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Free Webinar Series

Introduction to Interventional Radiology Coding (Part 1)

WEDNESDAY, DEC. 11TH, 2019

1:30-2:00pm EST

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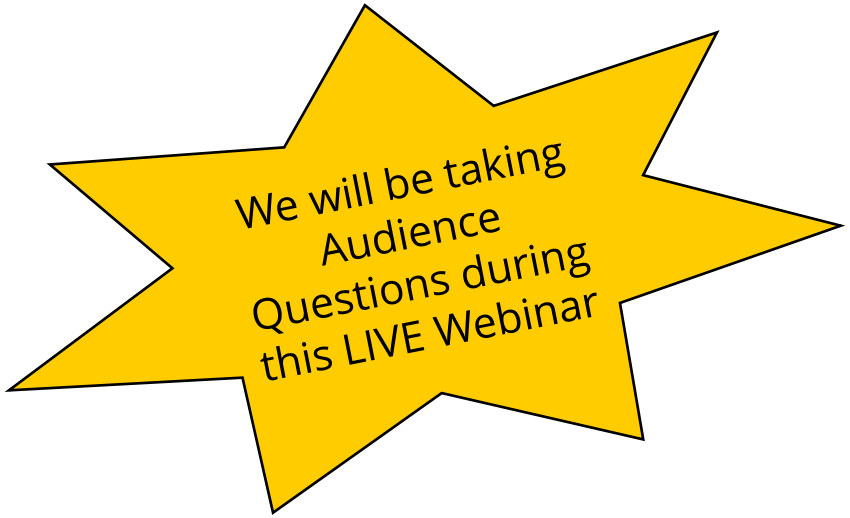


"What Is Interventional Radiology?"

"What Coding Skill Set Is Needed?"

- **Interventional radiology (IR),** also known as vascular and **interventional radiology** (VIR) or surgical radiology, is a sub-specialty of radiology providing minimally invasive image-guided diagnosis and treatment of diseases in every organ system.

- An important skill for the coder of vascular diagnostic and therapeutic procedures to possess is the ability to read and understand the radiology report. Knowledge of vascular anatomy, and angiography and vascular procedure terminology (such as angioplasty, infusion, and embolization, among many others), along with descriptive documentation, must be in place before attempting to code for these services.

Five Vascular Systems For IVR

1. Arterial
2. Venous
3. Pulmonary
4. Portal
5. Lymphatic

- Each system is *coded separately*
- **We will address arterial and venous at this session**

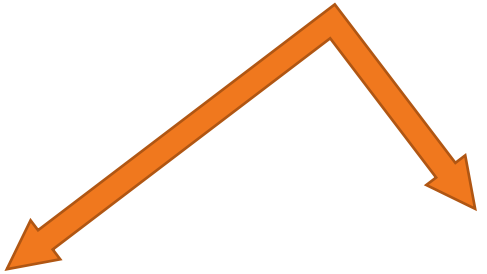
Documentation Must Have's

- Catheter insertion point
- Catheter end position
- Vessels catheterized
- Vessels visualized
- Abnormal anatomy

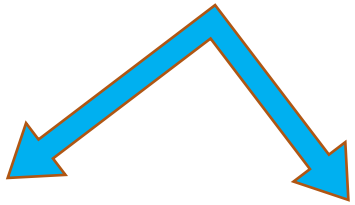
Vascular Family

- Primary Branch Vessels: Vessels that arise from a single branch from the aorta or vena cava
  - Vessels that arise **from the <u>access site</u>** → vascular order

