

Coding Interventional Radiology Services

Audio Seminar/Webinar

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Practical Tools for Seminar Learning

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The faculty has reported no vested interests or disclosures regarding this presentation.

Stacie L. Buck, RHIA, CCS-P, LHRM, RCC

Stacie has served in several different roles during her 14-year career in health information management including as a medical records coordinator, medical coder, a revenue analyst, an internal auditor, corporate compliance officer, and consultant. Stacie is currently Vice-President for Southeast Radiology Management.

Stacie is on the editorial advisory board for the HCPro newsletters *Mammography Regulation Report, Radiology Administrator's Compliance Insider, Health Care Auditing Strategies* and she is a frequent contributor to *Strategies for Health Care Compliance* and to *Compliance Monitor Q* & *A's Ask the Expert.* In addition, she is the author of the recently released *Radiology Technologist's Coding Compliance Handbook* and is a Contributing Editor for *The Radiology Manager's Handbook: Tools & Best Practices for Business Success.* Stacie also is an audioconference presenter for HCPro, the Coding Institute and the American Health Information Management Association (AHIMA).

Stacie is an adjunct instructor and advisory board member for the health information management program at Indian River Community College in Florida and she serves in the AHIMA Mentoring program. Recently Stacie was the recipient of several awards including the 2005 AHIMA Rising Star Award, FHIMA Outstanding Professional Award & FHIMA Literary Award.

Stacie is a current member of the American Health Information Management Association (AHIMA), the Florida Health Information Management Association (FHIMA) and the Suncoast Health Information Management Association (SHIMA). She serves on the AHIMA Physician Practice Council and is President-Elect of the Florida Health Information Management Association.

Stacie graduated Magna Cum Laude from Florida International University earning a Bachelor of Science degree in Health Information Management and prior earned an Associate of Arts degree in Business Administration

Alicia Franklin, RHIA, CCS-P, RCC

Alicia has over 10 years experience in the healthcare environment, including health information management experience in ICD-9-CM and CPT coding for inpatient and outpatient settings. She has worked in areas of HIPAA Compliance, Coding Specialist, and Charge Master Coordinator for The University of Mississippi Medical Center, and has been a Coding Consultant with a previous accounting firm.

As a member of the BKD Health Care Group, Alicia provides consulting services for hospitals and physician offices on coding, billing, and medical staff documentation. She also provides coding education, support to medical staff, and other billing and healthcare personnel.

With a Bachelor of Science degree in Health Information Management from The University of Mississippi Medical Center, Jackson, Alicia is a Registered Health Information Administrator (RHIA), Certified Coding Specialist – Physician Based (CCS-P) and a Radiology Certified Coder (RCC). Alicia is a member of the American Health Information Management Association (AHIMA) and the Healthcare Financial Management Association (HFMA).

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Objectives of this Seminar

- Review clinical issues and CPT coding guidelines for interventional radiology specific to concepts in vascular catheter placements and diagnostic angiography.
- Discuss the differences between diagnostic radiology codes and therapeutic interventional radiology codes
- Provide coding guidance for modifier usage with interventional radiology procedures
- Review CPT coding guidelines related to vascular procedures
- Deliver challenging case scenarios that illustrate best coding practices.

Component Coding

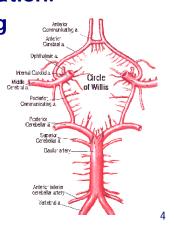
- May or may not have a 1:1 ratio
- Surgical codes
 - Vascular access
 - Catheter placement
 - Interventions
- Radiological supervision and interpretation
 - Imaging (guidance and images taken)
 - Interpretation of films
 - Physician must supervise and interpret
 - Append Modifier -52 if only one portion of service provided
 - Hospital coding report S & I whether performed by same or different physicians

Why Component Coding?

- Multiple physicians performing procedure
 - Surgeon, radiologist
 - Physician would code only the service he/she provided
- Variations in how services are performed
 - Patient's specific anatomy, pathology, and other clinical circumstances.
- Variety of combinations for procedures performed.

