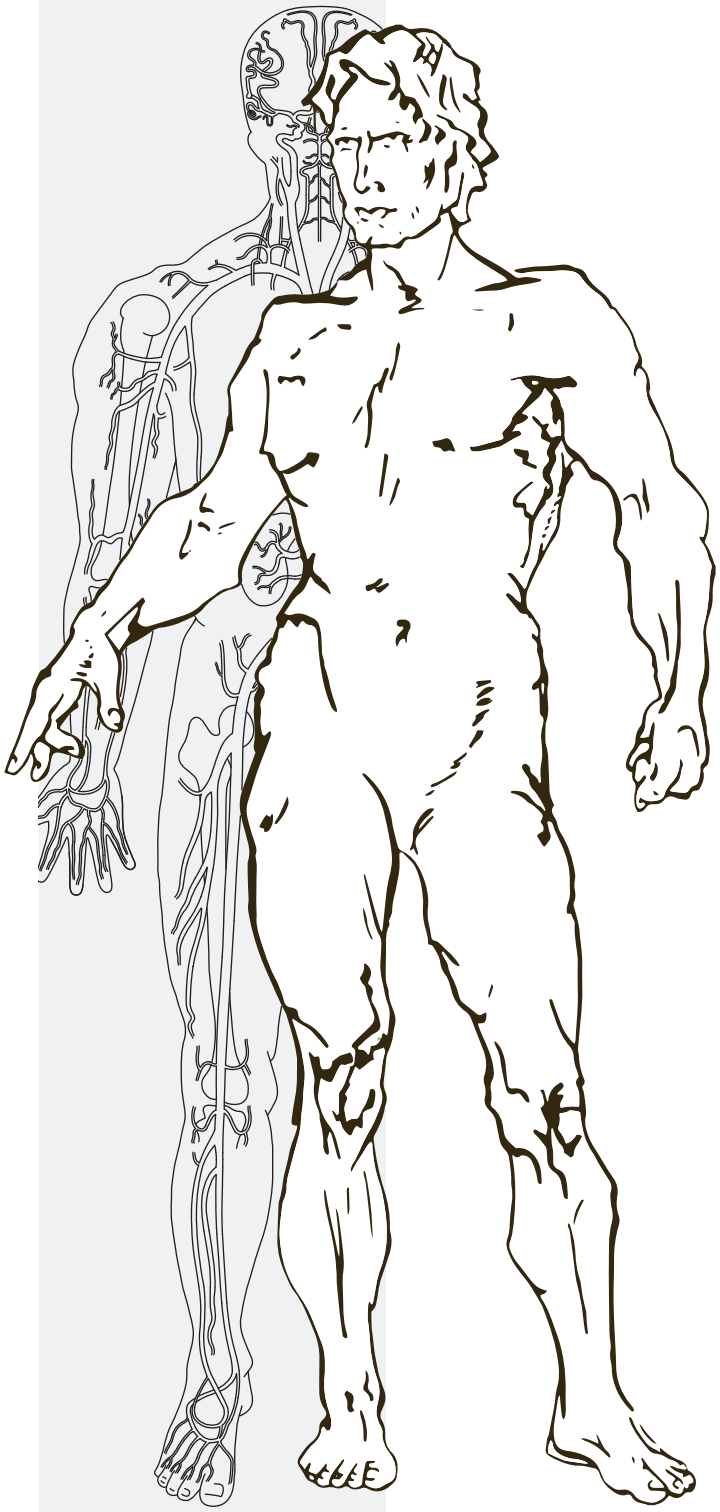
Dr. Z's Medical Coding Series

Interventional Radiology Coding Reference



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2020
Seventeenth Edition

ZHealth
TWENTIETH ANNIVERSARY

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Celiac Artery Angiography

PROCEDURE:

