

**INGENIX®**

**Coders' Desk**  
**Reference *for* Procedures**

2009

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## Coders' Desk Reference for Procedures 92960-92961

### 92960-92961

The physician may administer an electronic shock to the patient's chest to regulate heartbeats considered dangerously irregular. The physician uses a defibrillator machine and places two paddles on the patient's chest and/or back. A measured electric shock is delivered through the chest to the heart to convert the heartbeat to a regular rhythm. Report 92960 for external cardioversion and 92961 when the procedure is performed internally.

### 92970

In internal circulatory assist, the femoral artery is cannulated and a catheter with balloon or other device is inserted into the aorta. Various devices may be used to assist circulation. This code should be reported for the internal insertion of such a device, but should not be used to report intra-aortic balloon pump (IABP) or implantation of ventricular assist devices that are reported elsewhere.

### 92971

Devices are placed at the outside of the body to assist circulation. One example of external circulatory assist is Military Anti-Shock Trousers (MAST), which apply counterpressure around the legs and abdomen. The artificial peripheral resistance helps coronary perfusion. In a related procedure, pressure cuffs are used to assist circulation. The patient is placed on a treatment table where their lower extremities are wrapped in a series of three compressive air cuffs, which inflate and deflate in synchronization with the patient's cardiac cycle. During diastole the three sets of air cuffs are inflated sequentially (distal to proximal) compressing the vascular beds within the muscles of the calves, lower thighs, and upper thighs. This action results in an increase in diastolic pressure, generation of retrograde arterial blood flow, and an increase in venous return. The cuffs are deflated simultaneously just prior to systole, which produces a rapid drop in vascular impedance, a decrease in ventricular workload, and an increase in cardiac output. The augmented diastolic pressure and retrograde aortic flow appear to improve myocardial perfusion, while systolic unloading appears to reduce cardiac workload and oxygen requirements. The increased venous return coupled with enhanced systolic flow appears to increase cardiac output.

### 92973

The physician percutaneously removes a blood clot from a native or grafted coronary artery. A double lumen catheter is passed to the area of the clot. A high-pressure saline stream (via a pump) is introduced through a lumen that has multiple jet orifices located at the distal tip. The low-pressure zone created by the jets causes the clot to break-up into small pieces and be pushed through the catheter with a force that drives debris from the thrombus through the other lumen (exhaust) and out of the body. The procedure is

useful to clear fatty and degenerated arteries and to modify plaques in preparation for more definitive treatment with adjunctive balloon angioplasty or stenting.

### 92974

Using an X-ray machine in a cardiac catheterization laboratory, the physician places the delivery catheter in the coronary artery at the site of the in-stent restenosis (re-blockage in the artery). The transfer delivery device is connected to the delivery catheter; the transfer delivery device is used to deliver the radioactive seeds to the location. There are various methods for transcatheter placement, but commonly the methods involve the use of a guiding catheter. The radioactive seeds are positioned at the location for an appropriate length of time to administer radiation to the artery. At the completion of the radiation treatment, the radioactive seeds are returned to the transfer device.

### 92975-92977

The physician places a hollow catheter in the aorta from the arm or leg. A small incision is made. Using fluoroscopic guidance, the physician advances the catheter tip to the coronary artery to be treated and confirms the presence of thrombus (blood clot) in the artery by injecting contrast material through the catheter into the artery. The physician infuses a thrombolytic agent (urokinase, for example) into the affected artery in order to dissolve the thrombus. The physician may perform contrast injections to assess the size and extent of the thrombus after infusion of the thrombolytic agent. The catheter is removed from the patient's body. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward. Report 92977 if intravenous infusion is used.

### 92978-92979

Intravascular ultrasound may be used during diagnostic evaluation of a coronary vessel or graft. It may also be used both before and after a therapeutic intervention upon a coronary vessel or graft to assess patency and integrity of the vessel or graft. A needle is inserted through the skin and into a blood vessel. A guide wire is threaded through the needle into a coronary blood vessel or graft. The needle is removed. An intravascular ultrasound catheter is placed over the guide wire. The ultrasound probe is used to obtain images from inside the vessel to assess area and extent of disease prior to interventional therapy as well as adequacy of therapy after interventional therapy. The ultrasound probe provides a two-dimensional, cross-sectional view of the vessel or graft as the probe is advanced and withdrawn along the area of interest. When the ultrasound examination is complete, the catheter is removed. Report 92978 for the initial vessel or graft. In 92979, the physician advances the ultrasound catheter into additional vessels or grafts to

assess patency and structure. The catheter and guide wire are removed and pressure is applied over the puncture site to stop bleeding.