First Order: Vessel that arises **off the aorta or vena cava**



Second Order: Vessel that **branches off from a first order vessel**



Third Order: Vessel **branching off from a second order vessel**

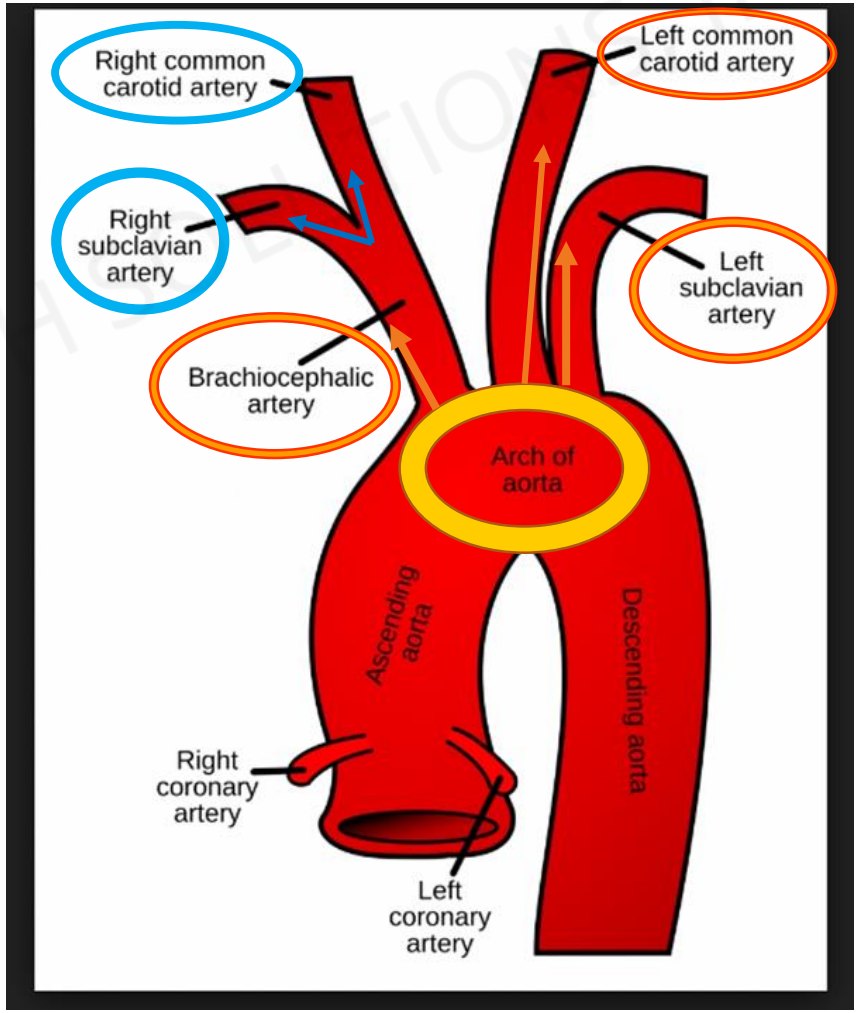
Let's look at vascular families

First order arising off the aorta—

- Left subclavian
- Brachiocephalic
- Left common carotid

Second order arising off first order vessel—

- Right subclavian
- Right common carotid



Source document: AMA

Diagnostic and Therapeutic Procedures

- Coded with:
  - One or more surgical CPT (Current Procedural Terminology) codes
  - One or more imaging codes
  - All inclusive surgical codes also exist (surgical and imaging)

Must have's in documentation:

- ❑ Site the catheter entered the body
- ❑ Movement of the catheter after entry
- ❑ Final positioning of the catheter
- ❑ Understand selective or non-selective

Selective and Non-Selective

Non-Selective: the catheter is inserted directly into a vessel (aorta, vena cava, portal vein, etc.); no additional movement of the catheter is made; no advancement of the catheter further

Selective: the catheter is inserted into a vessel (aorta, vena cava, portal vein, etc.) (the main branch-vascular family) then manipulated into a branched vessel (off the main branch-vascular family).

Caution: Any vessels through which the catheter passes in order to be placed into the aorta, etc., and /or passed through in order to reach a higher degree of selectivity toward the final selective catheter position are included in the coding of the final selective catheterization. The vessel of a high vascular family must be purposefully selected for examination/treatment.

