

would be all treatments within the common iliac artery are covered in base code 34701-08, but additional treatments in the internal or external iliac artery are separately reported in addition to code sequence 34701-08.

Placement of extension prosthesis(es) **distal** to the common iliac and **proximal** to the renal arteries is reported separately with code 34709. Endograft extensions that terminate within the common iliac arteries are included with code sequence 34703-08. Delayed insertion of endograft prosthesis(es) is not done at the same operative session, therefore are reported separately with 34710 for initial insertion and 34711 for each additional delayed insertion as an add-on code to 34710. If an enhanced fixation device such as a tack, screw or anchor (code 34712) is used, it is reported once per operative session no matter how many fixation devices are used. Add-on code 34713 is used when an endovascular

prosthesis is delivered percutaneously via a 12-French or larger sheath through femoral access. If the sheath is less than 12-French size, no add-on code is necessary.

Open arterial exposure may be performed for endovascular prosthesis insertion into the abdominal aortic and/or iliac arteries treatment zone when the vessel is too small for passage of the endograft. Prior to 2018, CPT codes were standalone codes, and now these procedures are add-on codes to base codes 34701-08. 34714 applies to open femoral artery exposure via a unilateral groin incision to create a conduit for delivery of the endograft or for cardio pulmonary bypass. 34715 is for unilateral open axillary/subclavian artery exposure via an infraclavicular or supraclavicular incision for delivery of the endograft, and 34716 is for unilateral open axillary/subclavian artery exposure with creation of a conduit for delivery of the endograft

or for cardio pulmonary bypass. Each code may be reported once per side. Bilateral procedures report the codes twice, not by using modifier-50.

The American Medical Association's CPT 2018 Professional codebook contains many parenthetical notes and chapter guidelines for the cardiovascular section, which should be reviewed by coding professionals for full guidance..

#### References

American Medical Association (2018). CPT Changes 2018: An Insider's View (CPT Changes), pages 50-54.

American Medical Association (2018). CPT 2018 Professional, pages 228-233.

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## CPT Coding Tip



### 2018 New Modifiers 96 & 97

In an effort to aid health information coding professionals, the following tip is provided by the CHIA Coding & Data Quality Committee as an educational resource.  
For more coding and data quality resources and tips, visit [CaliforniaHIA.org/CDQ](http://CaliforniaHIA.org/CDQ).

The 2018 CPT code set does not differentiate habilitative and rehabilitative services, a single code may be used to report either purpose. Therefore, for reporting requirements, new modifiers were created to differentiate the purpose or intent of the service provided.

Modifier 96 Habilitative Services	Modifier 97 Rehabilitative Services
Habilitative services help individuals learn functional skills for daily living that they have not had before, and help individuals keep or improve skills that they have learned previously.	Rehabilitative services help individuals keep, get back, or improve skills and functioning for daily living that had been lost or impaired due to illness, injury, or disability.

Reference: American Medical Association (2018). CPT 2018 Professional.

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