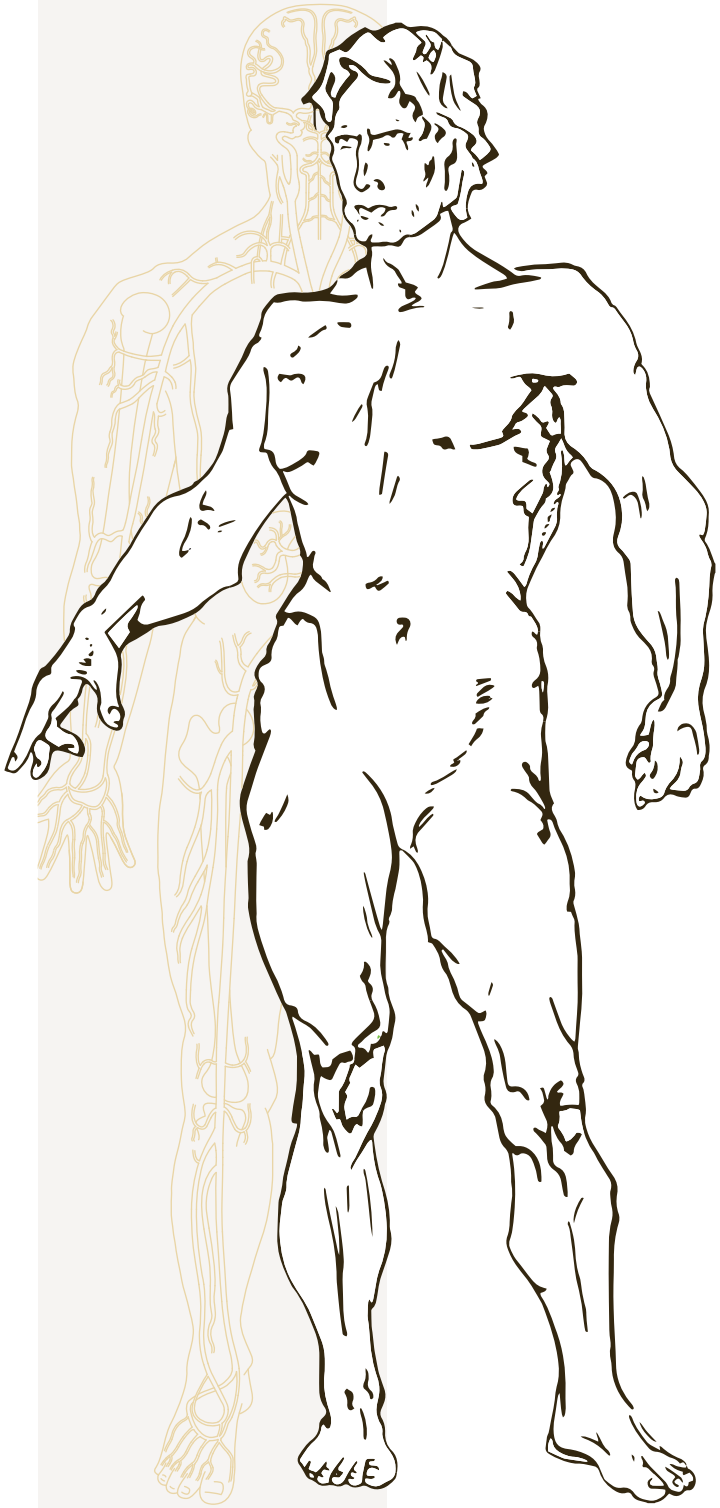
Dr. Z's Medical Coding Series

Interventional Radiology Coding Reference



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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 coding these exams. There are at least thirteen variations of hepatic arterial anatomy.

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 COST OF CATHETER SELECTIVITY FOR NORMAL ANATOMY IS AS FOLLOWS:

ARTERY	CODE	APC	WORK RVU	ARTERY	CODE	APC	WORK RVU
Celiac	36245	N/A	4.65	Proper hepatic	36247	N/A	6.04
Left gastric	36246	N/A	5.02	Right hepatic	36247	N/A	6.04
Splenic	36246	N/A	5.02	Left hepatic	36247	N/A	6.04
Pancreatica magna	36247	N/A	6.04	Right gastric	36247	N/A	6.04
Dorsal pancreatic	36247	N/A	6.04	Right gastroepiploic	36247	N/A	6.04
Common hepatic	36246	N/A	5.02	Gastroduodenal	36247	N/A	6.04

If the vessels selected arise from the same vascular trunk, only the highest order selective catheterization is reported, and code 36248 is reported for the selective catheterization of the other branches.