The celiac artery is the first of the abdominal visceral arteries to arise anteriorly off the aorta. It arises at the T-12 level and supplies the stomach, proximal duodenum, distal esophagus, spleen, and liver. The celiac artery normally trifurcates into the left gastric, splenic, and common hepatic arteries. The left gastric artery courses superiorly, the splenic artery towards the left, and the common hepatic artery towards the right. The common hepatic artery divides into the proper hepatic artery (supplying the liver) and the gastroduodenal artery (GDA), which supplies the lower portion of the stomach, duodenum, and pancreatic head. The GDA gives rise to the pancreaticoduodenal arcade, which provides collateralization to the superior mesenteric artery (SMA). The GDA may be used as an arterial conduit for right coronary artery bypass grafting. The splenic artery supplies the spleen (via splenic artery branches) and pancreas (via the pancreatic magna and dorsal pancreatic branches). The left gastric artery supplies the proximal stomach, distal esophagus, and occasionally the left lobe of the liver. The inferior phrenic artery can arise from the left gastric artery. There are numerous ways that blood can be re-routed to the visceral organs when one channel is interrupted. This allows embolization procedures to be performed safely and allows collateral flow in patients with arterial occlusive disease. Congenital variations are very common in the visceral vasculature, so close attention to physician documentation is necessary when reading these exams.

CLINICAL INDICATIONS:

The celiac artery is often evaluated in cases of GI bleeding (gastric or duodenal ulcer, Mallory-Weiss tear of the distal esophagus), abdominal trauma, pancreatitis, hepatic or pancreatic neoplasm, thromboembolism, and portal hypertension.

THE DEGREE OF CATHETER SELECTIVITY FOR "NORMAL" ANATOMY IS AS FOLLOWS:

ARTERY	CODE	APC	TOTAL RVU	ARTERY	CODE	APC	TOTAL RVU
Celiac	36245	N/A	6.89	Proper hepatic	36247	N/A	8.75
Left gastric	36246	N/A	7.35	Right hepatic	36247	N/A	8.75
Splenic	36246	N/A	7.35	Left hepatic	36247	N/A	8.75
Pancreatica magna	36247	N/A	8.75	Right gastric	36247	N/A	8.75
Dorsal pancreatic	36247	N/A	8.75	Right gastroepiploic	36247	N/A	8.75
Common hepatic	36246	N/A	7.35	Gastroduodenal	36247	N/A	8.75

If vessels second arise from the same vascular trunk, only the highest order selective catheterization is coded and 36246 is used for the selective catheterization of the other branches.

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CODES:

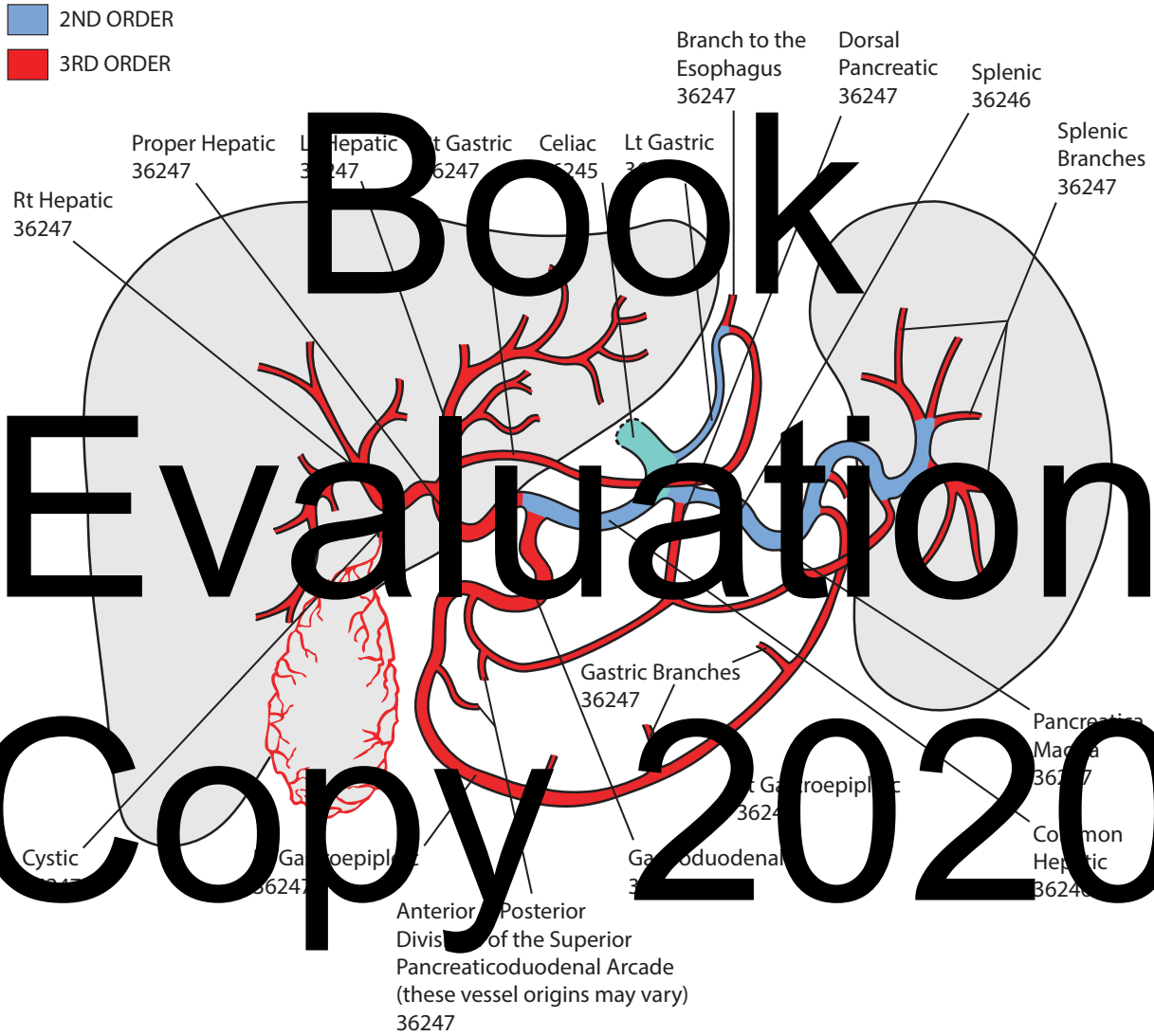
PROCEDURE DESCRIPTION	PROC CODE	APC	TOTAL RVU	S&I CODE	APC	TOTAL RVU
Celiac angiogram (selective) with or without aortogram	36245	N/A	6.89	75726	5184	2.78
Any selective branch as the initial exam	36246, 36247	N/A N/A	7.35 8.75	75726	5184	2.78
Any selective branch if additional imaging is done after the basic celiac exam	36246, 36247 or ☆36248	N/A N/A N/A	7.35 8.75 1.41	☆75774	N/A	1.38

