Complete Guide for Interventional Radiology

2016

Contents

Chapter 4: Vascular Interventions

Percutaneous Embolization—Other than Cerebral, Head and Neck

Transcatheter embolization is performed with the intent to occlude the blood vessels supplying a previously determined abnormality such as a tumor or aneurysm. Once the blood supply to the abnormality is determined, selective or super-selective catheterization of the feeder vessels is performed and embolic material is injected or placed in each vessel. The most common embolic materials available are gelfoam, coils, glue, balloons, microspheres, and polyvinyl alcohol. Chemo drugs are also used for certain embolization situations. Follow-up angiography is performed to determine the success of the therapy and is coded separately.

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

37242 **arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

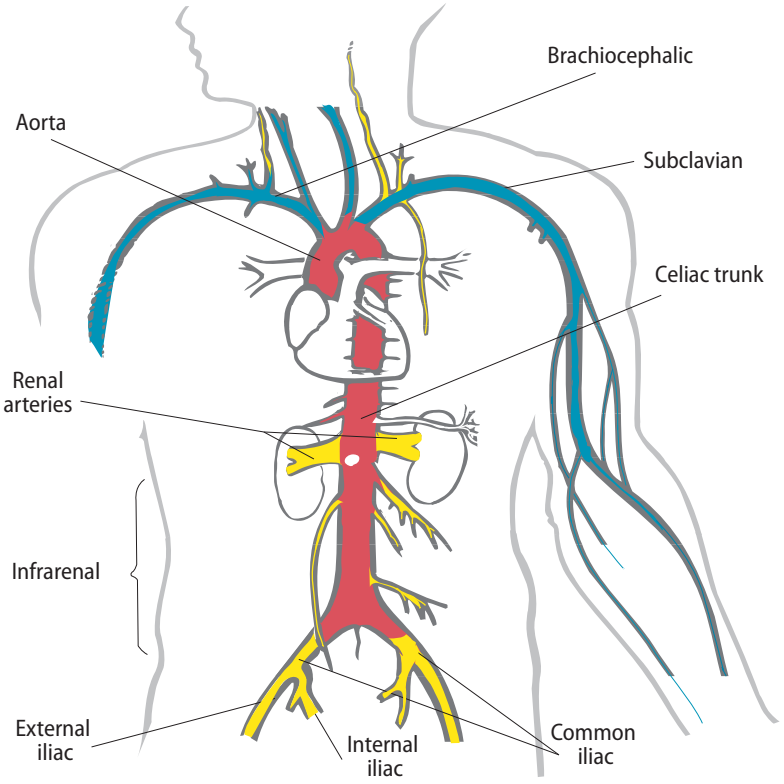
37243 **for tumors, organ ischemia, or infarction**

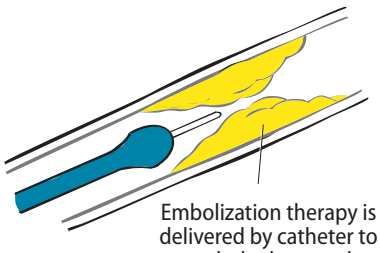
37244 **for arterial or venous hemorrhage or lymphatic extravasation**

Coding Tips

1. Transcatheter vascular embolization is reported with comprehensive codes 37241–37244. These codes include radiological guidance and imaging directly related to the intervention procedure.
2. Do not additionally report CPT® code 75894 or 75898.
3. Separately report catheter placement code(s).
4. Separately report diagnostic angiography per guidelines detailed in chapter 3.
5. A stent or stents placed to facilitate deployment of embolization codes are included in the embolization codes and not separately reported.
6. Stent placement for treatment of aneurysm, extravasation, etc., is reported with stent placement codes rather than with embolization codes.

Percutaneous Embolization





Chapter 12: Electrophysiology and Ablation

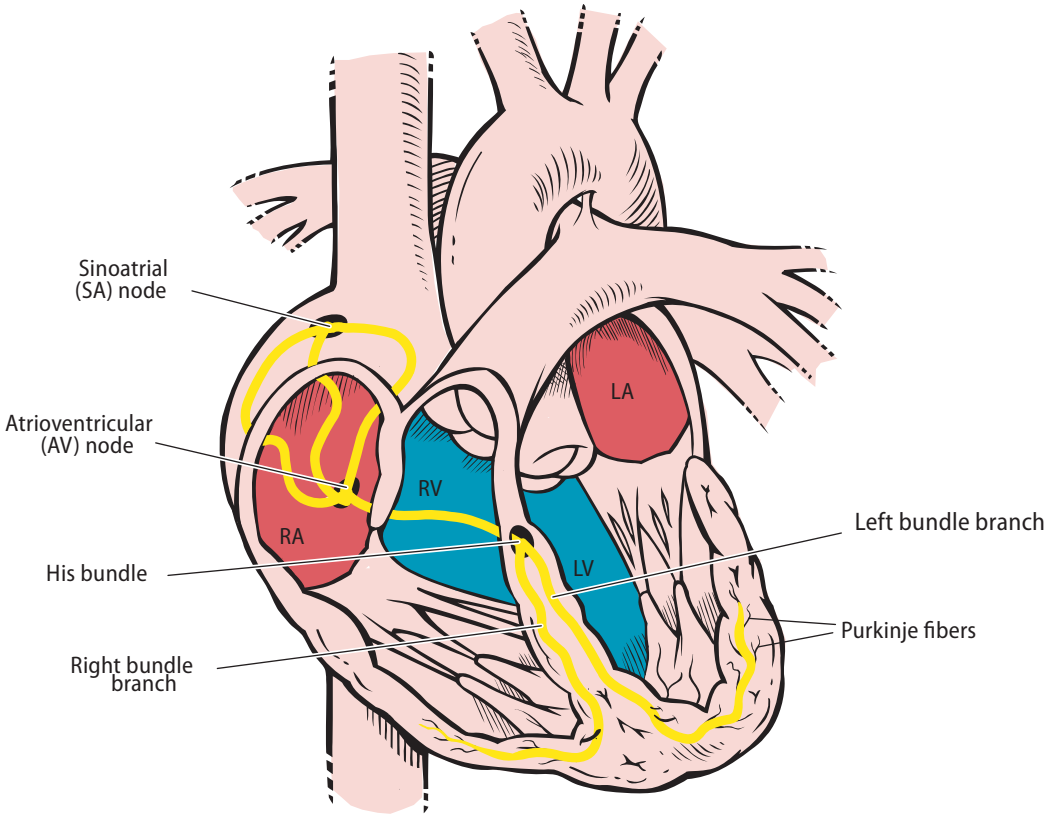
Electrophysiology, or EP, studies are minimally invasive diagnostic studies of the electrical pathways of the heart conduction system. They are commonly performed in the cardiac cath lab or a dedicated EP lab. EP testing assesses patients for cardiac arrhythmias to correlate with clinical symptoms. Special electrode catheters are used to record the electrical pathways. In most EP studies, arrhythmias are induced in order to identify the problem.