All Inclusive Coding

- IR services commonly performed by an individual physician, in a consistent manner with little or no variation.
- Services are reportable using a single code, inclusive of both procedural and imaging services.
 - Examples: 37210, 61623



Vascular System

- Five vascular systems for interventional procedures:
 - Arterial
 - Venous
 - Pulmonary
 - Portal
 - Lymphatic

Each system is coded separately

Key Documentation

- Catheter insertion point
- Catheter end position
- Vessels catheterized
- Vessels visualized
- Abnormal anatomy



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Access

- Site where physician enters the vascular system by puncturing a vessel
- Catheterization codes are selected based on access site
- Multiple access sites and their catheterizations are reported separately

Vascular Family

- Group of vessels that arise from a primary branch
 - Network of vessels that arise from a single branch from the aorta or vena cava
 - Network of vessels that arise from the access site

Vascular Order

- First Order
 - Vessel that is a primary branch off the aorta or vena cava
- Second Order
 - Vessel branching from a first order vessel
- Third Order
 - Vessel branching from a second order vessel

Non-Selective Catheterization

 The catheter or needle is placed directly into an artery or vein (and not moved or manipulated further) or is negotiated only into the aorta (thoracic and/or abdominal) from any approach.

Selective Catheterization

 Movement of the catheter into the arterial (or venous) system beyond the aorta (or vena cava) or vessel punctured.

Non-Selective Catheterization Codes – Arterial

•	36200	Introduction of catheter, aorta
•	36100	Introduction of needle or intracatheter, carotid or vertebral artery
•	36120	Introduction of needle or intracatheter; retrograde brachial artery
•	36140	Introduction of needle or intracatheter; extremity artery
•	36145	Introduction of needle or intracatheter; AV shunt created for dialysis
•	36160	Introduction of needle or intracatheter; aortic, translumbar

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Selective Catheterization Codes – Arterial

- 36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
- 36216 ...initial second order
- 36217 ...initial third order or more selective
- +36218 ...additional second order, third order, and beyond

These codes are used for procedures above the diaphragm.

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Selective Catheterization Codes – Arterial

- 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic or lower extremity artery, within a vascular family
- 36246 ...initial second order
- 36247 ...initial third order or more selective
- +36248 ...additional second order, third order, and beyond

These codes are used for procedures below the diaphragm.

Non-Selective Venous Codes

- 36000 Introduction of needle or intracatheter, vein
- 36005 Injection procedure for extremity venography
- 36010 Introduction of catheter, superior or inferior vena cava
- 36299 Unlisted procedure, vascular injection

Selective Venous Codes

- 36011 Selective catheter placement, venous system; first order branch
- 36012 Selective catheter placement, venous system; second order, or more selective

Catheterization Coding Rules

- Code selective over non-selective
- Code each vascular family to the highest order selected.
- Each vascular access is coded separately.
- Additional vascular families catheterized are coded separately.

Multiple Vascular Families

- Each family is coded separately when two or more vascular families are catheterized.
- An initial catheter placement code is assigned for each vascular family.
- Add on codes are also assigned for each family as needed.

Additional Branches in Same Family

- Only 1 initial catheter placement code can be reported per vascular family.
- Catheter may be pulled back and advanced into a different branch within the same family.
- Code (36218 or 36248) (36012) for the lower of the two placements in addition to the highest catheter placement code in the family
- 36218 and 36248 may be assigned multiple times.

RS&I Coding

- Contrast is injected for imaging of vessels
- Both unilateral and bilateral codes
- Some codes specify selective imaging
- RS&I codes are assigned for each vessel studied
- If a higher order branch is studied and there is no CPT code to describe that study, use 75774 (add on code)

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Modifiers

- Do NOT use -50 or RT/LT with catheterization codes. (Medicare)
 - Utilize modifier -59 to indicate separate vascular families.
- RS&I codes RT/LT or -59 when applicable

+75774

- Assigned for smaller vessels that have no imaging codes
- Physician interprets a vessel and then selects an additional branch of that vessel for additional study and interpretation.
- Do not use for additional injection/imaging of same vessel!