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C O D E S :

PROCEDURE DESCRIPTION	PROC CODE	APC	WORK RVU	S&I CODE	APC	WORK RVU
Celiac angiogram (selective) with or without aortogram	36245	N/A	4.65	75726	5184	2.05
Any selective branch as the initial exam	36246, 36247	N/A N/A	5.02 6.04	75726	5184	2.05
Any selective branch if additional imaging is done after the basic celiac exam	36246, 36247, or ☆36248	N/A N/A N/A	5.02 6.04 1.01	☆75774	N/A	1.01

☆ Add-on Code

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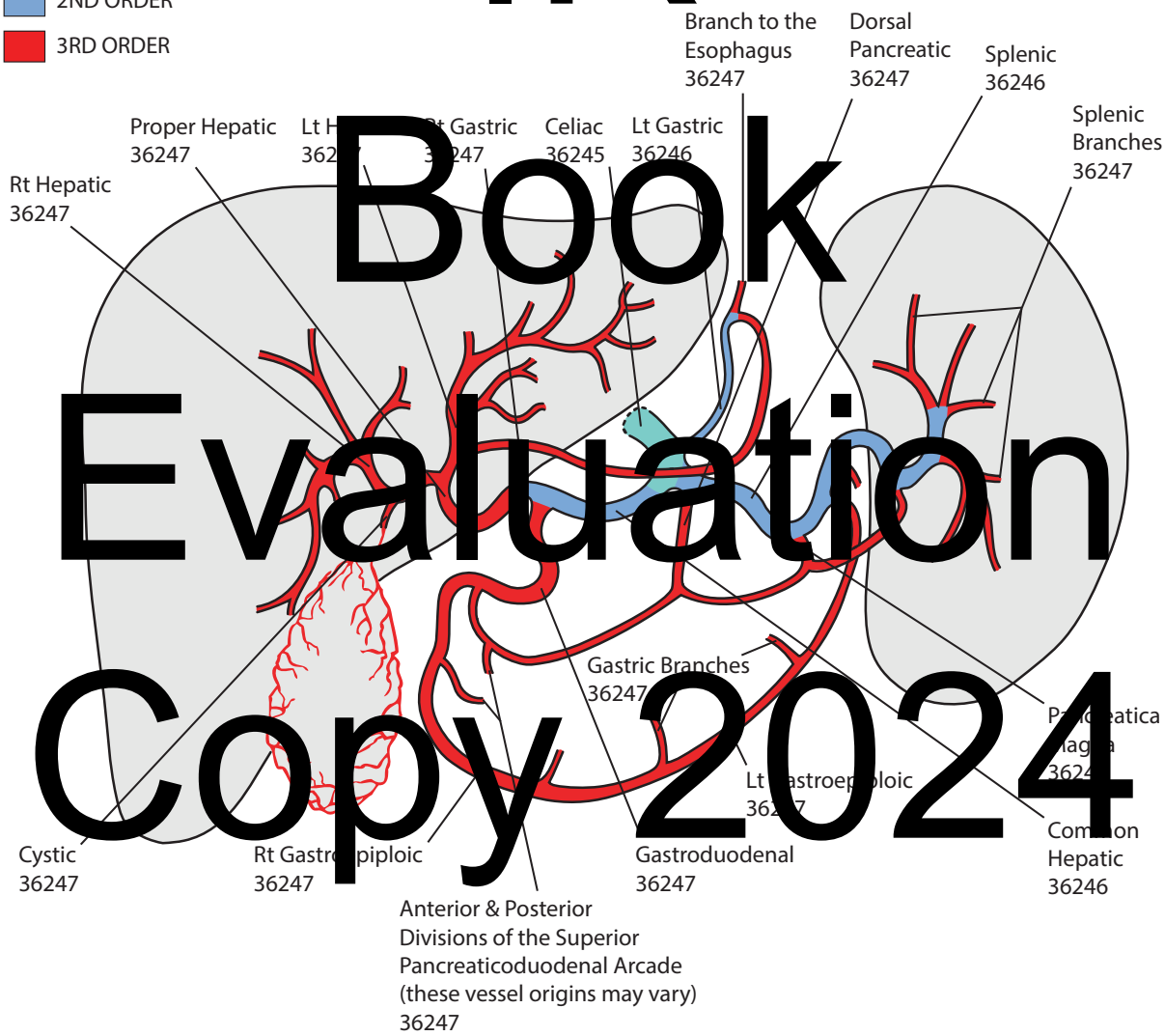

CELIAC ARTERY - DETAILED ANATOMY

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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 TARE (radioembolization with Y-90) procedures. All branches selected are selective catheter placement 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 angiogram (75725) 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, report the appropriate cardiac catheterization code 93455, 93457, 93459, 93461, or 93564.