IMPORTANT NOTE:

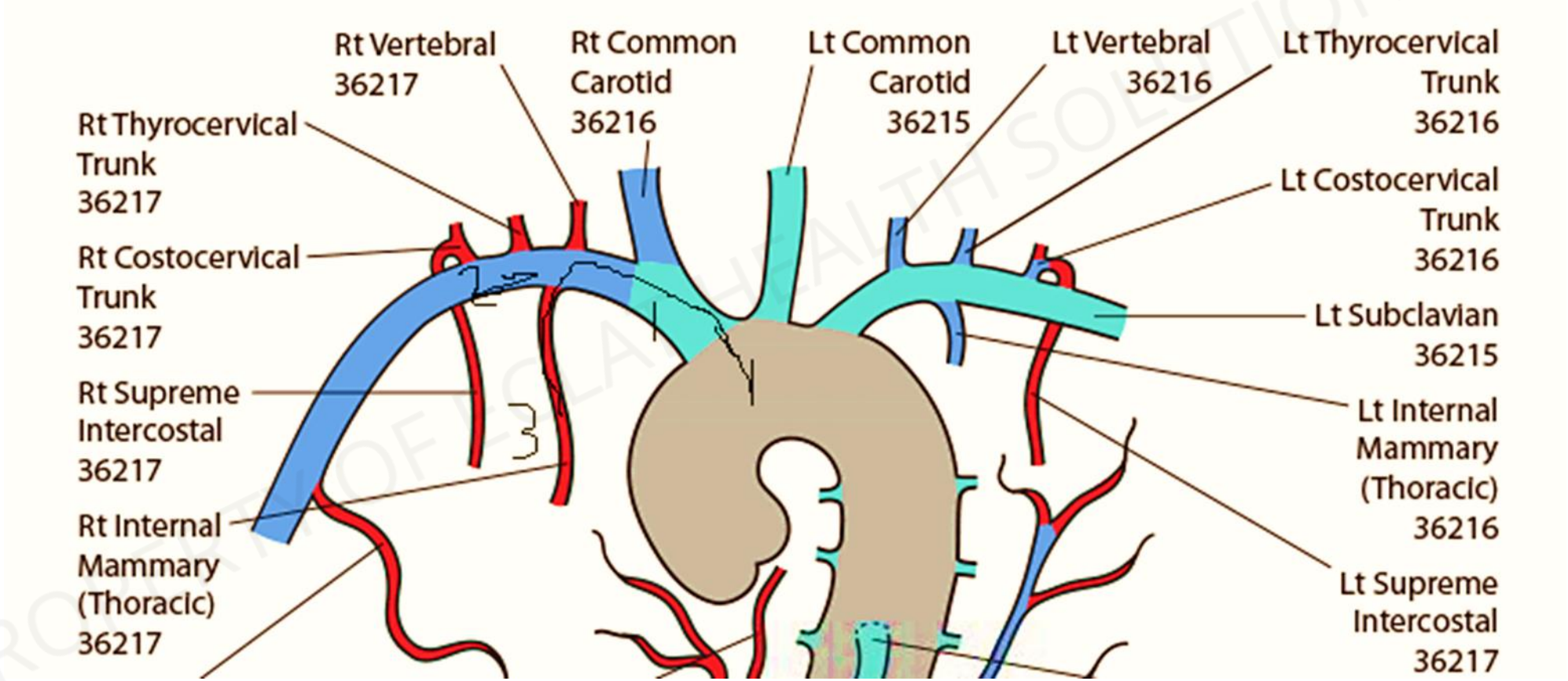
- Once a catheterization is "selective" the non-selective catheterization is inclusive (so once the catheter is manipulated; **drop the non-selective code)**
- Code each access—bilateral access or upper/lower extremity access

For example:

- A catheter is placed into the right upper extremity, and into the aorta. This is non-selective (we did not select a vessel off the aorta). → (36200)
- We then manipulated the catheter into the right brachiocephalic (innominate)—this becomes selective and we omit the non-selective code. → (36215)
- We then manipulated the catheter into the right subclavian –this is a second order and we want to capture each selection separately. → (36216)
- We then manipulated the catheter into the right internal mammary (thoracic) –this is a third order and we want to capture each selection separately. → (36217)
- **3 Codes: 36215, 36216, 36217**