Head and Neck Angiography

- 75650 Cervicocerebral (aortic arch study)
- 75660 External carotid, selective, unilateral
- 75662 External carotid, selective, bilateral
- 75665 Carotid, cerebral, unilateral (internal carotid)
- 75671 Carotid, cerebral, bilateral (internal carotids)
- 75676 Carotid, cervical, unilateral (common carotid)
- 75680 Carotid, cervical, bilateral (common carotids)
- 75685 Vertebral, cervical and/or intracranial (basilar)
- 75756 Internal mammary
- +75774 Selective, each <u>additional vessel</u> studied after basic exam
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Example

- Access: Right common femoral.
- Catheter advanced to aortic arch, contrast injected for arch imaging. Catheter then advanced to RCC, contrast injected for imaging of RCC, RIC, and REC. Catheter advanced into the LCC, contrast injected for imaging of LCC, LIC, LEC.
- 36216 (RCC)
- 36215-59 (LCC)
- 75650 (arch study)
- 75671 (LIC & RIC)
- 75680 (LCC & RCC)

Note: Imaging of REC & LEC was performed from a nonselective injection. External carotid imaging requires selective catheterization of the external carotids.

Example

- Access: Right common femoral.
- Catheter advanced to RCC, contrast injected for imaging of RCC, RIC. Catheter advanced to the R Vertebral for injection and imaging. Catheter advanced into the LCC, contrast injected for imaging of LCC, LIC. Catheter advanced to the L vertebral with injection and imaging.
- 36216 (RCC)
- 36218 (R Vertebral)
- 36215-59 (LCC)
- 36215-59 (L Vertebral)
- 75671 (LIC & RIC)
- 75680 (LCC & RCC)
- 75685-LT (vertebral)
- 75685-RT (vertebral)
- Note: Imaging of REC & LEC was performed from a non-selective injection.
 External carotid imaging requires selective catheterization of the external carotids.

Example

- Access: Right common femoral.
- Catheter advanced to RCC, contrast injected for imaging of RCC, RIC. Catheter advanced into the REC, with injection and imaging, then catheter is advanced into maxillary for injection and imaging.
 - 36217 (maxillary)
 - 75676 (RIC)
 - 75665 (RCC)
 - 75660 (REC)
 - 75774 (maxillary)

Upper Extremity Angiography

- 75710 Angiography, extremity, unilateral, RS&I
- 75716 Angiography, extremity, bilateral, RS&I
- 75658 Angiography, brachial, retrograde, RS&I

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Example

- Access: Right common femoral artery
- Catheter advanced to both the right and left subclavians, which are selectively catheterized with injection and imaging.
 - 36216 (R Sub)
 - 36215-59 (L sub)
 - 75716

Lower Extremity/Pelvic Angiography

- 75625 Aortography, abdominal, by serialography, RS&I
 75630 Aortography, abdominal plus bilatoral
- 75630 Aortography, abdominal plus bilateral ilieofemoral lower extremity, catheter, by serialography, RS&I
- 75710 Angiography, extremity, unilateral, RS&I
- 75716 Angiography, extremity, bilateral, RS&I
- 75736 Angiography, pelvic, selective or supraselective, RS&I
- + 75774 Selective, each additional vessel studied after basic exam

Catheter Placement Aorta

- Single catheter placement, injection in aorta, contrast flows into lower extremities – "runoff"
 - 36200 and 75630
- Two catheter placements injection in abdominal aorta, catheter repositioned in lower aorta for a lower extremity study
 - 36200, 75625, 75716

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Example

- Access: Right common femoral.
- Catheter is advanced into the aorta contrast is injected for aortogram. Catheter is pulled down into the distal aorta, contrast injected for bilateral lower extremity run off study.
 - 36200 (aorta)
 - 75625 (aortogram)
 - 75716 (bilateral extremity)

