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Abdominal IR Coding

Presented by
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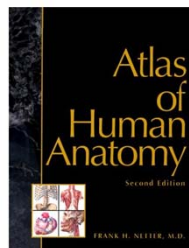
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May 12, 2011

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Slide 1

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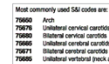
Slide 2

⋙ Interventional Radiology

- To code correctly for IR services, you need an in-depth knowledge of anatomy and physiology, a thorough understanding of how to use the revised CPT codes, and a familiarity of some key terms.
- An excellent reference for all anatomy is "The Atlas of Human Anatomy," by Dr. Frank Netter.

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⊳⊳ Vascular Family

- A group of vessels which is fed by a primary branch of the aorta, vena cava or vessel punctured, i.e., antegrade femoral stick.

Head and Neck

Catheter Placement in the Aorta – Via Femoral or TLA Approach

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⊳⊳ Ipsilateral

- Situated or appearing on the same side; affecting the same side.

  Example: Via a *RIGHT* common femoral puncture, the catheter is advanced into the *RIGHT* SFA with injection and filming of the right lower extremity.

Lower Extremities

Lower Extremity – Assumes Ipsilateral Approach

Catheter/needle Advanced "downstream"

Slide 7 — Contralateral

▷▷ Contralateral

- Located, pertaining, or occurring in or on the opposite side.

  Example: Via *RIGHT* common femoral puncture, the catheter is advanced retrograde up and over the aortic bifurcation into the *LEFT* common iliac where an injection and filming is done of the left lower extremity.

Arteries of the Pelvis

Via Contralateral, Axillary or Brachial Approach
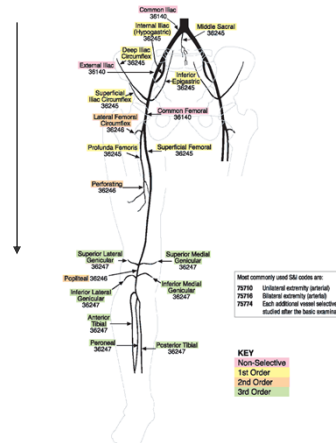

KEY
Non-Selective
1st Order
2nd Order
3rd Order

Slide 8 — Antegrade
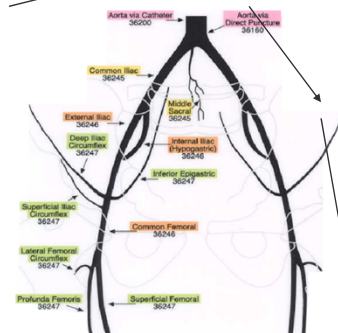
▷▷ Antegrade

- Moving forward, extending forward, with the normal flow, i.e., downstream.

  Example: Via a left common femoral puncture an injection was made through the needle to study the left lower extremity.

Lower Extremities

Lower Extremity – Assumes Ipsilateral Approach

Most commonly used S&I codes are:
75710   Unilateral extremity (arterial)
75716   Bilateral extremity (arterial)
75774   Each additional vessel selectively
        studied after the basic examination
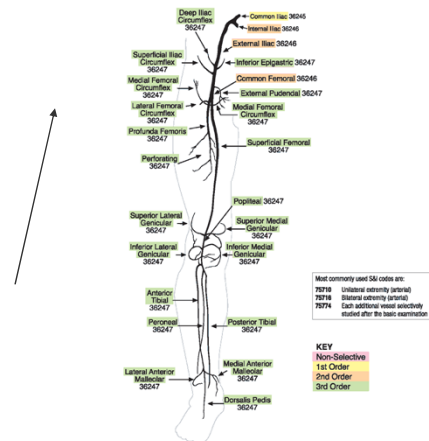
KEY
Non-Selective
1st Order
2nd Order
3rd Order

Retrograde

- Moving backward, reversing the normal order. "Against the Flow."

  Example: Via a right groin puncture, the catheter was advanced into the thoracic aorta for subsequent angiography.

