances involving E/M services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (e.g., hospital emergency department, clinic).

Note: This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient E/M services provided by the same physician on the same date and performed in multiple outpatient setting(s) (e.g., hospital emergency department, clinic), see Evaluation and Management, Emergency Department, or Preventive Medicine services codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding the modifier 50 to the appropriate 5-digit code.

- ❶ Reported on procedures performed at the same operative session, this modifier should be reported only once as a one-line item for Medicare, with the modifier appended to the end of the code.
- ❶ Some payers may accept the bilateral procedures as two-line items, with HCPCS Level II modifiers LT and RT appended to the end of the codes.

52 Reduced Services

Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstance or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

- ❶ Procedures reported with modifier 52 are typically billed at a reduced amount. Most payers do not require documentation to support the use of modifier 52 and will reimburse the procedure at a reduced level.

58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure.

Note: For treatment of a problem that requires a return to the operating/procedure room (e.g., unanticipated clinical condition), see modifier 78.

Single Organ System Examinations

The single organ system examinations recognized by CMS and the AMA are described in detail. Variations among these examinations in the organ systems and body areas identified in the left columns and in the elements of the examinations described in the right columns reflect differing emphases among specialties. To qualify for a given level of single organ system examination, the following content and documentation requirements are to be met:

- **Problem Focused Examination** – should include performance and documentation of one to five elements identified by a bullet (•), whether in a box with a shaded or unshaded border.
- **Expanded Problem Focused Examination** – should include performance and documentation of at least six elements

identified by a bullet (•), whether in a box with a shaded or unshaded border.

- **Detailed Examination** – examinations other than the eye and psychiatric examinations should include performance and documentation of at least twelve elements identified by a bullet (•), whether in box with a shaded or unshaded border. Eye and psychiatric examinations should include the performance and documentation of at least nine elements identified by a bullet (•), whether in a box with a shaded or unshaded border.
- **Comprehensive Examination** – should include performance of all elements identified by a bullet (•), whether in a shaded or unshaded box. Documentation of every element in each box with a shaded border and at least one element in each box with an unshaded border is expected

Cardiology Examination

System/Body Area	Elements of Examination						
Constitutional	<ul style="list-style-type: none"> • Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) • General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming) 						
Head and Face							
Eyes	<ul style="list-style-type: none"> • Inspection of conjunctivae and lids (e.g., xanthelasma) 						
Ears, Nose, Mouth, and Throat	<ul style="list-style-type: none"> • Inspection of teeth, gums and palate • Inspection of oral mucosa with notation of presence of pallor or cyanosis 						
Neck	<ul style="list-style-type: none"> • Examination of jugular veins (e.g., distension; a, v or cannon a waves) • Examination of thyroid (e.g., enlargement, tenderness, mass) 						
Respiratory	<ul style="list-style-type: none"> • Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement) • Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs) 						
Cardiovascular	<ul style="list-style-type: none"> • Palpation of heart (e.g., location, size, and forcefulness of the point of maximal impact; thrills; lifts; palpable S3 or S4) • Auscultation of heart including sounds, abnormal sounds and murmurs • Measurement of blood pressure in two or more extremities when indicated (e.g., aortic dissection, coarctation) • Examination of: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">Carotid arteries (e.g., waveform, pulse amplitude, bruits, apical-carotid delay)</td> <td style="width: 20%;">Abdominal aorta (e.g., size, bruits)</td> <td style="width: 30%;">Femoral arteries (e.g., pulse amplitude, bruits)</td> </tr> <tr> <td>Pedal pulses (e.g., pulse amplitude)</td> <td colspan="2">Extremities for edema and/or varicosities</td> </tr> </table> 	Carotid arteries (e.g., waveform, pulse amplitude, bruits, apical-carotid delay)	Abdominal aorta (e.g., size, bruits)	Femoral arteries (e.g., pulse amplitude, bruits)	Pedal pulses (e.g., pulse amplitude)	Extremities for edema and/or varicosities	
Carotid arteries (e.g., waveform, pulse amplitude, bruits, apical-carotid delay)	Abdominal aorta (e.g., size, bruits)	Femoral arteries (e.g., pulse amplitude, bruits)					
Pedal pulses (e.g., pulse amplitude)	Extremities for edema and/or varicosities						
Chest (Breasts)							
Gastrointestinal (Abdomen)	<ul style="list-style-type: none"> • Examination of abdomen with notation of presence of masses or tenderness • Examination of liver and spleen • Obtain stool sample for occult blood from patients who are being considered for thrombolytic or anticoagulant therapy 						
Genitourinary (Abdomen)							
Lymphatic							
Musculoskeletal	<ul style="list-style-type: none"> • Examination of the back with notation of kyphosis or scoliosis • Examination of gait with notation of ability to undergo exercise testing and/or participation in exercise programs • Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements 						
Extremities	<ul style="list-style-type: none"> • Inspection and palpation of digits and nails (e.g., clubbing, cyanosis, inflammation, petechiae, ischemia, infections, Osler's nodes) 						
Skin	<ul style="list-style-type: none"> • Inspection and/or palpation of skin and subcutaneous tissue (e.g., stasis dermatitis, ulcers, scars, xanthomas) 						
Neurological/ Psychiatric	<ul style="list-style-type: none"> • Brief assessment of mental status including Orientation to time, place and person, Mood and affect (e.g., depression, anxiety, agitation) 						

Content and Documentation Requirements

Level of Exam	Perform and Document:
Problem Focused	One to five elements identified by a bullet
Expanded Problem Focused	At least six elements identified by a bullet
Detailed	At least twelve elements identified by a bullet
Comprehensive	Perform all elements identified by a bullet; document every element in each box with a shaded border and at least one element in each box with an unshaded border.