Example

- Access: Axillary Artery
- Catheter advanced to aorta, contrast injected with imaging. Catheter advanced to the right common iliac, contrast injected with imaging of the right lower extremity and right internal iliac.
 - 36245 (R C Iliac)
 - 75625 (Aortogram)
 - 75710 (RLE)
- Access: Axillary Artery
- Catheter selectively advanced to the bilateral internal iliacs and bilateral uterine arteries with contrast injection and imaging.
 - 36247 (RUA)
- 75774 (RUA)
- 36247-59 (LUA) 75774 (LUA)
- 75736-RT (R Iliac) 75736-LT (L Iliac)

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Abdominal Angiography

- 75625 Abdominal, by serialography (use for visualization of renal and/or visceral vessels from an injection of the aorta–when no selective imaging)
- 75630 Abdominal w/ bilateral ileofemoral runoff
- 75705 Spinal, selective (lumbar arteries)
- 75722 Renal, unilateral, selective
- 75724 Renal, bilateral, selective
- 75726 Visceral, selective or supraselective
- 75731 Adrenal, unilateral, selective
- 75733 Adrenal, bilateral, selective

Note: The following codes include "flush aortogram" – 75722, 75724, 75726.

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Example

- Access: Right Common Femoral
- Catheter advanced to the aorta, injection performed for aortogram. Catheter advanced to the left renal with injection an imaging, then advanced to the right renal with injection and imaging. SMA is selectively catheterized with injection and imaging.
 - 36245 (L Renal)
 - 36245-59 (R Renal)
 - 36245-59 (SMA)
 - 75724 (bilateral renals)
 - 75726 (SMA)

Example

- Access: Right Common Femoral
- Catheter advanced to the aorta, injection performed for aortogram. Catheter advanced to the celiac with injection an imaging, then advanced to the right hepatic with injection and imaging, then advanced to the left hepatic with injection and imaging.
 - 36247 (R hepatic)
 - 36248 (L hepatic)
 - 75726 (Celiac)
 - 75774 (R hepatic)
 - 75774 (L hepatic)

enous	RS&I	Codes
CIUUS	NOGI	UUUU

- 75820 Extremity, unilateral
- 75822 Extremity, bilateral
- 75825 Caval, inferior, with serialography
- 75827 Caval, superior, with serialography
- 75831 Renal, unilateral, selective
- 75833 Renal, bilateral, selective
- 75840 Adrenal, unilateral, selective
- 75842 Adrenal, bilateral, selective

Venous RS&I Codes

- 75860 Sinus or jugular, catheter (unilateral)
- 75870 Superior sagittal sinus
- 75872 Epidural
- 75880 Orbital
- 75889 Hepatic, wedged or free, with hemodynamic evaluation
- 75891 Hepatic, wedged or free, without hemodynamic evaluation

Vena Cavagram

- 36010 Introduction of catheter, superior or inferior vena cava
- 75825 Caval, inferior, with serialography
- 75827 Caval, superior, with serialography
- Both 75825 & 75827 are reported together when both studied and interpreted

Examples

- Access: Right brachial vein
- Catheter advanced to the SVC for injection and imaging.
 - 36010 (SVC)
 - 75827 (SVC)
- Access: Right brachial vein
- Injection and imaging of the right arm, catheter advanced to SVC for injection and imaging.
 - 36010 (SVC)
 - 75820 (Arm)
 - 75827 (SVC)

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Examples

- Access: Right common femoral vein
- Renal veins selectively catheterized and imaged, left adrenal catheterized with injection and imaging, left testicular vein catheterized for injection and imaging.
 - 36012
 - 36012-59
 - 36011-59
 - 75833
 - 75840
 - 75774

Therapeutic Interventions

- Angioplasty
- Stents
- Atherectomy
- Embolization
- Thrombolysis
- Thrombectomy
- Dialysis Graft Declotting

Diagnostic Ang	liography Coding
Rules w/Thera	peutic Interventions

- Diagnostic angiography (RS&I) codes should NOT be used with interventional procedures for:
 - Contrast injections, angiography, road mapping, and/or fluoroscopic guidance for the intervention,
 - Vessel measurement, and
 - Post-angioplasty/stent angiography as this work is captured in the interventional radiologic supervision and interpretation code(s).