PCS:
B3111ZZ, B31N1ZZ
intent of the catheterization is the imaging of the vessels; when performed with low osmolar fluoroscopy :

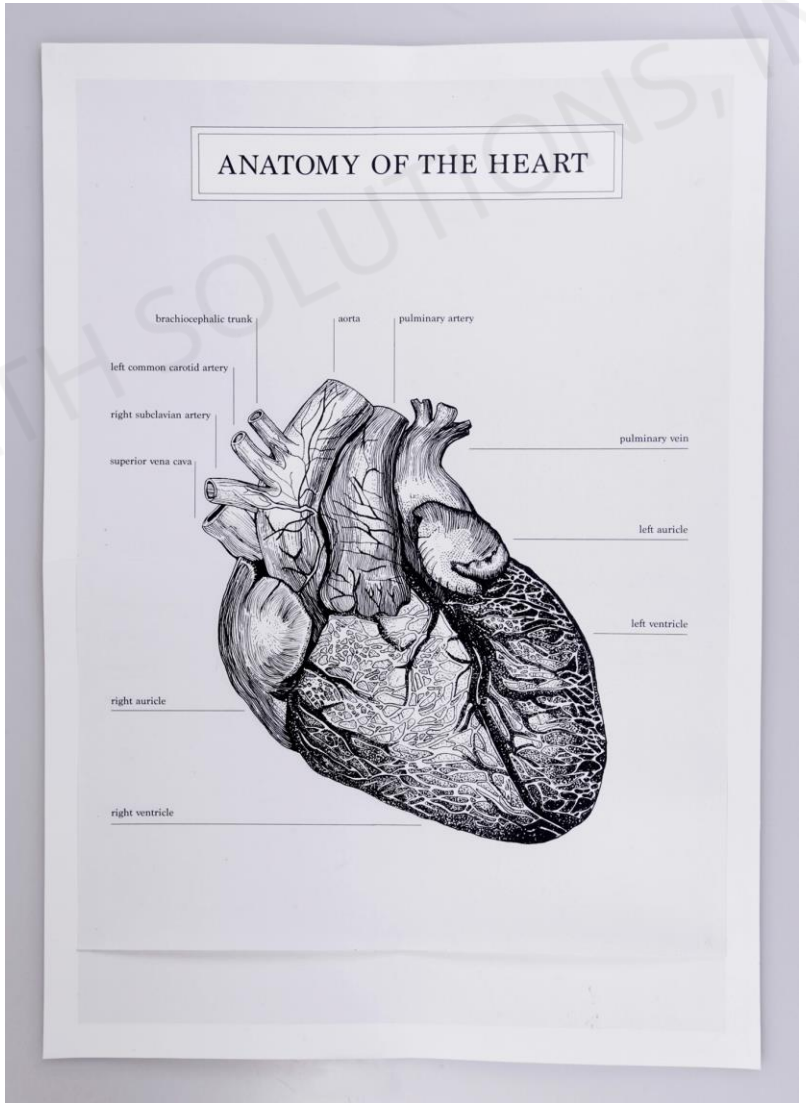
(1) First order (2) Second order (3) Third order