Lower Extremities

Lower Extremity – Via Contralateral, Axillary or Brachial Approach

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Angiography

- Radiography of vessels after the injection of a radiopaque contrast material.

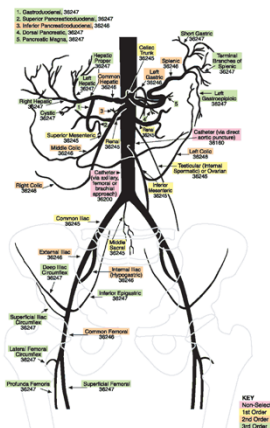- As a general term, this refers to contrast studies of the arterial, venous, lymphatic and pulmonary vasculature.

Non-Selective

- A needle or catheter is placed directly into an artery or vein with no further advancement of the device (i.e., direct stick or direct puncture) past the punctured vessel OR the catheter is placed into any portion of the aorta or vena cava from any approach (i.e., TLA, femoral, axillary, brachial, jugular, etc.).
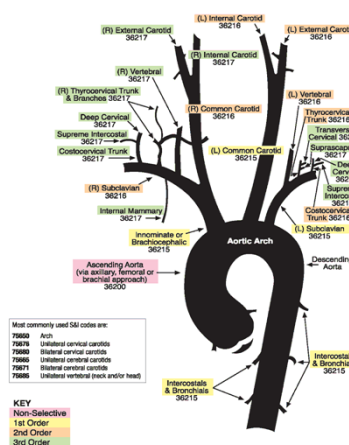- *Do not code for wire placement.*

Selective

- Catheter is guided, negotiated or advanced into any arterial or venous vessel other than the aorta or vena cava or the original vessel punctured.
- *Do not code for wire placement.*

Supraselective

- Selective catheter placements within an original selective placement in a vascular family.
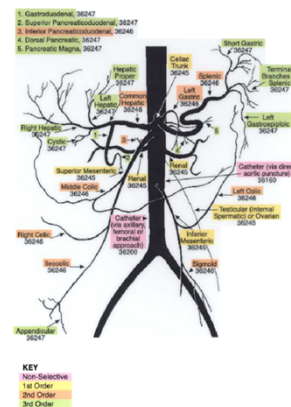
  Example: After selectively catheterizing the celiac trunk, the catheter was then guided into the left hepatic artery for supraselective imaging of this structure.

Commonly Accessed Arteries of the Abdomen

Order of Selectivity

- The conscious advancement of a catheter within a vascular family to a vessel deeper into that specific vascular family. This is accomplished by using fluoroscopic guidance to direct and place the device as branches of the vessel are encountered.

  Arterial Studies – Three Orders of Selectivity   (1st, 2nd & 3rd order)

  Venous Studies – Two Orders of Selectivity (1st & 2nd order)

Head and Neck

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⠶ Bifurcation

- A division or forking into two branches, or the point at which this occurs.

  Example: In normal vascular anatomy, the left common carotid bifurcates into the left internal and left external carotid arteries

  OR

  the aorta bifurcates into the left and right common iliac arteries

Commonly Accessed Arteries of the Abdomen

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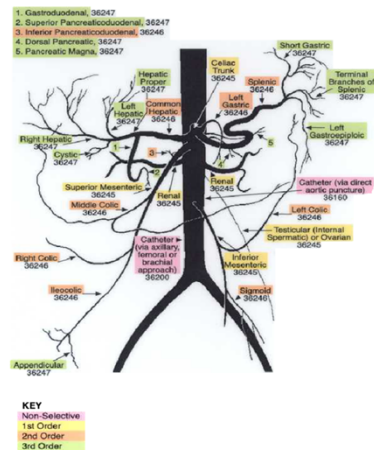
⠶ Component Coding Rules

A. You must know where you started and where you ended up to correctly code for selective catheter placements.

Codes	2011 Total Facility RVU's
– 36100	4.98
– 36120	3.10
– 36140	3.21
– 36147*	5.65
– 36200	4.80
– 36215/36245	7.54 / 7.69
– 36216/36246	8.53 / 8.47
– 36217/36247	10.15 / 10.09
– 36218/36248	1.61 / 1.59

*Bundled code including initial vascular access and diagnostic imaging

▷▷ Component Coding Rules

B. Code each vascular family separately.

C. Code to the highest degree of selectivity within a vascular family.

D. Selective codes take precedence over non-selective codes, if done from the same puncture site.

E. When allowed, code each catheter placement from each separate puncture site individually (i.e., Multiple punctures of AV fistula, aortic endograft).