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Diagnostic Angiography Coding Rules

- Diagnostic angiography performed at the time of an interventional procedure is separately reportable if:
 - No prior <u>catheter-based angiographic</u> <u>study</u>* is available and a full diagnostic study is performed, and the decision to intervene is based on the diagnostic study, OR...

Diagnostic Angiography	,
Coding Rules	

- A prior study is available, but as documented in the medical record:
 - The patient's condition with respect to the clinical indication has changed since the prior study, OR
 - There is inadequate visualization of the anatomy and/or pathology, OR
 - There is a clinical change during the procedure that requires new evaluation outside the target area of intervention

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Diagnostic Angiography Coding Rules

- Diagnostic angiography performed at a separate setting from an interventional procedure is separately reported.
- Diagnostic angiography performed at the time of an interventional procedure is NOT separately reportable if it is specifically included in the interventional code descriptor.

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Medicare (NCCI) says...

"If a diagnostic angiogram <u>(fluoroscopic or</u> <u>computed tomographic)</u> was performed prior to the date of the percutaneous intravascular interventional procedure, a second diagnostic angiogram cannot be reported on the date of the percutaneous intravascular interventional procedure unless it is medically reasonable and necessary to repeat the study to further define the anatomy and pathology. Report the repeat angiogram with modifier -59.... Medicare (NCCI) says...

... If it is medically reasonable and necessary to repeat only a portion of the diagnostic angiogram, append modifier -52 to the angiogram CPT code. If the prior diagnostic angiogram (fluoroscopic or computed tomographic) was complete, the provider should not report a second angiogram for the dye injections necessary to perform the percutaneous intravascular interventional procedure."

Guidance – NCCI Says...

- Radiologic supervision and interpretation codes for specific procedures include all the radiologic services necessary for that procedure.
- Do not report fluoroscopy (76000, 76001, 77002, 77003) or US guidance (76942, 76998)

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Transcatheter RS&I Codes

- The following are bundled into transcatheter RS&I codes:
 - Contrast injections,
 - Angiography/venography
 - Road mapping,
 - Fluoroscopic guidance for the intervention,
 - Vessel measurement,
 - Completion angiography

Angioplasty Coding Rules

- Angioplasty codes are assigned 1x per vessel
- Do not code for multiple dilations of same vessel
- If two vessels are treated with one balloon inflation, code as a single vessel
- Do not assign code 75898 for studies to check angioplasty results
- Administration of Heparin, Nitroglycerin, etc. is not separately coded
- Angioplasty performed solely to deploy a stent is not coded

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PTA: Transluminal balloon angioplasty, percutaneous;

- 35470 tibioperoneal trunk or branches, each vessel
- 35471 renal or visceral artery
- 35472 aortic
- 35473 iliac
- 35474 femoral-popliteal
- 35475 brachiocephalic trunk or branches, each vessel
- 35476 venous

PTA RS&I Codes

•	75962	Transluminal balloon angioplasty, peripheral artery, RS&I
•	+75964	Transluminal balloon angioplasty, each additional peripheral artery, RS&I (List separately in addition to code for primary procedure)
•	75966	Transluminal balloon angioplasty, renal or other visceral artery, RS&I
•	+75968	Transluminal balloon angioplasty, each additional visceral artery, RS&I (List separately in addition to code for primary procedure)
•	75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), RS&I

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Examples

- Access: Right common femoral
- Catheter advanced to aorta for runoff, then catheter is advanced to external iliac with left iliac angioplasty.
 - 35473 (PTA iliac)
 - 75962 (PTA RS&I)
 - 36246 (ext. iliac)
 - 75630-59 (runoff)

Atherectomy Coding Guidelines

- Code separately for initial diagnostic angiography that meets criteria for reporting.
- Code separately for catheter placement.
- Report one atherectomy per vessel
- Do not report an angioplasty when a positioning balloon is utilized for atherectomy.
- Atherectomy is not bundled with angioplasty or stent placement in the same vessel, but the report should reflect why both procedures were performed.