EP mapping of arrhythmias is considered to be a distinct procedure and is reported in addition to the diagnostic EP codes using CPT® code 93609 or 93613 for three-dimensional mapping. Special computer equipment is necessary for 3-D mapping.

Catheter ablation procedures are performed to "ablate" the arrhythmia identified in an EP study. Specially designed ablation catheters and special energy creating generators are used to interrupt the pathway identified as causing the arrhythmia.

It is common for a patient to be diagnosed and treated during the same encounter. The EP study is performed and arrhythmias are identified and then ablated during the same visit. Each study should be separately reported whether performed during the same encounter or on different dates.

Heart Conduction System



Bundle of His Recording

93600 Bundle of His Recording
The physician places a venous sheath, usually in a femoral vein, using standard techniques. The physician advances an electrical catheter through the venous sheath and into the right heart under fluoroscopic guidance. The physician attaches the catheter to an electrical recording device to allow depiction of the intracardiac electrograms obtained from electrodes on the catheter tip. The physician moves the catheter tip to the bundle of His, on the anteroseptal tricuspid annulus, and obtains recordings. Alternatively, the physician may obtain similar recordings by placing a catheter into the left ventricular outflow tract via the aorta

Coding Tips

1. CPT code 93600 reports bundle of His recording only. For comprehensive electrophysiologic evaluation bundle of His recording, see 93619–93622.
2. Fluoroscopy is included in 93600 and is not reported separately.
3. Physician Reporting: This code has both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier.

Facility HCPCS Coding

HCPCS Level II codes are used to report the supplies provided during the procedure. Hospitals should separately report supplies used during cardiac invasive procedures. Refer to chapter 1 for more information regarding appropriate billing of supplies. Refer to the list of current codes in appendix B.

C1730 Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)
C1731 Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)
C1732 Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping
C1733 Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip
C1766 Introducer sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1892 Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
C1893 Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
C1894 Introducer/sheath, other than guiding, intracardiac, electrophysiological, non-laser
C2629 Introducer/sheath, other than guiding, intracardiac
C2630 Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool tip

ICD-9-CM Codes

426.0 Atrioventricular block, complete
426.10 Unspecified atrioventricular block
426.11 First degree atrioventricular block
426.12 Mobitz (type) II atrioventricular block
426.13 Other second degree atrioventricular block
426.2 Left bundle branch hemiblock
426.3 Other left bundle branch block
426.4 Right bundle branch block
426.50 Unspecified bundle branch block
426.51 Right bundle branch block and left posterior fascicular block
426.52 Right bundle branch block and left anterior fascicular block
426.53 Other bilateral bundle branch block
426.54 Trifascicular block
426.6 Other heart block
426.7 Anomalous atrioventricular excitation
426.81 Lown-Ganong-Levine syndrome
426.89 Other specified conduction disorder
426.9 Unspecified conduction disorder
427.0 Paroxysmal supraventricular tachycardia
427.1 Paroxysmal ventricular tachycardia
427.2 Unspecified paroxysmal tachycardia
427.31 Atrial fibrillation
427.32 Atrial flutter
427.41 Ventricular fibrillation
427.42 Ventricular flutter
427.5 Cardiac arrest
427.60 Unspecified premature beats
427.61 Supraventricular premature beats
427.69 Other premature beats
427.81 Sinoatrial node dysfunction
427.89 Other specified cardiac dysrhythmias
427.9 Unspecified cardiac dysrhythmia
779.85 Cardiac arrest of newborn
780.2 Syncope and collapse
780.4 Dizziness and giddiness

CCI Edits

93600 00410, 00537, 0178T-0179T, 0180T, 0213T, 0216T, 0228T, 0230T, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36005-36013, 36120-36140, 36400-36410, 36420-36430, 36440, 36555-36556, 36568-36569, 36600, 36640, 37202, 43752, 51701-51703, 62310-62319, 64400-64435, 64445-64450, 64479, 64483, 64490, 64493, 64505-64530, 75896, 76000-76001, 76942, 76998, 77001-77002, 92012-92014, 92960-92961, 93000-93010, 93040-93042, 93318, 93451-93461, 93530-93533, 93563, 93565-93568, 94002, 94200, 94250, 94680-94690, 94770,