



Revisions to Dr. Z's Medical Coding Series: Interventional Radiology Coding Reference 2008

Page 178

In Codes Table delete row:

Radiopharmaceutical therapy by intra-arterial particulate administration		79445
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Page 179

Code in number 14 should be 75894, not 75984:

14. CPT code 36002 is specific for thrombin injection to treat pseudoaneurysm. Use codes 37204/**75894** when coil embolization is necessary. Use codes 34900/75954 when covered stent graft placement across an iliac pseudoaneurysm is required. Code 34900 is an inpatient only procedure (status indicator C) for Medicare.

Revise number 17 to read:

17. **Do not** use code 79445 for administration of the radiotherapeutic portion of a “Therasphere” or “SIRsphere” treatment. Do code 37204/75894 for this embolization procedure. Radiation therapy codes 77263, 77300, 77790 and 77778 may be utilized to describe complex treatment planning, dosimetry calculation, receipt, accounting, handling and storage of the material, and complex interstitial brachytherapy with Yttrium-90 microspheres, respectively, when performed and appropriately documented.

Page 181

Add the following reference:

SIR *Interventional Radiology Coding Users' Guide* 2008, pages 302, 303

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Page 191

As a result of CMS rescinding a bundling policy on 08/06/08, the last three sentences in the PROCEDURE section should read (remove the sentence stating “In 2008, inadequate angioplasty is bundled into the stent placement codes when performed at the same site or vessel.”):

The CPT code descriptions for angioplasty limit their use to angioplasty utilizing a balloon (e.g., micro balloon, compliant balloon, non-compliant balloon, cryoplasty (Polar cath) balloon, cutting balloon, etc). There are separate organ specific codes for use of angioplasty balloons in non-vascular structures (e.g., bile ducts, ureter, GI tract).

Page 192

Change the Procedure Description of 4th entry in the Codes table from “Iliac/Common femoral arteries” to:

Iliac arteries	35473	75962	☆75964
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Page 193

As a result of CMS rescinding a bundling policy on 08/06/08, change Coding Instruction 3 to:

3. Do code angioplasty to treat a segment of vessel not treated by a stent or atherectomy.
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Page 193

As a result of CMS rescinding a bundling policy on 08/06/08, change Coding Instruction 4 to:

4. On August 6, 2008, CMS revised Chapter V, Section D, page 11, #16 from *National Correct Coding Initiative Policy Manual for Medicare Services Version 13.3* to the 2007 instruction which states: “When percutaneous angioplasty of a vascular lesion is followed at the same session by a percutaneous or open atherectomy, generally due to insufficient improvement in vascular flow with angioplasty alone, only the column one atherectomy procedure that was performed (generally the open procedure) is reported (see sequential procedure policy, Chapter I, Section M).”
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Page 193

Change Coding Instruction 7 to:

7. The common iliac and external iliac arteries are considered to be separate vessels for coding purposes. The external iliac and common femoral arteries are also considered to be separate vessels.

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Page 194

Revise number 10 to read:

10. The venous angioplasty code applies to all venous structures including portal and mesenteric venous structures. It does not apply to venoplasty within an AV dialysis graft or its outflow veins up to and including the axillary vein. Central venoplasty during AV fistula intervention is coded 35476. Use code G0393 for venoplasty in the AV dialysis graft or its peripheral extremity outflow veins. Code G0392 for angioplasty of the arterial anastomosis of the AV dialysis graft. If angioplasty is performed on both the arterial anastomosis and the venous anastomosis or outflow vein, only code G0393. Never code both G0392 and G0393 in the same extremity.
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Page 197

Add the following reference:

SIR *Interventional Radiology Coding Users' Guide* 2008 Pages 54, 55

Page 198

Change the Procedure Description of 5th entry in the Codes table from "Iliac/Common femoral arteries: to:

Iliac arteries	35492	75992	☆75993
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Page 199

As a result of CMS rescinding a bundling policy on 08/06/08, change Coding Instruction 3 to:

3. On August 6, 2008, CMS revised Chapter V, Section D, page 11, #16 from *National Correct Coding Initiative Policy Manual for Medicare Services Version 13.3* to the 2007 instruction which states: "When percutaneous angioplasty of a vascular lesion is followed at the same session by a percutaneous or open atherectomy, generally due to insufficient improvement in vascular flow with angioplasty alone, only the column one atherectomy procedure that was performed (generally the open procedure) is reported (see sequential procedure policy, Chapter I, Section M)."
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Page 200

Revise Coding Instruction 12 to read:

12. The common iliac and external iliac arteries are considered to be separate vessels for coding purposes. The external iliac and common femoral arteries are also considered to be separate vessels.

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Page 200 and 201

As a result of CMS rescinding a bundling policy on 08/06/08, change Example 2 to:
2) Seventy-five year old female with prior angiogram showing total occlusion of the SFA, stenotic popliteal artery, and occlusion of the anterior and posterior tibial arteries. Antegrade percutaneous puncture with Excimer laser recanalization of the SFA and both tibial arteries is performed with a 2.0 mm device (36247, 36248, 35493, 35495, 35495-59, 75992, 75993, 75993). Atherectomy results in numerous dissections, so subsequently five stents are placed (37205, 75960). The popliteal artery is treated with angioplasty alone (35474, 75962). The tibial vessels require no further treatment.