▷▷ Component Coding Rules

F. Code to the intent of the study.

G. When allowed, If doing both diagnostic and therapeutic studies in the same setting, be certain to code separately for each portion.

Be aware of:
- Full and complete procedures
- Documentation
- Bundling

≫ Invasive/Interventional Radiology (IR)

- In 2011, additional information has been added to the specific explanatory notes prior to the subsections preceding CPT codes for arteriography, venography and transcatheter therapy services.
- These changes were added to prevent incorrect charging of studies that are not truly full and complete or diagnostic in nature.

≫ Invasive / Interventional Radiology (IR)

- For the Aorta and Arteries:

"The lower extremity endovascular revascularization codes describing these services performed for occlusive disease (37720-37235) include catheterization (36200, 36140, 36245-36248) in the work described by the codes. Catheterization codes are not additionally reported for diagnostic lower extremity angiography when performed through the same access site as the therapy (37220-37235) performed in the same session. However, catheterization for the diagnostic lower extremity angiogram may be reported separately if a different arterial puncture site is necessary".

"Diagnostic angiography (radiological supervision and interpretation codes) should <u>NOT</u> be used with interventional procedures for:

1. Contrast injections, angiography, roadmapping, and / or fluoroscopic guidance for the intervention,
2. Vessel measurement, and
3. Post-angioplasty / stent / atherectomy angiography as this work is captured in the interventional radiologic supervision and interpretation (S&I) code(s). In those therapeutic codes that include radiological supervision and interpretation, this work is captured in the therapeutic code"

*Bottom line, before coding, ask yourself, "Are the exams really full and complete and diagnostic"?

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⠢⠢ Component Coding Rules

H. Do not code for the forming of catheters.

I. Only one second or third order vessel within a vascular family can be described by a 2nd or 3rd order code see codes 36218 or 36248 for arterial studies, 36012 for venous studies or 36015 for pulmonary angiography.

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⠢⠢ Coding Examples

- First, define "What You Did"

- Next, define "Where or How You Did It"

S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Abdominal Aortogram via a non-selective approach
  - S&I Code — 75625
  - Surgical Code — 36200

- Abdominal Aortogram via a translumbar aortic (TLA) non-selective approach
  - S&I Code — 75625
  - Surgical Code — 36160

(This is rarely done, but may occur on patients that have previously had AAA stent grafting with a endoleak that now needs to be embolized)

S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Abdominal aortogram w/runoff * (single high catheter placement in upper abdominal aorta) images of bilateral common, internal and external iliac arteries as well as bilateral femorals
  - S&I Code — 75630
  - Surgical Code — 36200

* Describes filming of aorta and bilateral lower extremities via a single abdominal aortic injection.

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S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Abdominal aortogram ** (catheter in upper abdominal aorta) bilateral lower extremities (catheter in distal aorta)

- S&I Codes   75625
                              75716
- Surgical Code   36200

**Both codes should be used when <u>two</u> separate cath placements are used; one high (i.e., level of renal arteries) and one low (i.e., above aortic bifurcation). Use both codes when performing <u>complete</u> abdominal and bilateral lower extremity exams.

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S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Unilateral renal angiogram (right or left), selective ***

- S&I Code   75722
- Surgical Code   36245

(assign -LT or -RT as needed)

*** Includes flush aortography

S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Bilateral renal angiogram, selective ***

  - S&I Code   75724
  - Surgical Code   36245 x2

  (assign modifier(s) as needed)

  Modifiers -LT, -RT, -50, -51, etc. may also be required. Verify state specific modifier requirements and assign accordingly before billing.