**92980-92981**

A stent is used to hold open a blocked or collapsed blood vessel in the heart. The physician makes a small incision in the arm or leg. Two catheters are placed. A central venous catheter is inserted through the femoral or brachial artery and a second catheter is threaded up to the heart. Any obstruction is first treated by inflating a balloon at the tip of the second catheter (PTCA) and/or by using a rotary cutter (atherectomy) to flatten or remove the obstruction. A stent is introduced through a catheter and placed under radiographic guidance. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward. Report 92980 for one coronary vessel. Report 92981 for each additional vessel.

**92982-92984**

The physician makes a small incision in the arm or leg. Two catheters are placed. A central venous catheter is inserted through the femoral or brachial artery and a second catheter with a balloon tip is threaded up to the heart. The physician inflates the balloon at the tip of the second catheter to flatten plaque obstructing the artery against the walls of the artery. If sufficient results are not obtained after the first inflation, the physician may reinflate the balloon for a longer period of time or at greater pressure. The catheter is removed. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward. Report 92982 for the balloon catheterization of one blocked vessel. Report 92984 for each additional vessel treated.

**92986-92990**

Valvuloplasty is a procedure for opening a blocked valve. The physician makes a small incision in the arm or leg. Two catheters are placed—a central venous catheter and a second catheter threaded up to the heart. The physician inflates a balloon at the tip of the second catheter to open the blocked valve. The catheter is removed. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward. Report 92985 if the procedure is performed on the aortic valve; 92987 if the procedure is performed on the mitral valve; and 92990 if the procedure is performed on the pulmonary valve.

**92992**

Certain congenital heart defects, particularly those involving transposition of the great vessels, require surgical creation or enlargement of an opening in the interatrial septum (wall) that separates the upper right and left chambers of the heart. The physician makes a small incision in the arm or leg. Two catheters are

placed—a central venous catheter and a second catheter threaded up to the heart. When the foramen ovale has not closed, a deflated balloon (Rashkind-type) is passed through the foramen ovale, inflated, and pulled through the atrial septum, enlarging the opening and improving oxygenation of the blood. When the septum is intact, the deflated balloon (Rashkind-type) is passed from the right atrium through the septum to the left atrium, inflated, and withdrawn, creating an interatrial septal defect and improving oxygenation of the blood. The catheters are removed. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. A cardiac catheterization may be included. The patient is observed for a period afterward.

**92993**

The purpose of this procedure is to increase blood flow across the atrial septum in children with certain forms of cyanotic congenital heart disease. This procedure is used as an alternative to the Rashkind procedure (balloon method of atrial septostomy), typically in infants older than 1 month of age. The physician makes a small incision in the femoral vein. The physician places a transseptal sheath in the right femoral vein using standard methods, advancing the sheath to the superior vena cava under fluoroscopic or echocardiographic guidance. The physician uses a transseptal needle to cross the atrial septum, entering the left atrium. The physician introduces a guidewire into the left atrium and removes the transseptal catheter while leaving the wire in place. The physician advances a septostomy catheter over the wire into the left atrium. This catheter has a retracted blade, which the physician extends. The physician pulls the blade slowly across the atrial septum from the left into the right atrium, under fluoroscopic or echocardiographic guidance. The physician may make several passes with the blade catheter in this fashion. The physician removes the septostomy catheter and venous sheath. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward.

**92995-92996**

The physician removes the atherosclerotic plaque blocking the coronary artery. The physician makes a small incision in the arm or leg. Two catheters are placed. A central venous catheter is inserted through the femoral or brachial artery and a second catheter threaded up to the heart blockage. The blockage is removed using a rotary cutter introduced through a catheter under radiographic guidance. The blockage may also require subsequent inflation of the balloon on the tip of the second catheter to flatten any remaining plaque. The catheters are removed. Pressure is placed over the incision for 20 to 30 minutes to stem bleeding. The patient is observed for a period afterward. Report 92995 for the first vessel. Report 92996 for each additional vessel.