10. Code 75726 has an MUE of three.

EXAMPLE(S):

1) 65-year-old male with liver metastasis for possible embolization. Diagnostic angiography is performed to determine if the patient is a candidate for embolization. Via right femoral approach, the celiac artery is selected and imaged (75726), demonstrating normal anatomy without stenoses. The splenic artery is selected and imaged for the purpose of portal venous perfusion evaluation. This shows normal splenic arterial anatomy and a widely patent splenic and portal vein (36248, 75887). 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 chemo-embolization. The right hepatic (36248, 75774) and left hepatic (36248, 75774) arteries are also selected and imaged, showing normal flow dynamics and anatomy as well as 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. A microcatheter is advanced into the anterior and posterior superior pancreatico-duodenal arteries of the celiac artery (add 36247, 36248; delete 36245), and embolization with microcoils 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 08:1-3, Fall 13:2-3&5, Summer 15:2, Summer 17:11, Summer 18:2, Winter 18:11, Spring 19:2, Fall 21:16, Winter 23:8

CPT Assistant, Fall 93:11, Aug 96:1, Sep 98:3, Oct 00:4, Jan 01:14, Sep 22:17

CPT Changes: An Insider's View 2014

SIR *Interventional Radiology Coding User's Guide* 2009, pages 49-52, 194

SIR, IR Quarterly, Fall 18:33

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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	WORK RVU	S&I CODE	APC	WORK RVU
Introduction of catheter, superior or inferior vena cava (inferior vena cavagram)	36010	N/A	2.18	75825	5183	1.14
Introduction of catheter, superior or inferior vena cava (superior vena cavagram)	36010	N/A	2.18	75827	5182	1.14
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-elective	36299	N/A	0.00			
Fluoroscopic imaging for catheter check without documentation of complete venography (includes fluoroscopy and contrast injection)	36598	5693	0.74			
Venography for congenital heart defect(s), including catheter placement and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	✰93584	N/A	1.00			

✰ Add-on Code

CODING 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 arterial coding rules, which bundle angiography (75625) into selective renal angiography (36251-36254).

2. Code for a separate diagnostic cavagram when performed with pulmonary angiography (unless a vena cava 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), as imaging guidance and all radiological supervision and interpretation are included with these procedures. Catheter placements (e.g., 36011, 36011) and all ultrasound guidance (e.g., 37252, 37253, 76937) are also bundled

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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 and cava "valve" (0805T) 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 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 report 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 report code 75825 or 75827. Report code 36598 for 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.

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). Report code 36598 if injection is done through a central venous access device or catheter to evaluate the device and venous outflow. If a full and complete superior vena cava study is indicated, performed, and documented, report code 75827 instead of 36598.

9. If two vena cavas are selected and imaged, report the appropriate caval imaging code twice. During congenital heart procedures, if venography of a persistent or anomalous SVC is performed, report code 75827 for the first SVC selected and imaged and code 93580 for the second SVC selected and imaged. Code 93584 is an add-on code to congenital cardiac catheterization codes 93593, 93594, 93596, and 93597.

10. Venous codes 93584-93588 bundle catheter placements during congenital heart catheterizations.

EXAMPLE(S):

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

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(no clot) and of normal size, so a temporary vena cava filter 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 veno-plasty with a 16 mm balloon is performed (37248) for 60 seconds. Follow-up shows recoil with 60% residual. For this reason, a 20 mm self-expanding stent is successfully deployed (add 37238, delete 37248).

5) During congenital right and left heart catheterization with normal connections (93596), duplicated SVC is seen. Both SVCs are then selected and imaged (75827, 93584), along with three veno-venous collaterals above the heart (93587 x 1).

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Clinical Examples in Radiology, Spring 07:1-3, Spring 05:8-10, Spring 08:7, Summer 12:4, Winter 12:3, Winter 16:2

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

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SIR *Interventional Radiology Coding Users' Guide* 2009, pages 52-54, 250-251, V1&V3

SIR News, July-August 2010, page 15

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Appendix B - Add-On Procedure Codes

10004	34713	37186	61641	92998
10006	34714	37222	61642	93569
10008	34715	37223	61651	93573
10010	34716	37232	61864	93574
10012	34717	37233	61868	93575
10036	34808	37234	64421	93584
19001	34812	37235	64462	93585
19082	34813	37237	64480	93586
19084	34820	37239	64484	93587
19086	34833	37247	64491	93588
19282	34834	37249	64492	99153
19284	35400	37252	64494	99157
19286	36218	37253	64495	0076T
19288	36227	38900	64597	0214T
19294	36228	47001	64629	0215T
19297	36248	47542	64634	0217T
22512	36474	47553	64635	0218T
22515	36476	47554	64643	0560T
22527	36479	47550	64645	0562T
33277	36483	49412	75774	0628T
33884	36907	49435	76937	0630T
33924	36908	50606	77001	C9758
34709	36900	50705	77002	C9776
34711	37185	50706	77003	G0278

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