  *** Includes flush aortography

S&I and Surgical Coding:
Abdominal / Visceral Angiography

- Imaging of renal arteries following injection of abdominal aorta at the level of the renal arteries (i.e., non-selective injection).

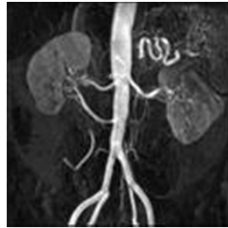 - S&I Code   75625
  - Surgical Code   36200

(If done at the same time as a cardiac catheterization for Medicare patients see code G0275. DO NOT assign code 36200.)

S&I and Surgical Coding: Abdominal / Visceral Angiography

- Bilateral renal angiogram, selective, additional selective study of a single accessory left renal artery ***

- S&I Codes	75724
	75774
- Surgical Codes	36245
	36245
	36245

Modify additional units of 36245 as needed per payer instructions

*** Includes flush aortography

S&I and Surgical Coding: Abdominal / Visceral Angiography

- Selective study of inferior mesenteric artery (IMA), superior mesenteric artery (SMA) or celiac axis/trunk ***

| - S&I Code | 75726 |
| - Surgical Code | 36245 |

*** Includes flush aortography

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S&I and Surgical Coding: Abdominal / Visceral Angiography

- Selective study of celiac, SMA and IMA ***

▪ S&I Codes	75726
	75726
	75726
▪ Surgical Codes	36245
	36245
	36245

*** Includes flush aortography

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S&I and Surgical Coding: Abdominal / Visceral Angiography

- Selective study of SMA and IMA followed by additional supraselective study of left colic artery ***

▪ S&I Codes	75726
	75726
	75774
▪ Surgical Codes	36246
	36245

- Selective studies of celiac and common hepatic arteries ***

▪ S&I Codes	75726
	75774
▪ Surgical Code	36246

*** Includes flush aortography

S&I and Surgical Coding: Pelvic Angiography

- Selective right internal iliac via left groin stick
  - S&I Code — 75736
  - Surgical Code — 36246

- Bilateral internal iliacs via a single right groin stick
  - S&I Code — 75736 x2
  - Surgical Codes — 36246
  - 36245

S&I and Surgical Coding: Venous

- IVC
  - S&I Code — 75825
  - Surgical Code — 36010

- SVC
  - S&I Code — 75827
  - Surgical Code — 36010

- Selective Bilateral Renal Venography
  - S&I Code — 75833
  - Surgical Code — 36011
  - 36011

- Selective Bilateral Ovarian/Testicular Venography
  - S&I Code — 75833
  - Surgical Code — 36011
  - 36012*

*Left side is 2nd order

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S&I and Surgical Coding: Venous

- Selective Bilateral Ovarian/Testicular Venography

- S&I Code   75833
- Surgical Code   36011
                         36012*

*Left side is 2nd order

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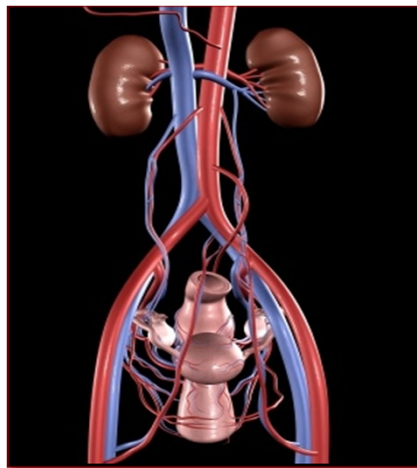
Guidelines to Follow When Coding for Interventional Procedures

1. Transcatheter therapy procedures do not include diagnostic angiography.
    - If both are performed in a full and complete fashion, both may be billed.
    - Do not bill the angiography when the injections performed are for "guiding-shots," "roadmaps" or to verify catheter position / location.
    - If meeting all documentation criteria, be certain to check CCI edits and assign modifier -59 as appropriate.

