

Thoracostomy (32551) and Thoracentesis/Pleural Fluid Procedures

CPT® Assistant.

November 2012; Volume 22: Issue 11

Thoracostomy (32551) and Thoracentesis/Pleural Fluid Procedures
(32554-32557)

For CPT 2013, the Respiratory System section of the CPT code set contains revised thoracentesis codes, new percutaneous catheter and chest tube codes, and clarification of the open surgical chest tube placement code to better explain the procedural approaches. During the Relative Value Scale Update Committee's (RUC's) Five-Year Review when the Joint CPT/RUC Workgroup screened codes frequently reported together, it was noted that ultrasound guidance code 76942, Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation, was performed in conjunction with the thoracentesis codes more than 75% of the time. The RUC requested the development of codes that would more accurately describe the services performed. Therefore, a revised family of codes for percutaneous thoracentesis and pleural drainage procedures has been established in CPT 2013 to bundle imaging guidance, when performed.

In addition, over time there was confusion surrounding the proper use of the thoracentesis and tube thoracostomy codes. This confusion arose because these codes share common indications (eg, abscess, empyema, hemothorax, pleural effusion, and pneumothorax). Moreover, these codes also have the insertion of a tube or catheter in common. The revised code 32551 and new codes 32554-32557 provide increased clarity because they focus more on procedural techniques, namely thoracentesis needle or catheter aspiration, percutaneous pleural drainage with insertion of indwelling catheter, or open (ie, cutdown incision) tube thoracostomy. See Table

32551

Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)

It cannot be overemphasized that the coder must focus on the procedural technique documented by the provider (ie, percutaneous versus open) rather than the size of the drain placed. It is recognized that there can be both large and small diameter tubes, and similarly, there exists both small and large diameter catheters and drains. Thus, procedural technique is now the most important criterion when choosing the most appropriate code within the thoracentesis and tube thoracostomy code family. A summary of the changes related to code 32551 include:

- Revision to clearly identify its use as an 'open' surgical procedure and its continued designation as a separate procedure in the CPT code set.
- Reference to diagnoses (eg, abscess, hemothorax, empyema) in the parenthetical note are now omitted, which is consistent with current CPT terminology, as code descriptors are intended to identify physician work and not to imply its use for a particular condition.
- Deletion of the illustration 'Insertion of Chest Tube' from the professional edition of the CPT codebook.
- Deletion of the exclusionary parenthetical note following code 32551, as it did not include all codes that should be listed in the exclusionary reference.

Coding Tip

Code 32551 is designated in the CPT code set as a separate procedure. Thoraco-stomy chest tube insertion is inherent in many thoracic and cardiac surgery procedures and some esophageal procedures, in which a thoracotomy or thoracoscopic approach is used. For these surgical procedures, it is not appropriate to additionally report code 32551. (For further intraprocedural information, refer to the AMA/Specialty Society RVS Update Committee intraservice work descriptions or the National Correct Coding Initiative).

Code 32551 involves the performance of an incision over the intended rib interspace with blunt and sharp dissection of the subcutaneous tissues and chest wall muscles (including deep intercostal muscles and pleura). A finger is placed through this incision, the pleural cavity is palpated, and loculations are broken up. Accumulated blood or fluid is evacuated, and a thoracostomy tube is inserted into the pleural cavity for drainage and to promote lung expansion. Prior to its connection to a drainage system, the tube is sutured in place with closure of the muscle and skin.

Coding Tip

Accurate CPT coding precludes the use of a percutaneous image guidance code with an open surgical procedure. Therefore, the parenthetical instruction following code 32251 has been deleted, as it would not be appropriate to report code 75989 in conjunction with code 32551. It is appropriate, however, to report the appropriate diagnostic ultrasound code if that entire service is performed and documented. For example, diagnostic ultrasound of the chest might be performed to diagnose and localize a collection in the pleural space prior to open surgical placement of a chest catheter. In this instance, code 76604, Ultrasound, chest (includes mediastinum), real time with image documentation, may be reported in addition to code 32551.

Clinical Example (32551)

A 24-year-old patient presents to the emergency room after a motor vehicle collision. Breath sounds are diminished and a large right hemothorax is diagnosed. Via an open (ie, cutdown) incision, a chest tube is inserted.

Percutaneous Pleural Fluid Aspiration and Drainage (32554-32557)

For CPT 2013, codes 32554-32557 were created to identify percutaneous needle or catheter pleural fluid aspiration (32554, 32555) with or without imaging guidance and percutaneous pleural drainage by placement of an indwelling catheter with or without imaging guidance (32556, 32557) procedures. Codes 32420-32422 were deleted and parenthetical notes placed, directing users to the appropriate codes to report, which are:

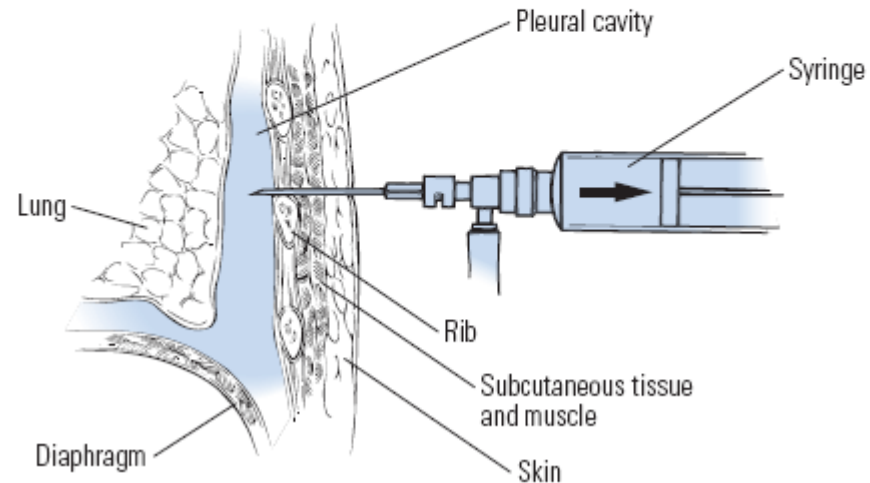
- 32554
Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
- 32555
with imaging guidance
- 32556
Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
- 32557
with imaging guidance
- ▶ (For insertion of indwelling tunneled pleural catheter with cuff, use 32550) ◀
- ▶ (For open procedure, use 32551) ◀
- ▶ (Do not report 32554-32557 in conjunction with 32550, 32551, 76942, 77002, 77012, 77021, 75989) ◀

