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## Documentation Dissection

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CRNA provided anesthesia <sup>[1]</sup> and prior to start of anesthesia inserted an A-line and CVP <sup>[2]</sup>.

ANESTHESIA TIME: 7:02 to 9:46 AM <sup>[3]</sup>.

PS 4 <sup>[4]</sup>.

### PREOPERATIVE DIAGNOSIS:

1. Severe multivessel coronary artery occlusive disease with increasing angina.
2. Non-Q wave myocardial infarction.
3. Hypertension.
4. Hypercholesterolemia.
5. Non-insulin dependent diabetes mellitus.

### POSTOPERATIVE DIAGNOSIS <sup>[5]</sup>:

1. Severe multivessel coronary artery occlusive disease with increasing angina.
2. Non-Q wave myocardial infarction.
3. Hypertension <sup>[6]</sup>.
4. Hypercholesterolemia <sup>[6]</sup>.
5. Non-insulin dependent diabetes mellitus <sup>[6]</sup>.

NAME OF PROCEDURE: Coronary artery bypass graft times three <sup>[7]</sup> (left internal mammary artery to mid LAD, saphenous vein graft to intermediate and saphenous vein graft to distal right coronary artery).

ANESTHESIA: General endotracheal <sup>[8]</sup>.

HISTORY: This patient is a 67-year-old female <sup>[9]</sup> with known coronary artery occlusive disease treated medically. She has had increasing angina. She has multiple risk factors. Repeat catheterization showed rather significant progression of disease with non-Q wave MI and recommendation was made for bypass grafting. Ventricular function was well-preserved and was normal.

DESCRIPTION OF OPERATIVE PROCEDURE: The patient was brought to the operating room. After having induced adequate general endotracheal anesthesia, she was prepared and draped in sterile fashion. This segment of saphenous vein was taken from the left thigh through multiple skin incisions. Adequate length of good quality vein was obtained. The thigh was closed in layers with 2-0 and 3-0 Dexon over a tubular Jackson-Pratt drain. The chest was entered through a standard median sternotomy and systemic heparin administered. She was cannulated for bypass <sup>[10]</sup> with a catheter placed in the distal ascending aorta for perfusion and a venous return catheter in the right atrial appendage. Cardiopulmonary bypass was instituted. After achieving a systemic temperature of 30 degrees, the aorta was crossclamped. Cold potassium cardioplegia was instilled in the aortic root and topical ice saline placed on the heart. We bypassed the intermediate branch first. This was an intramyocardial 2.5 to 3 mm vessel. A segment of reverse vein was sewn end-to-side with 7-0 Prolene and then more cardioplegia instilled down the graft. Next, we bypassed the distal right coronary artery. This was a diffusely diseased vessel with a distal plaque. The distal plaque was bridged. A segment of vein was sewn end-to-side with 7-0 Prolene and again more cardioplegia instilled down the graft. We then sewed a nice size left internal mammary artery to the mid LAD with 7-0 Prolene. The crossclamp was removed and a partial occlusion clamp was placed on the base of the aorta. Two aortotomies were made. The veins were cut to the appropriate length and sewn to the aorta end-to-side with 5-0 Prolene. Vein graft to the right was placed superiorly and the vein graft to the intermediate inferiorly on the aorta. Cardiac action returned promptly in sinus rhythm. She was fully rewarmed, weaned from bypass and decannulated. Cannulation sites were reinforced with 3-0 Prolene. Protamine was administered. Hemostasis was assured. A temporary pacing wire was placed on the right ventricular surface. Two chest tubes were placed in the midline and secured to the skin with -0- Tevdek. The

sternum was closed with multiple interrupted wire, linea alba with #1 Tevdek, presternal fascia with -0- Dexon, the skin with 4-0 subcuticular Dexon and Dermabond. She tolerated this procedure well, was returned to the CVR in stable condition <sup>[11]</sup>.