⠆⠆ Guidelines to Follow When Coding for Interventional Procedures

2. **When allowed**, in addition to submitting S&I and procedural codes for interventional procedures, don't forget to also assign the appropriate selective or non-selective catheterization code to define that portion of the procedure.

– The CPT manual states the following prior to codes for PTA's or Transcatheter therapy:

"Codes for catheter placement and the RS&I should also be reported, in addition to the code(s) for the therapeutic aspect of the procedure."

- Per CPT 2011, this instruction would apply to PTA codes 35471 & 35472, 35475 & 35476 as well as other transcatheter interventional options in the 37184-37188 and 37200-37209 series.
- Do not assign catheter placement codes when submitting from CPT options 37210, 37215-37216 and 37220-37235.
- Iliac angioplasty & stenting as well as angioplasty, stenting and atherectomy of the femoral-popliteal and tibioperoneal territories include catheter/device placement and S&I for the intervention(s) performed.

⠆⠆ Guidelines to Follow When Coding for Interventional Procedures

2. (Continued)

- For atherectomy procedures (open or percutaneous) **not** in the lower extremities, Category lll codes exist. These codes (0234T–0238T) include RS&I, but **do not** include:
  - Vessel access
  - Catheter/device placement
  - Embolic protection
  - Closure of access site
  - Other intervention(s) to treat same area or other site(s)

  Anatomically, these codes and sites are:
  0234T Renal artery
  0235T Visceral artery, each vessel (**not to be used** for renal artery)
  0236T Aorta
  0237T Brachiocephalic trunk/branches (use for **each** vessel)
  0238T Iliac artery (use for **each** vessel)

Guidelines to Follow When Coding for Interventional Procedures

3. Completion or follow-up angiography IS NOT separately billed following any type of angioplasty, atherectomy, thrombectomy or intravascular stenting procedures.

4. Follow-up angiography IS separately billed when performed with embolization or infusion therapy (thrombolytic or non-thrombolytic) procedures. (See current SIR language).

Guidelines to Follow When Coding for Interventional Procedures

5. For lower extremity arterial atherectomy, stenting and angioplasty in 2011, there is now a coding hierarchy. There is also an anatomic breakdown of vascular territories. The 3 territories are:

   1. Iliac arteries
   2. Femoral-popliteal arteries
   3. Anterior tibial, posterior tibial and peroneal arteries

Interventions performed in these areas include:
   – Vascular access
   – Selective catheter/device placement
   – RS&I
   – Embolic protection
   – Closure device placement
   – Completion angiography

Guidelines to Follow When Coding for Interventional Procedures

5. (Continued)

The hierarchy is (from highest valued to lowest valued):

1. Atherectomy and stent with or without angioplasty
2. Atherectomy with or without angioplasty
3. Stent with or without angioplasty
4. Angioplasty only

- Up to 3 interventions may be coded in the iliac (common, internal and external) or tibial-peroneal (anterior tibial, posterior tibial and peroneal) territories.
- The tibial-peroneal trunk *__is not __* a separate vessel from an interventional perspective (Unless this is the **only vessel** treated in this territory **OR** if treated at same time as the ipsilateral anterior tibial artery).
- You will always have an "initial vessel" code choice for each separate territory treated.
- The code submitted is not based upon the "order" that the therapy was performed, but based upon the hierarchy.
- In the femoral-popliteal territory, only **__ONE __**interventional code may be submitted, regardless of the name/number of vessels treated.

Guidelines to Follow When Coding for Interventional Procedures

6. Other than in the lower extremity arteries, angioplasty and stent charges may still be submitted PER VESSEL treated. Unchanged from previous years and regardless of the anatomic location:

- Do not submit these codes multiple times for multiple lesions treated in the same vessel by the same type of intervention.
- Do not code separately for angioplasty and stenting when angioplasty is done as routine pre- or post-dilation with stent placement.
- Treatment of bridging or contiguous lesions may or may not (based upon physician documentation) be coded more than once. For lower extremity interventions, remember new vascular territories!
- Other than lower extremity arterial lesions, it may be possible to submit both PTA and stent charges for a single lesion in a single vessel. To do this, documentation must support the reason for doing both studies. Most states now have an LCD that clearly defines the reason that coverage would be made for each.

