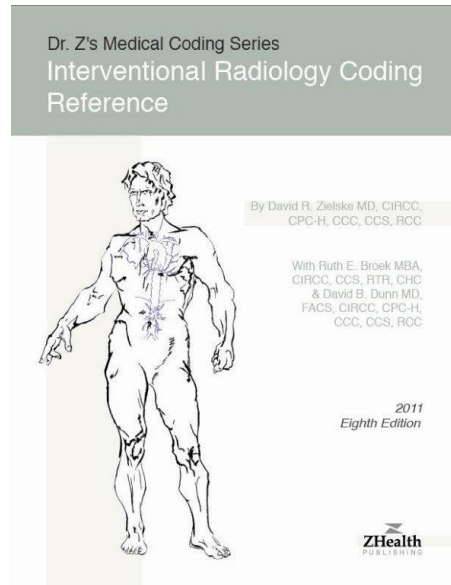# Dr Z's Medical Coding Series:
Interventional Radiology Coding Reference: 2011 Edition

2011 Book Errata

Text to be deleted has been crossed out and new text noted in blue font.

Page 194
CODING INSTRUCTIONS
15. CPT code 36002 is specific for thrombin injection to treat pseudoaneurysm. Use codes 37204/~~75984~~ **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.

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CODING INSTRUCTIONS
9. Coronary intervention rules dictate that if (regardless of reason) an angioplasty, atherectomy, and stent procedure are done in the same coronary vascular distribution, only the highest level of intervention (the stent procedure) can be coded. These ~~same~~ rules **differ for** ~~now apply to~~ infrainguinal arterial interventions**, as stent with atherectomy supersedes atherectomy, which supersedes stent placement, which supersedes angioplasty**.

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EXAMPLES
1) Hypertensive patient undergoes abdominal aortogram with selective renal angiography of two left and one right renal arteries (36245-50, 36245-59, 75724-59, 75774). Severe stenoses of both left renal arteries are balloon dilated (~~35471-50~~, **35471, 35471-59**, 75966, 75968).

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CODING INSTRUCTIONS
11. There is a ~~hierachy~~ **hierarchy** with the lower extremity revascularization codes ~~similar to coronary interventions~~. Stent ~~placement~~ **with atherectomy** supersedes atherectomy, **which supersedes stent,** which supersedes angioplasty, when performed in the same vessel in the tibial/peroneal territory, or in any combination of vessels in the femoral/popliteal territory. Angioplasty is also bundled with stent placement in the same vessel in the iliac territory.

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CODING INSTRUCTIONS
18. The tibial/peroneal territory includes three vessels that are separately coded: the anterior tibial, posterior tibial, and peroneal arteries. The tibial/peroneal trunk is considered part of any distal vessel intervention **in the posterior tibial and peroneal arteries** ~~(similar to the left main coronary artery)~~. **The tibial/peroneal trunk is considered a separate vessel from the anterior tibial artery**. The dorsalis pedis is considered part of the anterior tibial artery, and the medial malleolar artery is considered part of the posterior tibial artery.

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CODING INSTRUCTIONS
33. If kissing stents (or angioplasty) are performed at the iliac bifurcation, one initial vessel and one additional vessel intervention as appropriate. If done in the femoral/popliteal territory (such as angioplasty in the profunda femoral and superficial femoral arteries extending back into the common femoral), only submit one femoral/popliteal code. **Note: The iliac bifurcation refers to the location where the common iliac artery divides into the internal and external iliac arteries**.

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CODING INSTRUCTIONS
51. Do code stent placement (37221, 37223, ~~37226, or 37227~~) for stent graft placement in an iliac ~~or femoral~~ vessel to treat stenosis ~~(not aneurysm, pseudoaneurysm, AVM, or trauma)~~. **Do code 37226 for stent graft placement in a popliteal artery to treat an aneurysm. In the iliac artery, use codes 34900 and 75954 for stent graft placement to treat an aneurysm.**

53. Ultrasound guidance for vascular access (76937) may be reported in addition to lower extremity revascularization procedures when there is medical necessity and all necessary elements are documented.

54. Do code catheter placement separately for TPA infusion in a lower extremity artery if the intervention (angioplasty/atherectomy/stent placement) is performed at a separate session on the same date or service or on a different date of service.

