

Chest Wall Respiratory Sensor Procedures (0466T-0468T)

Three codes (0466T, 0467T, 0468T) have been added to the 2018 Current Procedural Terminology (CPT®) Category III code set for reporting insertion, revision or replacement, and removal of a chest wall respiratory sensor electrode or electrode array. Category III codes are designed to allow data collection for emerging technology, services, procedures, and service paradigms that do not meet the requirements for Category I designation.

- +●0466T** Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)

▶(Use 0466T in conjunction with 64568)◀
- 0467T** Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator

▶(Do not report 0467T in conjunction with 0466T, 0468T)◀

▶(For revision or replacement of cranial nerve [eg, vagus nerve] neurostimulator electrode array, including connection to existing pulse generator, use 64569)◀
- 0468T** Removal of chest wall respiratory sensor electrode or electrode array

▶(Do not report 0468T in conjunction with 0466T, 0467T)◀

▶(For removal of cranial nerve [eg, vagus nerve] neurostimulator electrode array and pulse generator, use 64570)◀

Previously, code 64999, *Unlisted procedure, nervous system*, was used to report the entire service when chest wall respiratory sensors were placed in conjunction with cranial nerve stimulator and pulse generator implantation, revision, or replacement (eg, for hypoglossal nerve stimulator placement). As the work of placing neurostimulators for the vagus nerve and the hypoglossal nerve is similar and already adequately described by code 64568, *Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*, it was determined that creating separate codes only to describe the chest wall sensor placement, distinct from the cranial nerve stimu-

lator procedures, would allow for more accurate reporting of services without the necessity to alter the cranial nerve stimulator code (64568). The most common clinical indication for placing a chest wall respiratory sensor, a cranial nerve stimulator, and pulse generator is for the treatment of obstructive sleep apnea.

Code 0466T describes the initial insertion or implantation of a chest wall respiratory sensor electrode or electrode array and is an add-on code designed to be used only in conjunction with code 64568, as described above. Code 0467T describes the revision or replacement of an existing chest wall respiratory sensor electrode or electrode array. Both of these procedures include the connection of the sensor electrode or electrode array to a pulse generator. Code 0468T describes the permanent removal of a chest wall respiratory sensor electrode or electrode array.

Codes 64568, 64569, and 64570 have been editorially revised to include new parenthetical notes instructing users when to appropriately use codes 0466T, 0467T, and 0468T for the separate and distinct work related to chest wall respiratory sensor procedures. Note that code 0466T is an add-on code to code 64568 and should never be reported alone. Otherwise, codes 64568, 64569, and 64570 remain unchanged and continue to describe cranial nerve (eg, vagal or hypoglossal) neurostimulator electrode array and pulse generator implantation, revision or replacement, and removal, respectively.

See the following clinical examples and procedural descriptions that reflect typical clinical situations for which the new codes would be appropriately reported.

Clinical Example (0466T)

A 46-year-old male presents with obstructive sleep apnea after failing positive airway pressure therapy. Examination shows airway collapse at the base of the tongue.

Description of Procedure (0466T)

The planned incision site is prepared and draped in a sterile fashion and injected with local anesthetic with epinephrine. A horizontal incision is made in the lateral chest wall. The incision is taken through the skin and subcutaneous tissue until the serratus anterior and pectoralis major muscles are identified. Dissection proceeds between these structures to the sixth intercostal space; external and internal intercostal muscles are identified. Blunt dissection extends between the intercostal muscles, avoiding the neurovascular bundle.

A sensor lead is placed between the intercostal muscles and secured with multiple permanent sutures to the fascia overlying the chest wall. A subcutaneous tunnel is created to connect the sensor lead incision to the generator pocket. The sensor lead is attached to the generator, and respiratory sensing is verified. The sensor lead is repositioned if the sensor waveform is not adequate. The sensor lead incision is irrigated with antibacterial solution and closed in multiple layers. A pressure dressing is applied at the conclusion of the surgery.

Clinical Example (0467T)

A 48-year-old male, who underwent placement of hypoglossal nerve, neuroelectrode array, pulse generator, and chest-wall sensor electrode, develops a malfunctioning sensor electrode. He undergoes replacement of chest-wall sensor electrode, including connection to the existing pulse generator.

Description of Procedure (0467T)

Incisions are made to access the chest-wall sensor and generator sites. Dissection proceeds to the sensor lead placed between the intercostal muscles. Once identified, the

sensor is removed, and its lead is dissected from its subcutaneous tunnel to the generator pocket. The old sensor lead is removed, and a new sensor is placed to the chest wall, with its lead threaded to the generator and attached to it. Respiratory sensing is verified. The incision is closed, and a dressing applied, as needed.

Clinical Example (0468T)

A 48-year-old male, who underwent placement of hypoglossal nerve, neuroelectrode array, pulse generator, and chest wall sensor electrode, develops a malfunctioning sensor and/or electrode. He undergoes removal of the chest wall sensor electrode.

Description of Procedure (0468T)

Incisions are made to access the chest-wall sensor and generator, if needed. Dissection proceeds to the sensor, and a lead is placed between the intercostal muscles. Once identified, the sensor is removed, and its lead dissected from its subcutaneous tunnel to the generator pocket. They are removed. The incision is closed, and a dressing is applied, as needed.◆