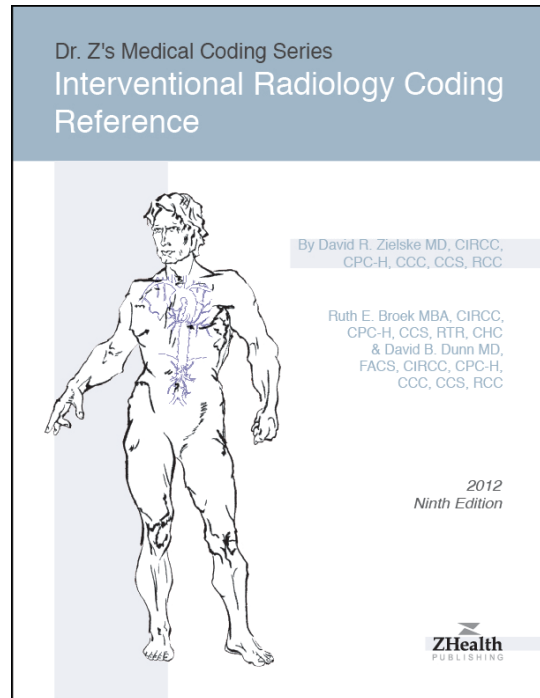


Dr Z's Medical Coding Series: Interventional Radiology Coding Reference: 2012 Edition

2012 Book Errata



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

Page 118

CODING INSTRUCTIONS

24. Do not code separately for 3-D reconstructions (do not use codes ~~76936~~ **76376** or ~~76937~~ **76377**), as this is bundled with codes 36251-36254.

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EXAMPLES

2. *The patient in the above example returns four weeks later for removal of the filter. The filter is removed (~~37194~~ **37193**) following an inferior vena cavagram (bundled), showing resolution of IVC clot with a patent (non-thrombosed) cava and filter.*

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CODING INSTRUCTIONS

2. Code 50398 is for nephrostomy tube change ~~only~~. Use code 50387 for nephroureteral stent change (**externally accessible**) and 50382 for **percutaneous, transnephric** ureteral stent change (**not externally accessible**), ~~requiring new percutaneous transnephric puncture for access.~~ Use code 50688 for ureteral stent change via ileal conduit. Use code 50385 for ureteral stent exchange via a transurethral approach. These are all unilateral codes.
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CODING INSTRUCTIONS

9. If a nephroureteral catheter is exchanged for a new double pigtail ureteral stent, use codes **50393 and 74480** ~~50387, as the work to cross the ureter into the bladder has already been done.~~ If a new percutaneous nephrostomy tube is placed via the same access at the same setting, use codes 50398 and 75984 in addition to **50393 and 74480** ~~50387~~ to account for this separate catheter placement.

EXAMPLES

- 3) *Same patient as #2, however, after wire placement into the bladder through the universal stent, the stent is removed, a new double pigtail (renal pelvis to bladder) catheter is placed (**50393, 74480**) (~~50387~~), and a new externally draining nephrostomy tube (50398, 75984) is placed for temporary external drainage.*

(*brand new example to be added after #4)

- 5) *Same patient as #4, however, after removal of the universal stent, an external nephrostomy tube is placed (**50398, 75984**).*

REFERENCES

CPT Assistant, Fall 93:15, Dec 97:7, Oct 01:8, Oct 05:18, **Mar 12:10**

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CODING INSTRUCTIONS

7. Do use code 50382 when a ureteral stent is removed and replaced percutaneously. The removed stent must not be externally accessible. ~~This procedure requires a new percutaneous transnephric puncture.~~
8. Do use code 50384 when a ureteral stent is removed but not replaced percutaneously. The removed stent is not externally accessible. ~~This procedure requires a new percutaneous transnephric puncture.~~
9. Codes 50382 and 50384 require **that the removed ureteral stent is not externally accessible** ~~a new percutaneous transnephric puncture.~~

13. Do use codes **50393 and 74480** ~~50387~~ when a nephroureteral stent is removed and replaced percutaneously with a double pigtail ureteral stent. Add codes 50398 and 75984 if a separate external nephrostomy tube is placed at the end of the procedure.
14. If the patient has both a nephrostomy and a double pigtail stent and both are removed and replaced over guidewires (using fluoroscopy) at the same setting, use code **50382** ~~50387~~ for the ureteral stent exchange and codes 50398 and 75984 for the nephrostomy tube change.

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EXAMPLES

- 3) *Continuation from case example #2. After 8 weeks, there is continued urine leak from the urinoma catheter. Catheter check (49424, 76080) shows persistent communication via significant disruption of the ureter. Due to poor patient condition, a permanent nephrostomy is requested with occlusion of the ureter. The nephrostomy is removed, as is the **separate double pigtail** ureteral stent, over a guidewire (**50384**) ~~(50387)~~. A catheter across the leak is used to deploy coils below and above the leak, effectively isolating the leak (53899 - this is not a transvascular embolization; do not use code 37204). The Foley catheter and urinoma catheters are removed (no charge), and a new permanent nephrostomy is placed (50398, 75984).*

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EXAMPLES

- 2) *Patient with compression fractures of the T12 and L1 vertebral bodies. MRI reveals marrow edema at these levels. Under general anesthesia, using fluoroscopic guidance, transpedicular access is gained bilaterally at T12 (22520, 72291). Epidural venography (no code) is performed followed by injection of barium impregnated cement. The process is repeated at L1 under fluoroscopic guidance (**22522, 72291-59**) ~~(22521-59, 72291-59)~~. After two hours, the patient is discharged.*

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CODING INSTRUCTIONS

8. ~~Do not code follow-up mammography after biopsy for verification of clip placement. This is bundled unless the biopsy procedure was performed with ultrasound guidance, in which case you may code the follow-up mammogram.~~ **Follow-up mammography after biopsy for verification of clip placement may be reported separately, unless performed on the same equipment the biopsy was performed on.**

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CODING INSTRUCTIONS

3. ~~Do not code follow-up mammography after biopsy for verification of clip placement. This is bundled unless the biopsy procedure was performed with ultrasound guidance, in which case you may code the follow-up mammogram.~~ **Follow-up mammography after biopsy for verification of clip placement may be reported separately, unless performed on the same equipment the biopsy was performed on.**
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CODING INSTRUCTIONS

1. ~~Mammograms performed after mammographic or stereotactic needle/wire localization are not separately billable. Mammograms performed after ultrasound-guided biopsy may be billed if medically necessary.~~ **Follow-up mammography after biopsy for verification of clip placement may be reported separately, unless performed on the same equipment the biopsy was performed on.**
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CHARGE SHEET – ARTERIAL PROCEDURES

(Under the subheading “*Endovascular Lower Extremity Revascularization*”)

Angioplasty only, tibial/popliteal tibioperoneal artery, unilateral	37228
Atherectomy, tibioperoneal, w/ angioplasty if done, initial	37229
Angioplasty only, tibial/popliteal tibioperoneal artery, each addtl	☆ 37232