



**Revisions to Dr Z’s Medical Coding Series:
Vascular & Endovascular Surgery
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 187

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 188

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 189

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 189

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 189

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 190

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 193

Add the following reference:

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

Page 194

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 195

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 196

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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Pages 196 and 197

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 200

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 202

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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Pages 202 and 203

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 203

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 204

Add the following reference:

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

Page 218 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 219

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 220

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 222

Add the following reference:

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

Page 236

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 327

Instruction number 19 should read: Use code **33234** for removal of a left ventricular lead.

Page 332

Second paragraph, middle of paragraph (fourth sentence), replace *-Q1 modifier* with *-Q0 modifier*.

Item 4 under Indications and Limitations of Coverage: the caption over the list should read **List of Diagnoses Codes Not Requiring the -Q0 Modifier*

Page 338

Instruction number 14 should read (replacing *-Q1* with *-Q0*):

14. Physician and outpatient hospital claims must append the *-Q0* modifier when device is placed for primary prevention indications and data is reported to the qualifying study.
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Page 339

Instruction number 23 should read: Use code **33244** for removal of a left ventricular lead.

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Please visit the zhealthpublishing.com website frequently to check for coding updates to the *Vascular & Endovascular Surgery Coding Reference 2008*. Coding rules change frequently and we post updates on the website as soon as we are aware of them.