☆ Add-on Code

1ST ORDER

2ND ORDER

3RD ORDER



CELIAC ARTERY - DETAILED ANATOMY

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CODING INSTRUCTIONS:

1. Celiac artery angiography is often performed at the same time as evaluations of the superior mesenteric and inferior mesenteric arteries.

2. Report code 75774 if additional selective catheter placement and imaging is performed after a basic celiac angiogram has been performed.

3. Always consider the many anatomic variations that exist when coding the visceral vasculature.

4. Hepatic branches are named for segments of the liver as seen on a CT scan. They are labeled segments 1-8, with subsegments labeled "a" or "b". These are commonly described during TACE (chemoembolization) and Y-90 (radioembolization) procedures. All branches selected are selective catheter placements described by code 36247 for the farthest selection and by code 36248 for each additional selective catheter placement documented.

5. A replaced right hepatic artery arising as a second order selective vessel off the SMA, a direct origin of the left gastric artery off the aorta, a left hepatic artery arising off the left gastric artery, and a common or single trunk off the aorta supplying the celiac and superior mesenteric arteries are all common anatomical variants of the visceral arteries.

6. Do not code the non-selective aortogram (75225) when performed in conjunction with a selective visceral angiogram (75726).

7. Do not report the non-selective catheter placement code 36200 when a selective catheter placement has been performed (36245, 36246, or 36247) via the same access site.

8. Do not report code 75726 unless the catheter has been selectively placed in the celiac artery or one of its branches. Code 75726 is a selective imaging code.

9. If the GDA is selected and imaged to evaluate for use as an arterial conduit for coronary artery bypass surgery (or to evaluate an existing bypass graft) during a cardiac catheterization use the appropriate cardiac catheterization code 93455, 93457, 93459, 93461, or 93564.

10. Code 75726 has an MUE of three.

EXAMPLE(S):

1) 60-year-old male with liver metastasis for possible embolization. Diagnostic angiography is performed to determine if the patient is a candidate for embolization. Via a right transfemoral approach, the celiac artery is selected and imaged (75726) demonstrating normal anatomy without stenoses. The splenic artery is selected and imaged for portal venous perfusion evaluation. This shows normal splenic arterial anatomy and a widely patent splenic and portal vein (36248, 75774). The left gastric artery is selected and imaged, showing no collateral flow to the left lobe of the liver (36248, 75774). The gastroduodenal artery is selected and imaged with normal findings (36247, 75774). This vessel can be coil embolized prior to hepatic chemo-infusion or chemoembolization. The right hepatic (36248, 75774) and left hepatic (36248, 75774) arteries are also selected and imaged, showing normal anatomy and a tumor in the right lobe. The cystic artery to the gallbladder is present and must be avoided during embolization.