Source: Dr. Z Anatomical charts

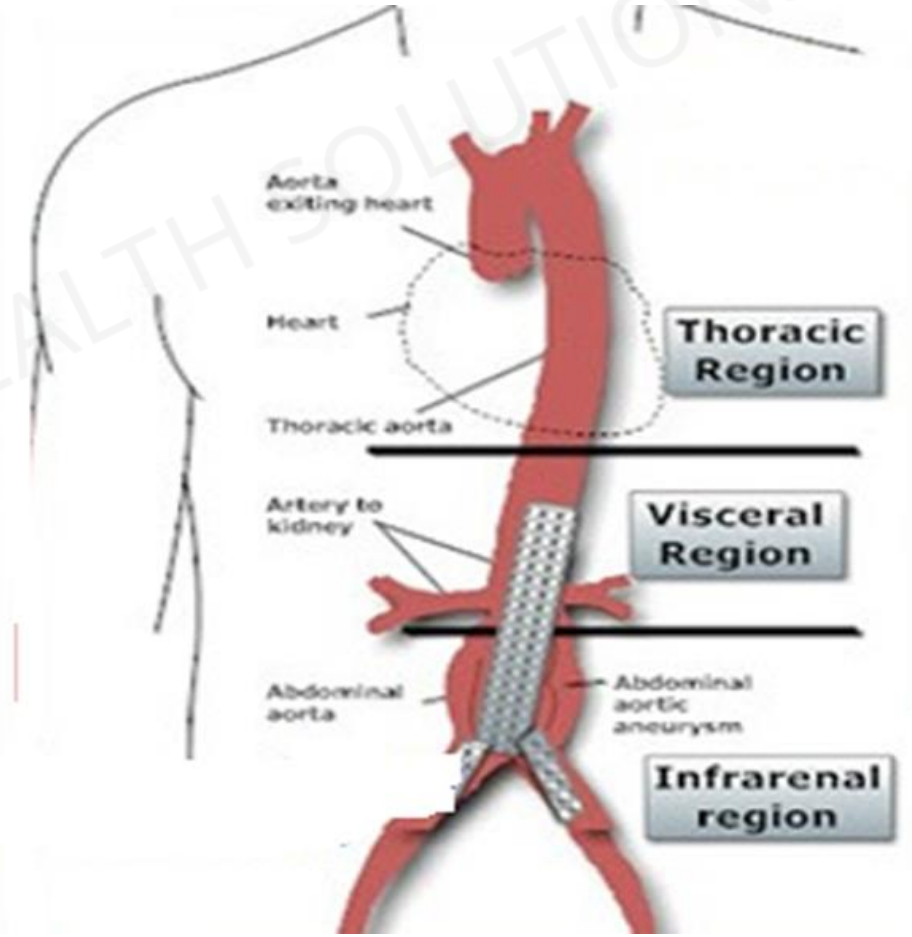
Venous Studies—Vena Cava

- Follow arterial non-selective / selective guidelines
  - Code selective, inclusive of non-selective
  - Code each vascular family to the highest order selected
  - *Each vascular access is coded separately*
  - Additional vascular families that are catheterized; code separately
  - Add on codes are assigned as indicated



Differentiation between upper and lower

- Same as with PCS
- Above and below the diaphragm



Source: AMA

Example 1 with imaging

Accessing the right common femoral, the catheter is advanced into the aorta and contrast is injected for bilateral lower extremity run off study.

ANSWER:
36200 (non-selective – aorta)
75630 (bilateral extremity; no movement of the catheter)

Example 2 with imaging

Accessing the right common femoral, the catheter is advanced into the aorta and contrast is injected for aortogram. The catheter is pulled down into the distal aorta, contrast injected for bilateral lower extremity run off study.

ANSWER:
36200 (non-selective –aorta)
75625 (aortogram)
75716 (bilateral extremity; catheter is moved distally in the aorta)