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Chapter 5, NCCI Policy Manual, Version 13.3

"If an atherectomy fails to adequately improve blood flow and is followed by an angioplasty at the same site/vessel during the same patient encounter, only the successful angioplasty may be reported. Similarly if an angioplasty fails to adequately improve blood flow and is followed by an atherectomy at the same site/vessel at the same patient encounter, only the successful atherectomy may be reported. If atherectomy and/or angioplasty fail to adequately improve blood flow and are followed by a stenting procedure at the same site/vessel during the same patient encounter, only the successful stenting procedure may be reported. These principles apply to percutaneous or open procedures."

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Transluminal peripheral atherectomy, percutaneous;

- 35490 renal or other visceral artery
- 35491 aortic
- 35492 iliac
- 35493 femoral-popliteal
- 35494 brachiocephalic trunk or branches, each vessel
- 35495 tibioperoneal trunk and branches

Atherectomy RS&I Codes

•	75992	Transluminal atherectomy, peripheral
		artery, RS&I

- +75993 Transluminal atherectomy, each additional peripheral artery, RS&I (List separately in addition to code for primary procedure)
- 75994 Transluminal atherectomy, renal, RS&I
- 75995 Transluminal atherectomy, visceral, RS&I
- +75996 Transluminal atherectomy, each additional visceral artery, RS&I (List separately in addition to code for primary procedure)

Examples

- Access: Right common femoral artery
- Catheter advanced to left popliteal artery and a successful atherectomy is performed.
 - 36247 (popliteal)
 - 35493 (popliteal atherectomy)
 - 75992 (atherectomy RS&I)

Stent Coding Rules

- Diagnostic catheter placements and RS&I services coded separately according to guidelines
- Angioplasty performed solely to deploy a stent is not separately coded.
- PTA may be coded with a stent in the same vessel when:
 - Primary angioplasty fails and a stent is placed
 - PTA is used to treat lesions adjacent to the stented segment
 - PTA is used to treat a complication of stenting, such as adjacent dissection tacked down with balloon

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Peripheral Stent Placement

- 37205 Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
- +37206 each additional vessel (List separately in addition to code for primary procedure)
- 75960 Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, RS&I, each vessel

Cervical Carotid Stents

- 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
- 37216 without distal embolic protection
- C1884 Embolization protective system

Intracranial Stents

- 61630 Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
- 61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed

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Extracranial Vertebral or Intrathoracic Stents

- 0075T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel
- +0076T each additional vessel (List separately in addition to code for primary procedure)

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Example

- Access: Right common femoral
- Catheter is advanced to the aorta, contrast is injected for bilateral lower extremity imaging. One lesion bridging the common femoral and superficial femoral arteries is identified. A stent is placed spanning the two vessels.
- 36247 (SFA)
- 75716-59 (Bilateral Imaging)
- 37205 (Stent CFA & SFA)
- 75960 (RS&I Stent)

Embolization and Occlusion Coding Guidelines

- Embolization code is assigned once per operative field.
- Diagnostic catheterizations and RS&I are reported separately in accordance with established guidelines.
- Follow-up angiography, 75898 is coded separately when documented.
 - Angiogram after embolization is complete.
 - Control angiograms during the procedure are included with 75894.

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Embolization and Occlusion

•	37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
•	61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
•	61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)

Embolization and Occlusion RS&I

- 75894 Transcatheter therapy, embolization, any method, RS&I
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion

Uterine Fibroid Embolization

- 37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the procedure
 - Includes all catheterizations and intraprocedural imaging required for a UFE procedure to confirm the presence of previously known fibroids and to roadmap vascular anatomy to enable appropriate therapy.
 - For obstetrical and gynecologic embolization procedures other than uterine fibroid embolization [eg, embolization to treat obstetrical or postpartum hemorrhage], use <u>37204</u>

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Examples

- Indication: Postpartum hemorrhage
- Access: Bilateral femoral access (retograde contralateral)
- Catheter advanced to both internal iliac arteries for injection and imaging, followed by embolization.
 - 37204 (embolization)
 - 36246 (Linternal iliac)
 - 36246-59 (R internal iliac)
 - 75736-59 (L internal iliac)
 - 75736-59 (R internal iliac)
 - 75894 (RS&I embolization)
 - 75898 (completion angiography)