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Note: The celiac selective catheter placement code is included in the more selective catheter placements in the left and right hepatic arteries. To code for S&I codes, images must be obtained with purpose (medical necessity) and must be described and documented in the permanent medical record.

2) Patient with upper gastrointestinal bleeding after vomiting. Via a transfemoral approach, the celiac artery is selected and imaged (75726). The gastroduodenal artery is selected and imaged (36247, 75774). No bleeding is seen in the duodenum. The left gastric is not seen off the celiac. Aortogram is performed (no code), showing the left gastric arising as a separate vessel off the aorta. This is selected and imaged (36245-59, 75726-59), showing a hypervascular region with active bleeding at the gastroesophageal junction due to a Mallory-Weiss tear. This is embolized with gelfoam (37244). Follow-up angiography (bundled) shows cessation of bleeding.

3) Patient with bleeding duodenal ulcer at endoscopy. Via a transfemoral route, a catheter is placed in the celiac artery (36245) and SMA (36245-59) with imaging performed (75726, 75726-59). Active bleeding is seen in the region of the duodenum. Catheter is advanced into the anterior and posterior superior pancreatico-duodenal arteries of the celiac artery (add 36247, 36248; delete 36245), and embolization with coils is performed (37244). Next, the anterior and posterior divisions of the inferior pancreatico-duodenal arteries arising off the SMA are selected and embolized [add 36247-59 and 36248 (embolization is included, as one surgical site), delete 36245-59]. Follow-up angiography from all four vessels shows resolution of bleeding (bundled).

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Clinical Examples in Radiology, Summer 08:1, Summer 10:2, Summer 17:11

CPT Assistant, Fall 93:11, Aug 96:1, Sep 98:3, Oct 00:4, Jan 01:14

CPT Changes: An Insider's View 2014

IR *Interventional Radiology Coding Users' Guide* 2009, pages 48-52, 194

IR, IR Quarterly, Fall 18:3

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Central Venous Coding – Vena Cava

PROCEDURE:

Vena cava angiography can be performed from a peripheral injection at the time of extremity venography (36005) or by placing the catheter centrally into the vena cava (36010).

CLINICAL INDICATIONS:

Upper and lower extremity swelling, superior vena cava syndrome, non-functioning central venous catheter, congenital anomalies and intravascular tumor.

CODES:

PROCEDURE DESCRIPTION	PROC CODE	APC	TOTAL RVU	S&I CODE	APC	TOTAL RVU
Introduction of catheter, superior or inferior vena cava (inferior vena cavagram)	36010	N/A	3.19	75825	5183	1.57
Introduction of catheter, superior or inferior vena cava (superior vena cavagram)	36010	N/A	3.19	75827	5181	1.58
Unlisted injection code for imaging of venous structure other than extremity when catheter is not placed in the cava (not via central venous catheter), non-selective	36299	N/A	0.00			
Fluoroscopic imaging for catheter check without documentation of complete venography (includes fluoroscopy and contrast injection)	36598	5693	1.07			

INSTRUCTIONS:

1. Imaging of the vena cava (75825) is not a component of selective renal venous imaging (75833) so it can be separately coded. This differs from the renal coding rules, which bundle aortography (75625) into selective renal angiography (36251-36254).

2. Code for a separate diagnostic cavagram when performed with pulmonary angiography (unless an IVC filter is placed at the same session).

3. Do not code for an inferior vena cavagram (75825) when performed with vena cava filter placement (37191), repositioning (37192), or retrieval (37193). Fluoroscopic imaging guidance and all radiological supervision and interpretation are included with these procedures. Catheter placements (e.g., 36011, 36012) and all ultrasound guidance (e.g., 37252, 37253, 76937) are also bundled with codes 37191-37193.

4. Do not code a cavagram if performed to measure the caval size, locate the renal veins, or evaluate for variant anatomy or thrombus in the cava at the time of cava filter procedures. These evaluations are considered guiding shots and are not separately coded. The cavagram (SVC or IVC) is bundled with cava filter interventions. The catheter placements in, and imaging of, the cava, renal veins, and iliac veins related to cava filter procedures are bundled and are not

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reported.