Example 3 with imaging

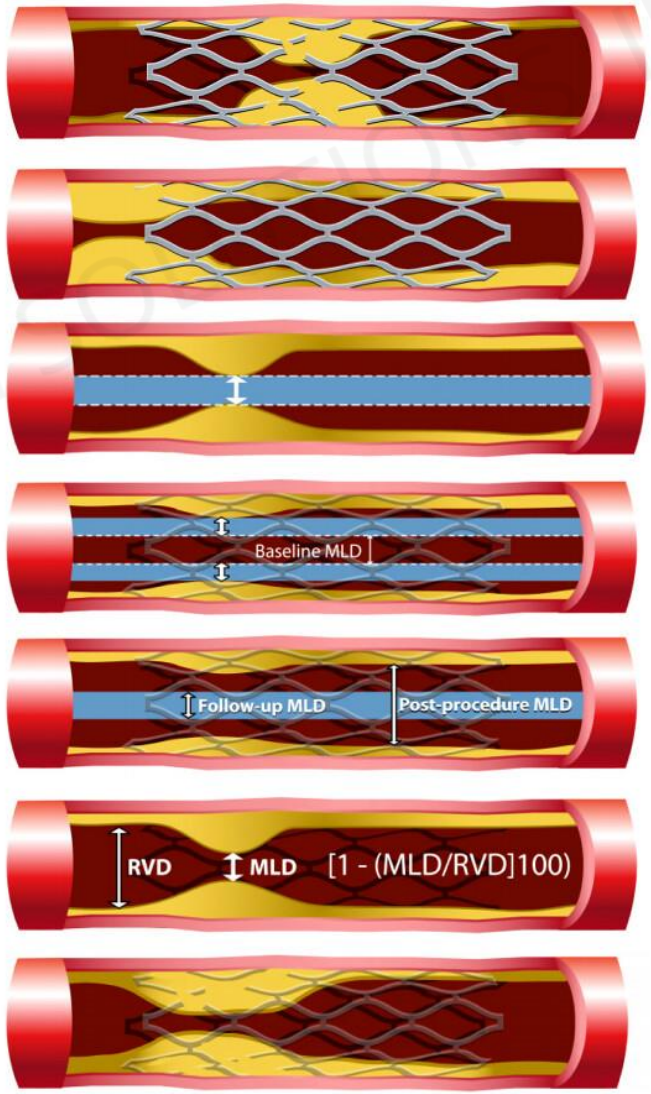
The right axillary artery was accessed, and catheter advanced to the aorta; contrast injected with imaging. The catheter is advanced into the right common iliac, contrast injected with imaging of the right lower extremity and right internal iliac.

ANSWER:

36200 (non-selective) is omitted when the right common iliac is selected 36245
75625 (aortogram)
75710 (right lower extremity)

Therapeutic Interventions Include

- Angioplasty
- Stents
- Atherectomy
- Embolization
- Thrombolysis
- Thrombectomy
- Dialysis graft declotting

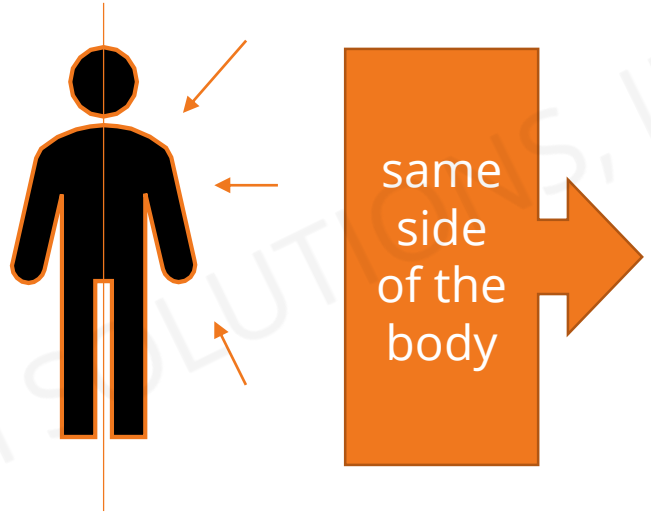


Need to Know:

