

ICD-10-PCS Coding Guidelines for Coronary Arterial Bypass Procedures

A clear idea on the ICD-10-PCS guidelines for bypass procedures and knowledge on how the blood flows will make the documentation of CABG easy.

Cardiac or cardiovascular surgery focuses on the heart and great vessels. Coronary artery bypass grafting (CABG) is the most common cardiac surgery operation performed worldwide for patients affected by coronary artery disease. This procedure improves the blood flow to the heart. A cardiac or cardiovascular surgeon could treat heart failure, atrial fibrillation, blockages in the heart valve, leaking heart valve, and abnormal enlargement or aneurysms of the large arteries in the chest. Documentation of any such procedures for medical claims can be done with the help of an experienced **medical coding company**.

When documenting CABG, medical coders need to know that coronary arteries are classified by the number of distinct sites treated rather than the number of coronary arteries or the anatomic name of the artery, such as left anterior descending. They should also be knowledgeable in the devices used for bypass; laterality; specific site; and approach for any autologous grafts harvested from another body site for bypass conduits, and if the patient was placed on a pump or not.

How to Use These ICD-10-PCS Codes

B3.1b

Components of a procedure specified in the root operation definition and explanation, procedural steps necessary to reach the operative site and close the operative site, including anastomosis of a tubular body part, are not coded separately. For instance, resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. Also, laparotomy performed to reach the site of an open liver biopsy is not coded separately.

B3.3

If the intended procedure is discontinued before root operation or not completed, code the procedure to the root operation performed. If a procedure is discontinued before any other root operation is performed, code the root operation Inspection of the body part or anatomical region inspected. In case a planned aortic valve replacement procedure is discontinued after the initial thoracotomy and before any incision is made in the heart muscle, when the patient becomes hemodynamically unstable, it is coded as an open Inspection of the mediastinum.

B3.6a

To code bypass procedures, knowledge regarding the blood flow is important. The coding is done by identifying the body part bypassed "from" and the body part bypassed "to." The fourth character body part specifies the body part bypassed from, and the qualifier specifies the body part bypassed to. For example, in case of bypasses from the femoral artery to the popliteal artery, femoral artery is the body part and popliteal artery is the qualifier.

B3.6b

Coronary artery bypass is coded differently from other bypass procedures. For documenting coronary artery bypass procedures, coronary arteries are classified by the number of distinct sites treated, rather than the number of coronary arteries or anatomic name of a coronary artery. For instance, in an aortocoronary bypass that includes aortocoronary and internal mammary, the body part being bypassed "to" is the coronary artery or arteries, but the body part bypassed "from" varies, depending on where the graft is connected on the other end.

B3.6c

To document bypasses for multiple coronary arteries, a separate procedure is coded for each coronary artery that uses a different device and/or qualifier. For instance, aortocoronary artery bypass and internal mammary coronary artery bypass are coded separately.

B3.9

This code refers to the coronary excision for graft. If an autograft is obtained from a different body part in order to complete the objective of the procedure, a separate procedure is coded. For example, in coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.

B4.4

Separate body part values are used to specify the number of sites treated when the same procedure is performed on multiple sites in the coronary arteries. For example, angioplasty of two distinct sites in the left anterior descending coronary artery, one with stent placed and one without, are coded separately as Dilation of Coronary Artery, One Site with Intraluminal Device; and Dilation of Coronary Artery, One Site with no device.

For this bypass procedure, free grafts are coded using the first row in the 021 table, and the device is the source of that graft material. Pedicled grafts are coded using the second row of the 021 table, which only has one device option, No Device.

- 021109W Bypass coronary artery, two arteries from aorta with autologous venous tissue, open
- 02100Z9 Bypass coronary artery, one artery from left internal mammary with no device, open

As coding coronary and peripheral arterial bypass procedures can be tricky and the guidelines can be confusing, practices must choose experienced medical coding specialists with excellent knowledge in human anatomy and blood flow system so that they can understand the bypass guidelines easily and document them without error. Professional **medical billing companies** provide the services of skilled billing specialists and coders, who will assist you with the documentation and also ensure reimbursement on-time.