5. Do not include separate S&I codes for cavagram when imaged as part of a dialysis fistulogram. The cavagram (75825 or 75827) is considered part of the central venous evaluation and is included in code 36901 for lower and upper extremity dialysis circuits respectively.

6. Do not include a separate S&I code for cavagram when imaged as part of a venous sampling study. The cavagram, as well a selective venography of the sampled organ, is included in code 75893. Catheter placements are bundled with code 36500.

7. If the findings only describe a fibrin sheath or patency of the catheter with flow into or through the cava, do not use code 75825 (inferior vena cavagram) or 75827 (superior vena cavagram) for imaging at the time of lower or upper extremity dialysis catheter check respectively. The cavagram must be a full and complete diagnostic study to use code 75825 or 75827. Use code 36598 to describe this limited imaging. If mechanical removal of obstructive material from the catheter is subsequently done (36595 or 36596), do not report code 36598 either, as it is bundled with codes 36595/75901 and 36596/75902. If fibrin sheath disruption with a balloon is performed (via an existing CVC access), report unlisted code 37799 or 38999.

8. Consider code 36299 for the non-selective injection code for imaging of a venous structure, other than an extremity, when the catheter is not placed in the vena cava (e.g., catheter placement in the jugular vein via jugular vein access). Use code 36598 if injection is done through a central venous access device catheter to evaluate device and venous outflow. If a full and complete superior vena cava study is indicated, performed, and documented, use code 75827 instead of 36598.

EXAMPLE(S):

1) Patient with shortness of breath and suspected pulmonary embolism undergoes selective bilateral pulmonary angiography (36014-50, 75743). Because of clot in the left lower lobe, the catheter is placed in the SVC, and inferior vena cavagram is performed (bundled with filter placement). This shows the vena cava to be patent (normal) and of normal size, a temporary venous catheter is placed (37191).

2) Patient with neck, head, and arm swelling. Bilateral catheter placements in the basillic veins with injection of contrast simultaneously for imaging of both upper extremity venous systems and the superior vena cava. This shows severe stenosis of the SVC due to compression by a lung mass. Arm veins are patent with collaterals noted in the mediastinum (36005-50, 75822, 75827).

3) Chest port is accessed using sterile technique and a Huber needle. Contrast injection shows the tip of the catheter in the right atrium without obstruction (36598).

4) Chest port is accessed with a Huber needle. Contrast injection shows a patent catheter. Further complete imaging of the SVC is performed due to bilateral arm swelling. There is 90% stenosis and adherent clot in the SVC (75827-59). Overnight infusion of thrombolytic agent (37212) is started. Continued thrombolytic infusion into the morning with follow-up angiography (37214) shows clearing of clot, but residual stenosis of 80%. The port is removed (36590). From a femoral vein approach, a catheter is placed into the SVC (36010), and venoplasty with a 16 mm balloon is performed (37248) for 60 seconds. Follow-up shows recoil with 60% residual.

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For this reason, a 20 mm self-expanding stent is successfully deployed (add 37238, delete 37248).

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Clinical Examples in Radiology, Spring 07:1-3, Spring 05:8-10, Winter 12:3

CPT Assistant, May 01:10, Feb 17:14

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Appendix B - Add-On Procedure Codes

10006	34711	36907	47543	64643
10008	34713	36908	47544	64645
10010	34714	36909	49412	75774
10012	34715	37185	49435	76937
10036	34716	37186	50606	77001
19001	34808	37222	50705	77002
19082	34812	37223	50706	77003
19084	34813	37232	61641	92998
19086	34820	37233	61642	99153
19282	34833	37234	61651	99157
19284	[illegible]	37235	[illegible]	0076T
19286	[illegible]	[illegible]	[illegible]	0214T
19288	[illegible]	[illegible]	[illegible]	0215T
19294	36227	37247	64484	0217T
19297	36228	37249	64491	0218T
22512	36248	37252	64492	0229T
22515	36474	37253	[illegible]	0231T
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	
34709	36483	47542	64636	