The administration and monitoring of moderate sedation is not inherent to the thoracentesis and percutaneous pleural drainage family of codes (32554-32557). Therefore, the appropriate moderate sedation code(s) (99143-99145) should be separately reported when these services are provided. Because the thoracentesis and percutaneous pleural drainage procedures represented by codes 32555 and 32557 include imaging guidance, it is not appropriate to additionally report radiological guidance for catheter placement (75989), ultrasound guidance (76942), fluoroscopic guidance (77002), computed tomography (CT) guidance (77012), or magnetic resonance guidance (77021).

Thoracentesis

32554, 32555

Accumulated fluid or air is removed from the pleural space by puncturing space between the ribs. In 32555, a tube is inserted and a syringe attached to the catheter for the removal of fluid and/or air.



Coding Tip

Use code 32550 to report the insertion of an indwelling cuffed tunneled pleural catheter. For open-tube thoracostomy, report code 32551.

The percutaneous insertion techniques for the thoracentesis and percutaneous pleural drainage codes (32554-32557) do not require tunneling. This is different from code 32550, which requires at least two separate incisions and subcutaneous tunneling of the indwelling cuffed pleural catheter between these multiple incisions in addition to entry into the

pleural space. Code 32552 should be reported to describe the removal of an indwelling tunneled cuffed pleural catheter, which requires the creation of an incision and subcutaneous dissection for successful cuff removal. There is no specific CPT code for the removal of either a thoracostomy tube (32551) or an indwelling noncuffed pleural catheter (32556, 32557). Therefore, removal of these particular tubes or catheters is reported with the appropriate level evaluation and management service code.

Use of Modifier with Codes 32551 and 32554-32557

It is appropriate to append modifier 50, Bilateral Procedure, to codes 32551 and 32554-32557 when bilateral procedures are performed. For example, there may be situations when bilateral open thoracostomy tube insertions are required, such as in extensive blunt trauma with bilateral hemothoraces. In such cases, use of modifier 50 would be appropriate. In addition, there are circumstances where more than one open thoracostomy tube may be required on the same side (ie, ipsilateral) on the same day. In such cases, it is appropriate to append modifier 59, Distinct Procedural Service. Modifier 59 indicates to payers that a separate and distinct procedure was performed. Because CPT guidelines may differ from third-party payer guidelines, check with local payers for their guidelines on the use of CPT or Healthcare Common Procedure Coding System (HCPCS) Level II modifiers. ♦

Table 1. Procedural Distinctions (32551, 32554-32557)

CPT Code	Approach	Anatomy/Procedure	Clinical Example
32551	Open (incisional)	Incision through skin, subcutaneous tissue, chest-wall muscles (including deep intercostal muscles and pleura), digital palpation of the pleural space, insertion of an indwelling thoracostomy tube, suturing of tube, partial wound closure, connection to drainage system, and dressing application. Postprocedure chest X-ray is reported separately.	A 24-year-old patient presents to the emergency room after a motor vehicle collision. Breath sounds are diminished and a large right hemothorax is diagnosed. Via a thoracostomy (ie, open cutdown incision), a chest tube is inserted.

32554	Percutaneous (needle or catheter*) without imaging guidance	Percutaneous insertion of needle or catheter into pleural space for aspiration of fluid. Needle/catheter removed. Puncture site dressed. Postprocedure chest X-ray is reported separately.	A 74-year-old male patient presents with shortness of breath. Chest X-ray shows a large left pleural effusion. Bedside aspiration without imaging guidance is performed for diagnosis.
32555	Percutaneous (needle or catheter*) with imaging guidance	Percutaneous insertion of needle or catheter into pleural space for aspiration of fluid under imaging guidance. Needle or catheter removed. Puncture site dressed. Postprocedure chest X-ray is reported separately.	A 57-year-old male patient presents with pneumonia and persistent fever despite antibiotic therapy. Aspiration of his parapneumonic effusion is performed with real-time ultrasound guidance.
32556	Percutaneous indwelling catheter* without imaging guidance	Percutaneous insertion of indwelling catheter into pleural space via intercostal space, secured in place, and connected to suction drainage. Puncture site dressed. Postprocedure chest X-ray is reported separately.	A 72-year-old male patient presents with acute shortness of breath. Chest X-ray shows a right pneumothorax. Bedside chest catheter placement is performed without imaging guidance.
32557	Percutaneous indwelling catheter* with imaging guidance	Percutaneous insertion of indwelling catheter into pleural fluid collection site under imaging guidance, secured in place, and connected to suction drainage. Puncture site dressed. Postprocedure chest X-ray is reported separately.	A 60-year-old male patient presents with fever and shortness of breath. Computed tomography (CT) scan shows a complex parapneumonic effusion. Concern is for an empyema. Image-guided pleural drainage catheter placement is performed.

*A small incision is made to accommodate the insertion of the catheter, not requiring dissection of the deep intercostal muscles/pleura, as described by code 32551.