Guidelines to Follow When Coding for Interventional Procedures

7. Embolization and infusion therapy codes are submitted once per operative field treated. Bilateral or separate site therapies are coded individually (i.e., think of open approach when in doubt).

8. Pressure measurements are not separately billed when performing PTA and intravascular stenting procedures.

S&I and Surgical Coding: Arterial and Venous Interventional Procedures

- Diagnostic imaging of the IMA, SMA and right colic arteries***. Embolization of right colic with follow-up angio (all selective)

▪ S&I Codes	75726
	75726
	75774
	75894
	75898
▪ Surgical Codes	37204
	36245
	36246

*** Includes flush aortography

S&I and Surgical Coding:
Arterial and Venous Interventional Procedures

- Bilateral selective pelvic angiography, supraselective bilateral uterine artery angiography, bilateral uterine artery embolization, bilateral follow-up angios (via single or dual groin punctures)
  - This is known as an *UAE* (Uterine Artery Embolization) or *UFE* (Uterine Fibroid Embolization)
  - If selective angiography and embolization was performed was performed of the uterine artery(s) for a reason other than Uterine Fibroid treatment, this would be component coded as in the past.

- S&I Codes   N/A
- Surgical Code   37210

S&I and Surgical Coding:
Arterial and Venous Interventional Procedures

- TIPS - Initial placement

- TIPS - Revision

- Surgical Code 37182

- Surgical Code 37183

Includes: venous access, hepatic and portal vein catheterization, portography with pressure measurements, creation and dilation of tract, stent placement and any other imaging and / or guidance.
If embolization is performed after TIPS has been performed (i.e., coronary vein), also assign 75894 and 37204 as well as 75898 as needed.

S&I and Surgical Coding:
Arterial and Venous Interventional Procedures

- Diagnostic translumbar aortogram via direct access into abdominal aorta with embolization of endoleak and follow-up angiogram

- S&I Codes   75625
                                          75894
                                          75898
- Surgical Codes   37204
                                          36160

Endograft Codes and Modifier Assignment

- Remember that modifiers may be associated with those procedures done in tandem with another physician (i.e., 34800, 34802, 34803, 34804, 34805, 34825, etc.).
- When assigning modifiers for this "joint" work, assign modifier -62. (Codes 34800 to 34832 are valid with modifier -62).
- Be certain to check local payment rules (i.e., LCDs) as well as Medicare information regarding which modifiers are acceptable / required.
- February 2002 *CPT Assistant* states that modifiers are not necessary when reporting Category III codes.

Endograft Codes and Modifier Assignment

Code 75952, 75953 and 75954:

- *Includes* fluoroscopic guidance of graft
- *Includes* angio of aorta prior to deployment of device
- *Includes* intra-procedural angios for placement and endoleak detection
- *Includes* run-off evaluation

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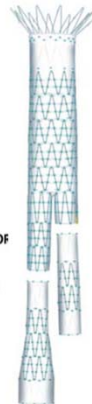## Aortic Endovascular Repair Services Not Included in AAA Graft Placement

- Renal or iliac angioplasty or stent before deployment (outside of aneurysm target zone) of graft (75962-75964, 75966-68, 75960, 35471, 35473, 37205-06)
- Arterial embolization (75894, 37204)
- Intravascular ultrasound (75945-46, 37250-51)
- Pre-operative diagnostic angiograms / run-off (codes vary as appropriate)
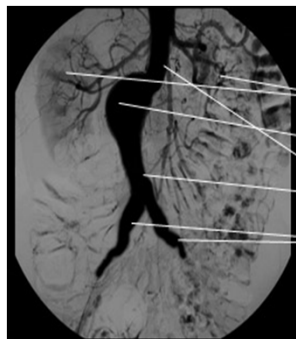
Aortic Endografting
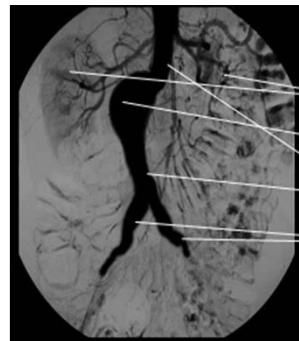
KIDNEYS
ANEURYSM
ABDOMINAL AOR
ILIAC ARTERIES