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DIAGNOSTIC ARTERIOGRAPHY

Catheter Placement and S&I		Code	RVU
Non-selective cervicocerebral arch		36221	5.83
Carotid, extracranial, unilateral, with selective innominate or CCA catheter position		36222	8.19
Carotid, intracranial, unilateral, with selective innominate or CCA catheter position		36223	9.18
Carotid, intracranial, unilateral, with selective, ICA catheter position		36224	10.43
Vertebral, unilateral, with selective innominate/ subclavian catheter position		36225	9.15
Vertebral, unilateral, with selective vertebral catheter position		36226	10.28
External carotid, selective, unilateral	☆	36[illegible]	3.4[illegible]
Each add'l intracranial selective branch internal carotid/vertebral	☆	36[illegible]	6.9[illegible]
Renal selective, unilateral, w/wo aorta (abdominal)		36[illegible]	7.5[illegible]
Renal selective, bilateral, w/wo aorta (abdominal)		36[illegible]	10.4[illegible]
Renal superselective, unilateral, w/wo aorta (abdominal)		36[illegible]	10.[illegible]
Renal superselective, bilateral, w/wo aorta (abdominal)		36[illegible]	12.[illegible]
Non-ophthalmic fluorescent vascular angiography		C9[illegible]8	N/[illegible]
Supervision & Interpretation		**Code**	**RV[illegible]**
Descending thoracic aortogram (single shot)		75600	0.71
Descending thoracic aortogram (multiple images)		75605	1.56
Abdominal aortogram		75625	1.99
Abdominal aortogram with bilat iliofemoral runoff		75630	2.77
Spinal selective (intercostal, lumbar)		75705	3.31
Unilateral extremity (upper or lower)		75710	2.45
Bilateral extremity (upper or lower)		75716	2.71
Visceral selective w/wo aorta (abdominal)		75726	2.78
Bronchial selective w/wo aorta (thoracic)		75726	2.78
Inferior phrenic selective (arising off aorta)		76496	[illegible]
Adrenal, unilateral selective		75[illegible]	1.62
Adrenal, bilateral selective		7[illegible]3	1.81
Pelvic selective		7[illegible]36	1.54
Pulmonary, unilateral selective		7[illegible]1	1.79
Pulmonary, bilateral selective		75[illegible]8	2.28
Pulmonary, non-selective		757[illegible]	[illegible]
Internal mammary		75756	1.59
Each additional vessel after basic selective	☆	75774	1.38
Catheter Placements		**Code**	**RVU**
Place catheter rt heart or main pulmonary artery		36013	3.53
Place catheter right or left pulmonary artery		36014	4.41
Place catheter segmntl/subsegmntl pulm artery		36015	5.00
Direct puncture carotid/vertebral		36100	4.43
[illegible] artery, extremity		36140	2.60
[illegible]ce catheter in aorta, translumbar		36160	3.61
[illegible]ce catheter in aorta, [illegible]moral or b[illegible]ial a[illegible]		3620[illegible]	4.06
[illegible]ch 1st order above d[illegible]hragm		3621[illegible]	6.13
[illegible] 2nd order above d[illegible]hragm		3621[illegible]	7.90
[illegible]ial 3rd order or higher a[illegible]ve d[illegible]hragm		3621[illegible]	9.52
[illegible]ch add'l, 2nd order or hig[illegible]ve diap[illegible]gm	☆	3621[illegible]	1.50
[illegible]ch 1st order below diaphr[illegible]		36245	6.89
[illegible]ow diaphr[illegible]		36246	[illegible]
Initial 3rd order or higher below diaphragm		36247	8.75
Each add'l, 2nd order or higher below diaphragm	☆	36248	1.41

RECONSTRUCTION

		Code	RVU
3D reconstruction not on independent work station		76376	0.28
3D [illegible]ction on independent work station		76377	1.13

☆ ADD-ON CODE
■ MEDICARE INPAT[illegible]NT-ONLY [illegible]OCED[illegible]E

Coding Tips

1. Do not code [illegible]ang[illegible]asty when [illegible] inte[illegible]s to place [illegible]tent.
2. [illegible]se 757[illegible]nly if ad[illegible]nal sel[illegible]e ima[illegible] after th[illegible]sic exam [illegible]formed.
3. D[illegible]se 75774 with dia[illegible]ic renal or [illegible]vi[illegible]ebral imaging p[illegible]edures (36251-3625[illegible]).
4. Endovascular lower extremity revasculariz[illegible]on codes include cathe[illegible] placement, S&I for intervention, and closure device placement. They are for op[illegible] or percutaneous [illegible]ch.