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Example

- Access: Right common femoral
- Catheter advanced to the right internal and right external carotid arteries for injection and imaging. Catheter advanced (internal maxillary and middle meningeal arteries) for embolization for treatment of a right meningioma followed by a completion angiogram.
 - 61624 (embolization)
 - 36217-59 (Maxillary)
 - 36218 (Meningeal)
 - 36218 (RIC)
 - 75894 (embolization RS&I)
 - 75660-59 (REC)
 - 75665-59 (RIC)
 - 75898 (completion angiogram)

Infusion Therapy Coding Rules

- All diagnostic angiography procedures are separately coded according to the guidelines.
- 37201 is assigned once per operative field, regardless of the length of infusion or # of injections
- AMA states 37201 does not have a time increment and was never intended to be time dependent.

Infusion Therapy Coding Rules

- Documentation:
 - Medications infused
 - Dosage
 - Starting and ending time
 - Route of administration
 - Vessel infused
 - Indications for the infusion.
- Follow-up angiography is separately coded. No separate access code for follow-up S&I service.

⁷¹

Thrombolysis

- 37195 Thrombolysis, cerebral, by intravenous infusion
- 37201 Transcatheter therapy, infusion for thrombolysis other than coronary
- 37202 Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)

Thrombolysis RS&I

- 75896 Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion

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Percutaneous Arterial Thrombectomy

- Primary mechanical thrombectomy
- Secondary mechanical thrombectomy
 - Primary vs. Secondary determined by physician intent

Primary Thrombectomy

- Reported per vascular family
- Initial Vessel = 37184
- Second and all Subsequent = 37185
- Additional vascular family treated through a separate access site, use modifier -51.

Primary Thrombectomy

- Fluoroscopic guidance is bundled
- The following may be coded with thrombectomy:
 - Catheter placements
 - Diagnostic studies
 - Other percutaneous interventions

- Injection of thrombolytic agents are included
- Prolonged infusions may be reported separately - 37201 and 75896
- Thrombectomy and thrombolysis performed all catheter changes may be coded separately

Primary Thrombectomy

Primary Thrombectomy

- Pretreatment planning
- Performance of procedure
- Postprocedure evaluation

"Typically, the diagnosis of thrombus has been made prior to the procedure, and a mechanical thrombectomy is planned preoperatively."

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Secondary Thrombectomy

- "Rescue" Thrombectomy
- Removal or retrieval of short segments of thrombus or embolus when performed either before or after another percutaneous intervention (percutaneous transluminal balloon angioplasty, stent placement)
 - Do NOT report 37186 in conjunction with 37184 and 37185

Percutaneous Arterial Thrombectomy

- 37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
- +37185 second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)
- +37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
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Percutaneous Vein Thrombectomy

- 37187 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
- 37188 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy

Example

- Access: Right common femoral
- Presence of occlusion in the left popliteal and tibioperoneal trunk. Mechanical thrombectomy performed of both the vessels.
 - 36247
 - 37184
 - 37185

Example

- Access: Right common femoral
- After PTA of the left superficial femoral artery, a filling defect at the popliteal artery bifurcation is noted on follow-up angiography and "rescue" mechanical thrombectomy is performed to remove the lodged embolus.
 - 35474 (PTA)
 - 75962 (PTA RS&I)
 - 36247 (SFA)
 - 37186 (MT)

⁸³

IVC Filter Placement

- 36010 Introduction of catheter, SVC or IVC
- 37620 Interruption, partial or complete, of IVC by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
- 75940 Percutaneous IVC filter, RS&I
- 75825 Caval, inferior, with serialography

Note: "Bundled" unless diagnostic in nature. Modifier -59 if diagnostic performed

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Foreign Body Retrieval (Filter Removal)

- 37203 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
- 75961 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), RS&I
 - Catheter placement is coded separately (36010, 36011)
 - If unable to retrieve (36010, 75825)