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CODES:
Second and third entries from the bottom should be

| Iliac exposure with cutdown for graft delivery via conduit | ◆~~33883~~ ◆**34833** | N/A | 35.53 | | | |
| Brachial exposure with cutdown to assist with graft delivery | ◆~~34884~~ ◆**34834** | N/A | 12.87 | | | |

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CODING INSTRUCTIONS
10. Do use code 47556 or 47555 multiple times if multiple, non-contiguous biliary ductal stenoses are treated with multiple stents or cholangioplasties **in separate right and left bile ducts** as may occur in sclerosing cholangitis or cholangiocarcinoma. **If multiple stents are placed along the course of one catheter (e.g., right biliary access into the duodenum with stenoses in the right hepatic duct and common bile duct) it would be treated as one stent placement.**

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CODING INSTRUCTIONS
3. Use biliary codes (47505, 74305, 47525, 75984) for tube check and change of cholecystostomy tube ~~if the tube~~.

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CODES:

Pelvic abscess, via transvaginal or transrectal approach **(female patient)**	58823	0193	5.15	75989	N/A	1.74
Pelvic abscess, via transrectal approach (male patient)	**49021**	**0037**	**5.09**	**75989**	**N/A**	**1.74**
Needle aspiration for diagnostic purpose	10022	0004	1.93	~~58823~~ **76942/ 77012/ 77002**	~~0193~~ **N/A, N/A, N/A**	~~4.86~~ **0.99, 1.69, 0.81**
Therapeutic needle aspiration of abscess, hematoma, bulla, or cyst where site specific catheter drainage code does exist	10160	0006	2.77	76942/ 77012/ 77002	N/A, N/A, N/A	0.99, 1.69, 0.81
Catheter drainage of abscess, hematoma, bulla, or cyst where site specific code does not exist	10160	0006	2.77	76942/ 77012/ 77002	N/A, N/A, N/A	0.99, 1.69, 0.81

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10. Code 58823 is for drainage of pelvic abscess via transvaginal or transrectal approach **performed on a female patient**. Use code 49021 for **drainage of pelvic abscess via transrectal approach performed on a male. Use code 49021 for** percutaneous abdomino-pelvic cavity abscess drainage via anterior abdominal or posterior sciatic notch approach **on a female or male patient**.

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CODING INSTRUCTIONS
13. The T12-L1 level is considered a **cervical/thoracic** ~~lumbar/sacral~~ facet level for coding purposed.

Page 611
DRAINAGE & BIOPSIES
PERCUTANEOUS ABSCESS PROCEDURES

Catheter Placement		
Placement of tunneled pleural catheter with cuff		32550
Drainage empyema, hemothorax, effusion		32551
Heimlich valve or other chest tube for pneumothorax		32551
Removal of tunneled chest catheter		32552
Drainage lung abscess		32201
Drainage of appendix abscess		44901
Drainage of liver abscess or cyst		47011
Drainage pancreatic pseudocyst		48511
Peritoneal abscess drainage		49021
Subdiaphragmatc/subphrenc abscess drain		49041
Retroperitoneal abscess drainage		49061
Renal abscess drainage		50021
Pelvic abscess, transvaginal/transrectal approach (Female only)		58823
Cholecystostomy, percutaneous - includes imaging guidance and cholecystogram (do not use 75989)		47490

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NON-VASCULAR PROCEDURES
BILIARY PROCEDURES

Cholangioplasty with placement of stent(s)		47556	74363

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SPINAL PROCEDURES – NORMAL
Right side of Charge Sheet, middle section

Epidural adhesion lysis, 2 or more days		62263	N/A
Epidural adhesion lysis, 1 day		62264	N/A
Lumbar puncture, dx		62270	
Lumbar puncture for therapeutic drainage		62272	
Percutaneous aspiration, intervertebral disc, or paravertebral tissue, diagnostic		62267	77003
Blood patch		62273	
Percutaneous discectomy for decompression		62287	
Inject epidural/subarachnoid, each cervical/thoracic		62310	
Inject epidural/subarachnoid, each lumbar		62311	
Catheter place epidural/subarach each cerv/thoracic		62318	
Catheter place epidural/subarach each lumbar/sac		62319	
Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)		64455	N/A

Note: Fluoroscopic guidance is included in codes 62263 and 62264; it should not be reported separately.

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