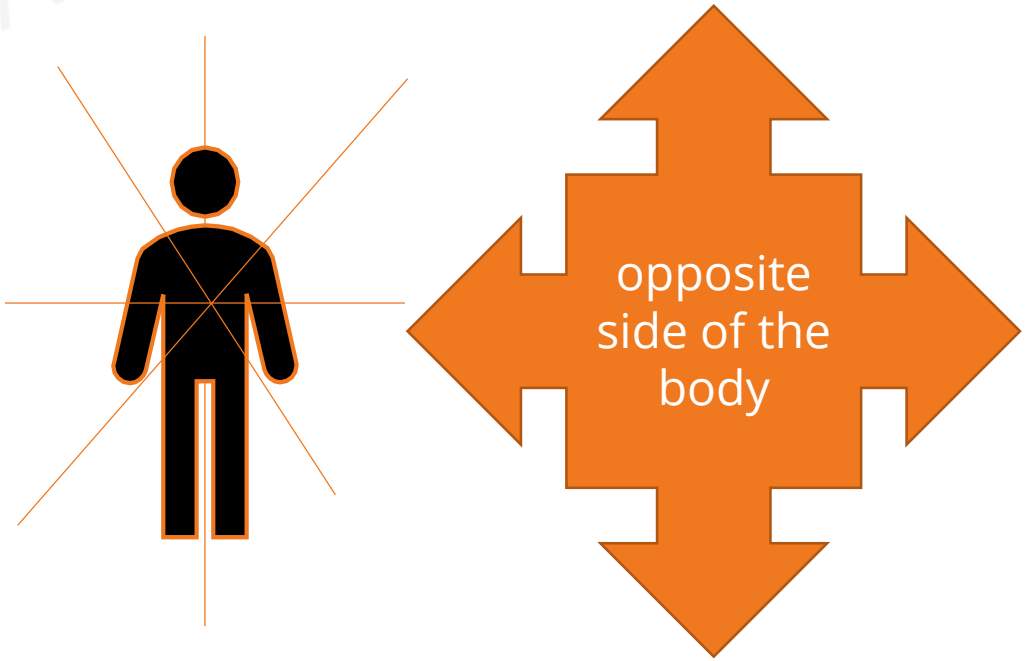
- Diagnostic angiography performed at a separate setting from any interventional radiology procedure is *separately reported.*
- Diagnostic angiography performed at the time of any interventional radiology procedure is *not separately reportable if it is specifically included in the interventional code descriptor.*
- Modifiers may be appended when appropriate; **watch edits!**
- Whenever catheters are placed and then a decision is made to do an intervention on the same vessels, the catheter placement (selective and non-selective) are not coded separately, as they are bundled with the intervention CPT code(s).

One More Piece of Information…

- Ipsilateral—same side of the body



- Contralateral –opposite side of the body



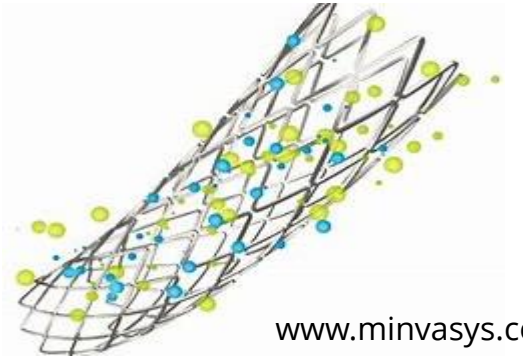
QUICK AUDIENCE POLL

Where do your IVR coders reside?

a) Part of Facility Coding
b) Part of Professional Coding
c) Other
d) I have no clue

Case Study 1 (catheter placement only)

- The left common femoral artery was accessed percutaneously, and a catheter placed in the aorta. Aortogram was obtained with injection of contrast. The catheter was then cannulated in the left common iliac and a left lower extremity angiogram was performed. The angiogram showed a 60% stenosis in the superficial femoral artery (SFA). The catheter was then changed and parked in the SFA contrast was injected; angiogram performed; showing 85% stenosis in the anterior tibial artery. The decision was made at this time to perform stent placement/angioplasty in the SFA and athrectomy/stent/angioplasty in the anterior tibial artery.