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- <sup>[1]</sup> CRNA does the anesthesia—no supervision from anesthesiologist.
  - <sup>[2]</sup> CRNA inserts Arterial line and CVP—both are separately billable.
  - <sup>[3]</sup> Time—calculate time in minutes for the procedure.
  - <sup>[4]</sup> Physical status modifier P4—will give further reimbursement.
  - <sup>[5]</sup> Postoperative diagnoses are reported and should support the physical status reported.
  - <sup>[6]</sup> Chronic conditions increase risk to the patient.
  - <sup>[7]</sup> Procedure—Find “Anesthesia,” then “heart,” then coronary artery bypass in the index.
  - <sup>[8]</sup> General anesthesia performed.
  - <sup>[9]</sup> Be aware of the patient’s age in case a qualifying circumstance code would be separately billable. The anesthesiologist would typically bill the qualifying circumstance codes.
  - <sup>[10]</sup> Bypass was used in the surgery.
  - <sup>[11]</sup> Postoperative status of patient.
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What are the CPT® and ICD-10-CM codes reported?

**CPT® Codes:** 00567-QZ- P4, 36620, 36556

**ICD-10-CM Codes:** I21.4, I25.119, I10, E78.0, E11.9

**Rationales:**

**CPT®:** A 67-year old patient had a three-vessel coronary bypass graft with the insertion of an Arterial line and CVP. In the CPT® Index locate Anesthesia/Heart/Coronary Artery Bypass Grafting and you’re directed to 00566 and 00567. A review of the codes confirms 00567 is used for coronary bypass grafting with pump oxygenator. Modifier QZ is assigned for CRNA service without medical direction by a physician. The patient has comorbid conditions to support the use of the Physical Status modifier P4. To code for the arterial line locate Catheterization/Arterial System/Percutaneous and you’re directed to 36620. The CVP is indexed by Central Venous Catheter Placement/Insertion/Non-tunneled and you’re directed to codes 36555 or 36556. The codes are selected by patient age and 36556 is the correct code.

**ICD-10-CM:** A Non-Q wave myocardial infarction is assigned as the first listed diagnosis based on ICD-10-CM guidelines I.C.9.b stating when a patient with known CAD is admitted due to an acute myocardial infarction (AMI) the AMI is sequenced before the CAD. Look in the ICD-10-CM Alphabetic Index for Infarct (infarction)/myocardium/non-Q wave and you’re directed to I21.4. The Tabular List confirms this is the correct code for Non-Q wave myocardial infarction NOS. Next in the same Alphabetic Index locate Arteriosclerosis/coronary/native vessel/with angina pectoris leads to I25.119. The Tabular List confirms I25.119 is used for Arteriosclerotic heart disease of native coronary artery with unspecified angina pectoris. Look in the Alphabetic Index for Hypertension (accelerated) (benign)(essential) (idiopathic) (malignant)(systemic) leads to I10. The Tabular List confirms I10 Essential (primary) Hypertension is correct. For hypercholesterolemia locate Hypercholesterolemia in the Alphabetic Index and you’re directed to E78.0. The Tabular List confirms this is the correct code. Lastly Non-insulin dependent diabetes mellitus also known as Type II diabetes. In the Alphabetic Index locate Diabetes/type 2 and you’re directed to E11.9. The Tabular List confirms this is the correct code.

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## ICD-9-CM Application

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What ICD-9-CM code(s) is/are reported?

**ICD-9-CM Code:** 414.9, 413.9, 410.70, 401.9, 272.0, 250.00

**Rationale:** Look in the ICD-9-CM Alphabetic Index for Disease/coronary (see also Ischemia, heart) and you're directed to 414.9. The Tabular List confirms this is the correct code. The patient also has angina which is indexed by locating Angina and you're directed to 413.9. The Tabular List confirms this is the correct code to use for unspecified angina. A Non-Q wave myocardial infarction is indexed by Infarct, infarction/myocardium/with/non-Q wave and you're directed to 410.7-. In the Tabular List, 410.7 requires a 5th digit for the episode of care. There is no documented episode of care and 5th digit 0 is used. To code Hypertension locate Hypertension in the Alphabetic Index and select from the Unspecified column. You're directed to 401.9. The Tabular List confirms this is the correct code. For hypercholesterolemia locate Hypercholesterolemia in the Alphabetic Index and you're directed to 272.0. The Tabular List confirms this is the correct code. The last diagnosis is Non-insulin dependent diabetes mellitus also known as Type II diabetes. In the Alphabetic Index locate Diabetes/250.0-. This code requires a 5th digit for the type and controlled or uncontrolled. Fifth-digit 0 is used to identify type 2 diabetes not stated as uncontrolled. The Tabular List confirms 250.00 is the correct code.

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