PERCUTANEOUS ANGIOPLASTY

		Procedure	RVU
Arterial angioplasty, initial vessel		37246	10.12
Arterial angioplasty, each add'l vessel	☆	37247	4.97
Intracranial (e.g., atherosclerosis)	■	61630	39.52
Intracranial vasospasm, initial vessel		61640	14.01
Intracranial vasospasm, each additional vessel in same vascular territory	☆	61641	4.92
Intracranial vasospasm, each additional vessel in different vascular territory	☆	61642	9.84

ENDOVASCULAR LOWER EXTREMITY REVASCULARIZATION

		Procedure	RVU
Angioplas[illegible]nly, iliac artery, initial		37220	11.66
Angioplast[illegible]ly, iliac artery, addtl ipsilateral	☆	37222	5.42
Angioplas[illegible]ly, femoral/popliteal artery, unilateral		37224	12.95
Angi[illegible]only, tibial/peroneal artery, unilateral		37228	15.79
Angi[illegible]sty only, tibial/peroneal artery, each add'l	☆	37232	5.83
Atherec[illegible]y, femoral/popliteal, w/ angioplasty if done		37225	17.54
Atherecto[illegible]tibial/peroneal, w/ angioplasty if done, initial		37229	20.45
Atherectomy, tibial/peroneal, w/ angioplasty if done, add'l vessel	☆	37233	9.48
Stent placement, w/wo angioplasty, iliac artery		37221	14.39
Stent placement, w/wo angioplasty, iliac artery, addtl ipsilateral	☆	37223	6.19
Stent placement, w/wo angioplasty, femoral/popliteal, unilateral		37226	15.14
Stent placement, w/wo an[illegible]plasty, tibial/peroneal, initial		37230	20.33
Stent pl[illegible] w/wo an[illegible]plasty, [illegible]/peroneal, each add'l	☆	37234	8.30
Ste[illegible]lacement a[illegible]athe[illegible]tom[illegible] w/wo angioplasty, fem[illegible]al/popliteal		37227	21.10
Ste[illegible]lacement a[illegible]athe[illegible]tomy[illegible]wo angioplasty, tibia[illegible]roneal, in[illegible]		37231	22.04
Stent [illegible]nd athe[illegible]tomy, w[illegible] angioplasty, tibial/peroneal, each add'l vessel	☆	37235	11.70

ATHERECTOMY

		Procedure	RVU
Renal		0234T	0.00
Visceral	■	0235T	0.00
Abdominal aorta		0236T	0.00
Brachiocephalic trunk and bra[illegible]hes		0237T	0.00
Iliac artery		0238T	0.00
[illegible]emoral/[illegible]erectom[illegible]ludes [illegible]ngioplas[illegible]		[illegible]	[illegible]
[illegible]bial/p[illegible]neal athe[illegible]tomy, i[illegible]al vess[illegible] includ[illegible] [illegible]gioplasty)		[illegible]29	20.[illegible]
[illegible]bial/per[illegible]tomy, [illegible]h add'l [illegible]ssel [illegible]cludes [illegible]giop[illegible]y)	☆	[illegible]233	9.4[illegible]

P[illegible]CUT[illegible]OUS [illegible]ENT [illegible]LAC[illegible]ENT [illegible]OT L[illegible]WER EXTREMITY

		Procedure	RVU
Place vascular stent, initial artery (includes RS&I)		37236	12.93
Place vascular stent, each add'l artery (includes RS&I)	☆	37237	6.18
Carotid cervical stent w/ embolic protection device	■	37215	29.04
Carotid cervical stent w/o embolic protection device		37216	28.27
Intrathoracic [illegible] carotid or i[illegible]te artery, retrograd[illegible]pen (in[illegible]es RS&	■	3721[illegible]	[illegible]
Intratho[illegible]c common [illegible]rotid [illegible]nnominat[illegible]rtery, [illegible]en or percutaneous ante[illegible]de a[illegible]oach		37[illegible]	23.76
Extracranial vertebr[illegible]ent p[illegible]ement, initia[illegible]essel		00[illegible]T	0.00
Extracranial ver[illegible] stent p[illegible]ement, add[illegible]nal vessel	☆■	00[illegible]T	0.00
Intracranial s[illegible]placement ([illegible]udes angio[illegible]sty)	■	61[illegible]	42.01

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