

Second Surgical Assistant for Cardiovascular Surgery

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary second surgical assistant for cardiovascular surgery.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

Assistant surgeon – Refers to a licensed professional who actively participates with the operating surgeon in performing a surgical procedure.

PROCEDURES

A prior authorization is not required.

Certain cardiovascular surgical procedures that have been identified as sufficiently complex or intensive may require the services of a second surgical assistant.

A second assistant surgeon's services during certain cardiovascular procedures may be considered medically necessary when:

- Medical review substantiates medical necessity; and
- ALL assistant surgery eligibility criteria-have been met:
 - The operation is a covered surgical procedure; and
 - The operation is of sufficient difficulty and complexity to require an assistant surgeon; and
 - The assistant surgeon must actively assist in the surgery:
 - To "actively assist" means that the assistant surgeon must assist in the actual performance of the surgical procedure. Also, the assistant surgeon, in the event the surgeon is unable to continue, should be able to complete the surgery; or
- The surgery involves aorto-coronary saphenous vein bypass graft (single or multiple) and replacement of one or more valves with cardiopulmonary bypass.

The services of a second surgical assistant will not be considered medically necessary for any other surgical procedures. Payment of a second assistant surgeon services during certain cardiovascular procedures may be considered medically necessary when:

- Medical review substantiates medical necessity; and
- ALL assistant surgery eligibility criteria have been met:
 - The operation is a covered surgical procedure; and
 - The operation is of sufficient difficulty and complexity to require an assistant surgeon; and
 - The assistant surgeon must actively assist in the surgery:
 - To "actively assist" means that the assistant surgeon must assist in the actual performance of the surgical procedure. Also, the assistant surgeon, in the event the surgeon is unable to continue, should be able to complete the surgery; or
- The surgery involves aorto-coronary saphenous vein bypass graft (single or multiple) and replacement of one or more valves with cardiopulmonary bypass.

The services of a second surgical assistant will not be considered medically necessary for any other surgical procedures.

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: INPATIENT

CODING REQUIREMENTS

CPT code	Description
33510	Coronary artery bypass, vein only; single coronary venous graft.
33511	Coronary artery bypass, vein only; two coronary venous grafts.
33512	Coronary artery bypass, vein only; three coronary venous grafts.
33513	Coronary artery bypass, vein only; four coronary venous grafts.
33514	Coronary artery bypass, vein only; five coronary venous grafts.

33516	Coronary artery bypass, vein only; six or more coronary venous grafts.
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for primary procedure).
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (list separately in addition to code for primary procedure).
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (list separately in addition to code for primary procedure).
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (list separately in addition to code for primary procedure).
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (list separately in addition to code for primary procedure).
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six venous grafts (list separately in addition to code for primary procedure).
33533	Coronary artery bypass, using arterial graft(s); single arterial graft.
33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts.
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts.
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts.
33542	Myocardial resection (e.g., ventricular aneurysmectomy).
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed, for aortic dissection.
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (e.g., aneurysm).
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (e.g., Bentall) .
33864	Ascending aorta graft, with cardiopulmonary bypass, with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (e.g., David procedure, Yacoub procedure) .
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest, and isolated cerebral perfusion with reimplantation of arch vessel(s) (e.g., island pedicle or individual arch vessel reimplantation).
33875	Descending thoracic aorta graft, with or without bypass.
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (e.g., for aneurysm).
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (e.g., aneurysm, pseudoaneurysm, dissection, AV malformation, penetrating ulcer), unilateral.
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta.

35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral (mesenteric, celiac, renal).
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external).
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery.
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery.
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external).
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral).
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery.
35201	Repair blood vessel direct; neck.
35206	Repair blood vessel direct; upper extremity.
35211	Repair blood vessel direct; intrathoracic, with bypass.
35216	Repair blood vessel direct; intrathoracic, without bypass.
35221	Repair blood vessel direct; intra-abdominal.
35226	Repair blood vessel direct; lower extremity.
35231	Repair blood vessel with vein graft; neck.
35236	Repair blood vessel with vein graft; upper extremity.
35241	Repair blood vessel with vein graft; intrathoracic, with bypass.
35246	Repair blood vessel with vein graft; intrathoracic, without bypass.
35251	Repair blood vessel with vein graft; intra-abdominal.
35256	Repair blood vessel with vein graft; lower extremity.
35261	Repair blood vessel with vein graft, other than vein; neck.
35266	Repair blood vessel with vein graft, other than vein; upper extremity.
35271	Repair blood vessel with vein graft, other than vein; intrathoracic, with bypass.
35276	Repair blood vessel with vein graft, other than vein; intrathoracic, without bypass.
35281	Repair blood vessel with vein graft, other than vein; intra-abdominal.
35286	Repair blood vessel with vein graft, other than vein; lower extremity.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

POLICY UPDATE HISTORY

12/22/2021	Approved in Medical Policy Committee
01/2022	Approved in QI/UM
12/28/2022	Annual review; approved in Medical Policy Committee
01/03/2023	Approved in QI/UM