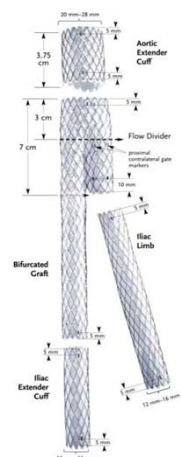## S&I and Surgical Coding: Aortic Endovascular Repair - Category III Codes

- Aorto-unilateral iliac (AUI) device. May be referred to as "Ancure" device. See CPT 34805.

- Use with S&I code 75952

KIDNEYS
ANEURYSM
ABDOMINAL AORTA
ILIAC ARTERIES

S&I and Surgical Coding: Aortic Endovascular Repair - Category III Codes

- Cook Zenith Endograft (34803)
  - Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
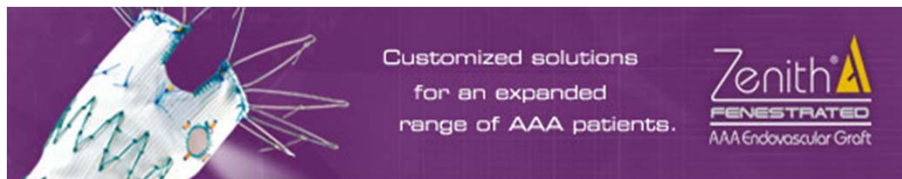

S&I and Surgical Coding: Aortic Endovascular Repair - Category III Codes

- Fenestrated Grafts

- Codes 0078T and 0079T are intended to report endovascular prosthesis insertion repair of aortic aneurysms with little or no normal infrarenal aortic neck and therefore unsuitable for infrarenal endovascular AAA repair due to compromised proximal aortic neck anatomy.

Endograft Codes-Fenestrated Grafts

- What is "fenestration"?

- Fenestration is defined as a perforation in a structure.

Customized solutions for an expanded range of AAA patients.

Zenith® FENESTRATED
AAA Endovascular Graft

Endograft Codes-Fenestrated Grafts

- Prior to this, endovascular infrarenal aortic aneurysm repair using the available devices required a 10-15 mm segment of relatively straight, minimally diseased, normal diameter aortic neck aorta below the renal artery origins.

- Fenestrated aortic endograft for treatment of abdominal aortic aneurysms (AAA) involving the visceral arteries is accomplished by deploying the proximal end of the stent-graft across the renal artery origins, and variably across the superior mesenteric and celiac origins.

Endograft Codes-Fenestrated Grafts
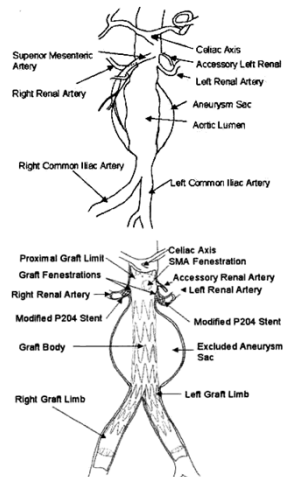
Endograft Codes-Fenestrated Grafts

- Pre-placed fenestrations in the aortic graft allow blood flow into these visceral arteries. Extension stent-grafts are then placed through the main body and into the visceral arteries as needed to achieve hemostatic seal.
- As is evident from this procedure description, the described components are a more complex module endograft system with fenestrations in the main endograft body to allow perfusion of the visceral arteries.