Examples

- Catheter advanced to IVC and venography is performed. A filter is placed below the renal veins. Follow-up venography performed.
 - 36010 (IVC)
 - 37620 (Filter Placement)
 - 75940 (RS&I Filter Placement)
- IVC filter removal
 - 36010 (IVC)
 - 37203 (removal)
 - 75961 (RS&I removal)

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Dialysis Access Maintenance

٠	36145	Introduction of needle or intracatheter, AV shunt created for dialysis (cannula,fistula,or graft)
•	36870	Thrombectomy, percutaneous, AV fistula, autogenous or non- autogenous graft
•	35475	Transluminal balloon angioplasty, brachiocephalic trunk or branches
•	35476	Transluminal balloon angioplasty, venous

Dialysis Access Maintenance

- OPPS
 - G0392 Transluminal balloon angioplasty, percutaneous, hemodialysis access fistula or graft; arterial
 - G0393 Transluminal balloon angioplasty, percutaneous, hemodialysis access fistula or graft; venous

Dialysis Access Maintenance

- 75790 Angiography, AV shunt (eg, dialysis patient)
- 75962 Transluminal balloon angioplasty, peripheral artery, RS&I
- +75964 Transluminal balloon angioplasty, each additional artery, RS&I
- 75978 Transluminal balloon angioplasty, venous

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DAM - Catheterization

- 36145 AV Graft Puncture
 - Arterial limb
 - Venous limb
 - Code x2 if both limbs accessed
 - Modifier -59

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DAM - Fistulagram

- 75790 AV graft angiography
 - Includes contrast injection
 - Includes all imaging of fistula and venous outflow

DAM - Thrombectomy

- 36870 Thrombectomy AV fistula graft
 - Includes declot of entire graft, all mechanical and pharmacolgical means of removal
 - Multiple passes, multiple devices in same graft code 1x
 - Thrombolysis of a separate vessel discontinuous with occluded AVF (subclavian vein or vena cava) is coded as 37201 if a separate thrombolytic infusion is necessary.
 - No RS&I Code to pair with 36870

DAM –	<i>Percutaneous</i>	Angi	oplasty
		9	

"The entire graft from the arterial anastomosis through the venous anastomosis, as well as the outflow vein approximately to the level of the axillary vein is considered a single vessel. All PTA within this segment should be coded as a single venous PTA, regardless of the number of stenoses treated within the segment."

- Society of Interventional Radiology

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DAM – Percutaneous Angioplasty

- Stenosis treated at the arterial anastomosis is included in the venous PTA codes for the entire graft and is not coded separately unless it is the only stenosis treated with PTA.
- Some payers may consider this an arterial angioplasty (35475, 75962).

DAM – Percutaneous Angioplasty

- An additional PTA may be coded if a central vein outside the graft/fistula (subclavian vein) is treated
- PTA outside of the graft
 - 35475/75962
 - 35476/75978
 - Modifier -59

Examples

- Puncture of AV graft, injection of contrast for fistulagram.
 - 36145 (puncture), 75790 (fistulagram)
- Puncture of AV graft, followed by fistulagram. Stenosis in graft treated with angioplasty balloon.
 - 36145, 75790, G0393 (35476)(angioplasty), 75978 (angioplasty RS&I)

Examples

- AV graft is accessed from both the arterial and venous ends. Fistulagram is performed revealing a clot. Mechanical thrombectomy is performed for declotting. Two stenoses in the graft are treated with balloon angioplasty.
 - 36145, 36145-59, 75790, 36870, G0393, 75978
- AV graft is accessed from both the arterial and venous ends. Fistulagram is performed revealing a clot. Mechanical thrombectomy is performed for declotting. Two stenoses in the graft are treated with stent placement.
 - Same as above Add 37205, 75960

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Audience Questions



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Wound Care Coding

Faculty: Gloryanne Bryant, RHIA, RHIT, CCS and Ella James, MS, RHIT, CPHQ Postponed to April 24, 2008



The Coding Profession:

What to Do Now for What's Next

Faculty: Claudia Brigham, RHIT, CCS, Susan Von Kirchoff, MEd, RHIA, CCS, CCS-P, and

Anita Spears, ccs March 27, 2008

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