Page 204

As a result of CMS rescinding a bundling policy on 08/06/08, change Coding Instruction 4 to:

4. On August 6, 2008, CMS revised Chapter V, Section D, page 11, #16 from *National Correct Coding Initiative Policy Manual for Medicare Services Version 13.3* to the 2007 instruction which states: "When percutaneous angioplasty of a vascular lesion is followed at the same session by a percutaneous or open atherectomy, generally due to insufficient improvement in vascular flow with angioplasty alone, only the column one atherectomy procedure that was performed (generally the open procedure) is reported (see sequential procedure policy, Chapter I, Section M)."
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Page 206

Revise Coding Instruction 27 to read:

27. The common iliac and external iliac arteries are considered to be separate vessels for coding purposes. The external iliac and common femoral arteries are also considered to be separate vessels.
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Page 206 and 207

As a result of CMS rescinding a bundling policy on 08/06/08, change Example 4 to:
4) Patient with vertebrobasilar insufficiency, drop attacks, and vertebral steal phenomenon on Doppler ultrasound with retrograde flow in the right vertebral artery. Via a transfemoral route, a catheter is advanced to the arch and arch angiography is performed (36200, 75650-59). High grade proximal brachiocephalic artery stenosis is noted, but is unable to be crossed from this approach. A right brachial puncture is made and a catheter and wire are advanced into the aorta across the stenosis (36200-59). Primary angioplasty (35475, 75962) is attempted with a 7 mm balloon. Follow-up angiography (no codes) shows residual 60% stenosis, so a stent is placed successfully [37205, 75960].

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Page 207

As a result of CMS rescinding a bundling policy on 08/06/08, change Example 5 to:
5) Dialysis patient with poorly functioning AV shunt undergoes diagnostic study (75790) after a single puncture of the graft (36145). This shows a 90% stenosis in the subclavian vein and a separate stenosis in the basilic vein. Venoplasty [G0393, 75978, 35476, 75978-59] is performed at both sites with 12mm and 7mm balloons respectively. Follow-up imaging shows severe recoil with 80% residual stenosis in the subclavian vein, so a 10mm stent is placed (37205, 75960). Post stent placement angioplasty (not coded) to fully deploy the stent gives excellent results.

Page 208

Add the following reference:

SIR Interventional Radiology Coding Users' Guide 2008 Pages 54, 55

Page 222 Change the 6th entry in Procedure Description table to:

Venoplasty within AV graft, fistula, and remainder of Zone 1 (use only once)	G0393	75978
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Page 223

Revise the paragraph in Coding Instruction 5 to:

5. Venous angioplasty [Effective January 1, 2007, for Medicare you must use HCPCS code G0393 for venoplasty and G0392 for arterial anastomotic angioplasty within the AV graft, fistula and the rest of Zone 1, however, remember that only one "G-code" can be coded per shunt. These replace codes 35476, 35473, 35474, and 35475 when used to describe balloon work within the AV graft or fistula] utilized for dilation of stenosis is broken down into three general treatment zones. One venoplasty is allowed per zone. The treatment zones are as follows:

Page 224

Revise number 9 to read:

9. Code one angioplasty (G0393) if the arterial and venous anastomoses are treated with angioplasty. This is because the AV graft is considered one vessel just like a femoral popliteal arterial bypass is considered one vessel. The graft or fistula and extremity outflow veins up to and including the axillary vein are considered one vessel for coding purposes.

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Page 226

Add the following reference:

SIR Interventional Radiology Coding Users' Guide 2008 Pages 54, 55

Page 240 and 241

As a result of CMS rescinding a bundling policy on 08/06/08, change Example 2 to:

2) Patient with angiography from outside hospital has a proximal right common iliac artery aneurysm 4 cm in size and a 70% stenosis of the distal right external iliac artery. The native external iliac is 8 mm in size. Under sedation, the right groin is opened. Arteriotomy is made (34812) and the wire/sheath combination is directed into the aorta (36200) through the stenosis and iliac aneurysm using fluoroscopy. Due to a severe stenosis, 8 mm PTA (35454, 75962) is performed in the more distal external iliac artery (outside the stent graft deployment zone) to allow stent graft placement. This results in a severe dissection requiring placement of a 10 mm by 20 mm external iliac stent (37207-59, 75960-59). A stent graft device is then delivered to cover the aneurysm (34900, 75954). No endoleaks, thrombosis, or dissection noted on follow-up injection. The right groin is then closed.

Page 271

Coding instruction number 2 should read:

2. Code 74320 is a CCI edit (one edit - it used to be a zero edit) with 75980, so modifier -59 must be appended to 74320 when both procedures are performed together. Code 47500 also requires a -59 modifier if performed with external biliary drainage procedure (47510).

The second to the last word in coding instruction number 3 should be catheter (not cathether).

Page 380

Coding Instruction number 3 should read:

5. Confusion regarding arthrography is usually due to whether or not a full and complete arthrogram is performed at injection time. One or two images at injection time **do not** constitute an arthrogram; therefore, in this situation only fluoroscopic guidance should be coded instead of the diagnostic arthrogram S&I code. Modifier -59 must be appended to code 77002 when reported with code 27093, hip injection, as there is a CCI edit involving the two codes. Use code 77002 when only fluoroscopic guidance is performed except when performed in conjunction with sacroiliac joint injections. Use code 77003 for reporting fluoroscopic guidance for sacroiliac injections when a formal arthrogram is not performed.

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Page 511

In bottom right column under EMBOLIZATION PROCEDURES delete the following line:

Instill radiopharm particles, intra-arterial, therapy		79445
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Please visit the zhealthpublishing.com website frequently to check for coding updates to the *Interventional Radiology Coding Reference 2008*. Coding rules change frequently and we post updates on the website as soon as we are aware of them.