Endograft Codes-Fenestrated Grafts

CPT	Descriptor
0078T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs)
+0079T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (list separately in addition to code for primary procedure)

Endograft Codes-Fenestrated Grafts

CPT	Descriptor
0080T	Endovascular repair of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac or renal), using fenestrated modular bifurcated prosthesis (two docking limbs), radiological supervision and interpretation
+0081T	Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (list separately in addition to code for primary procedure)

S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- The following examples provide CPT codes which should be submitted as if billed by a single provider.
- If multiple providers are involved, where valid, modify the tandem procedures as appropriate.
- Hospitals billing for these services *DO NOT* have to modify based upon multiple providers.

New 2011 Category III Code Options

- CPT 2011 added the following choices:

  - 0254T   Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;

  - 0255T   Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation

New 2011 Category lll Code Options

- Category lll codes allow assignment of codes for femoral dissection (i.e., 34812) as well as any non-selective/selective catheter/device placements (36140, 26200, 36245-36247)
- AAA interventions may be coded in addition to codes 0254T and 0255T when performed at the same clinical session

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S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- Placement of modular bifurcated graft via bilateral femoral cut downs, both cath's placed in the aorta

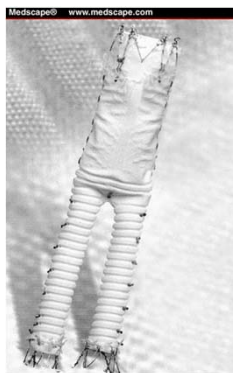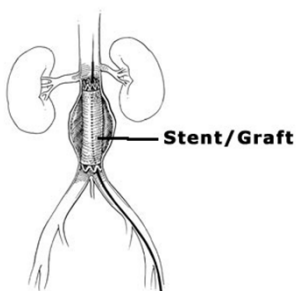|	
S&I Codes	75952
Surgical Codes	34802
	34812
	34812
	36200
	36200
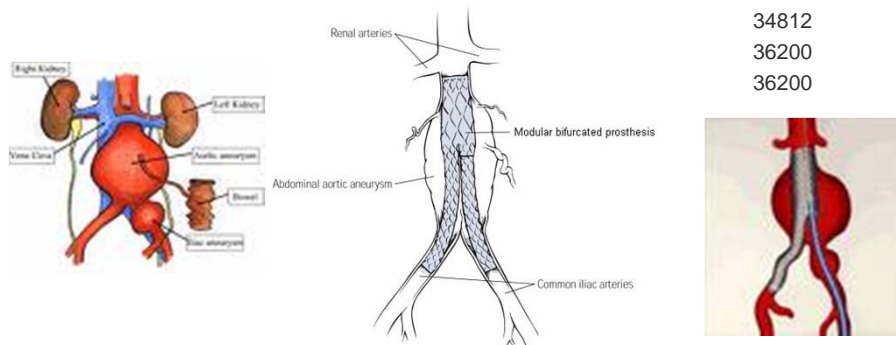
S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- Placement of unibody bifurcated graft via bilateral femoral cut downs, both cath's placed in the aorta

▪ S&I Codes	75952
▪ Surgical Codes	34804
	34812
	34812
	36200
	36200

S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- Placement of aortic tube graft via bilateral femoral cut downs, both cath's placed in the aorta

▪ S&I Codes	75952
▪ Surgical Codes	34800
	34812
	34812
	36200
	36200

Stent/Graft

S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- Placement of modular bifurcated graft via bilateral femoral cut downs, both cath's placed in the aorta, cuff placed in one-side to treat endoleak
- *Do not use* codes 75953 and 34825/34826 for routine portions of modular grafts

S&I Codes	75952
	75953
Surgical Codes	34802
	34812
	34812
	34825
	36200
	36200

S&I and Surgical Coding: Aortic Endovascular Repair Procedures

- Placement of modular bifurcated graft via bilateral femoral cut downs, both cath's placed in the aorta, two cuff's placed, one in groin, one proximally in aorta
- *Do not use* codes 75953 and 34825/34826 for routine portions of modular grafts

S&I Codes	75952
	75953
	75953
Surgical Codes	34802
	34812
	34812
	34825
	34826
	36200
	36200