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Source: AHIMA

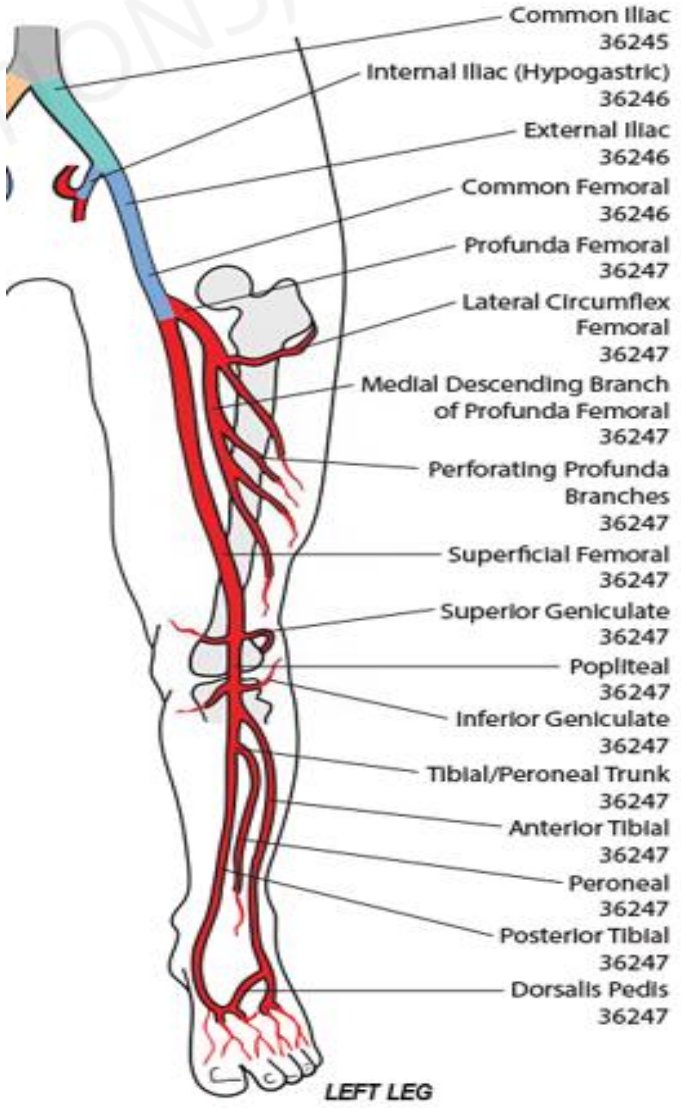
Case Studies One Discussion (catheter placement only)

- Access is ipsilateral…work was performed on the same side as the access (left)
- Catheter placed in the aorta (36200)
- Catheter went into the left common iliac (delete ~~36200~~ add 36245-LT)
- Catheter went into the left SFA (delete ~~36245-LT~~, add 36247-LT, 36248-LT)
  - Code all selective catheterizations; if two third order, 36248 is coded for the 2nd 3rd order)
- Atherectomy/DE stent/angioplasty left anterior tibial artery (delete ~~36247-LT~~, 36248-LT as the diagnostic is bundled into the intervention of the same artery(ies) 37231-LT is added, 37226-LT is added for the SFA DE stent/angioplasty
- **Correct response: 37231-LT, 37226-LT**

Source: AHIMA

PCS:
04CQ3ZZ extirpation left anterior tibial artery
047Q34Z PTA (dilation) left anterior tibial artery/stent
047L34Z PTA (dilation) left SFA/stent

Dr. Z Anatomical Chart



QUICK BREAK FOR

ANY QUESTIONS?

We will respond as time permits.
All other questions will be responded on our ECLAT Blog on our website.

Case Study 2

- Endovascular laser ablation of three incompetent perforator vein(s), RT and LT LE
- The patient was placed in reverse-Trendelenburg position and local anesthesia was instilled in the skin overlying the access site. The vein was accessed using ultrasound guidance. The laser catheter was prepped according to the IFU. The 21 g access needle was placed into the vein and positioned at a point at the layer of fascia and at least 1 cm from the deep venous system confirmed utilizing ultrasound guidance.
- After the laser catheter position was verified by ultrasound, local anesthesia was infiltrated into the tissue surrounding the treatment site. Laser energy was applied at 7W. Repeat ultrasound of the perforator vein was performed, confirming successful closure of the perforator vein with no extension of the thrombus into the deep venous system. The laser and needle were withdrawn, and hemostasis established with direct pressure.

Case Study 2 Discussion

- Right and left endovenous laser ablation

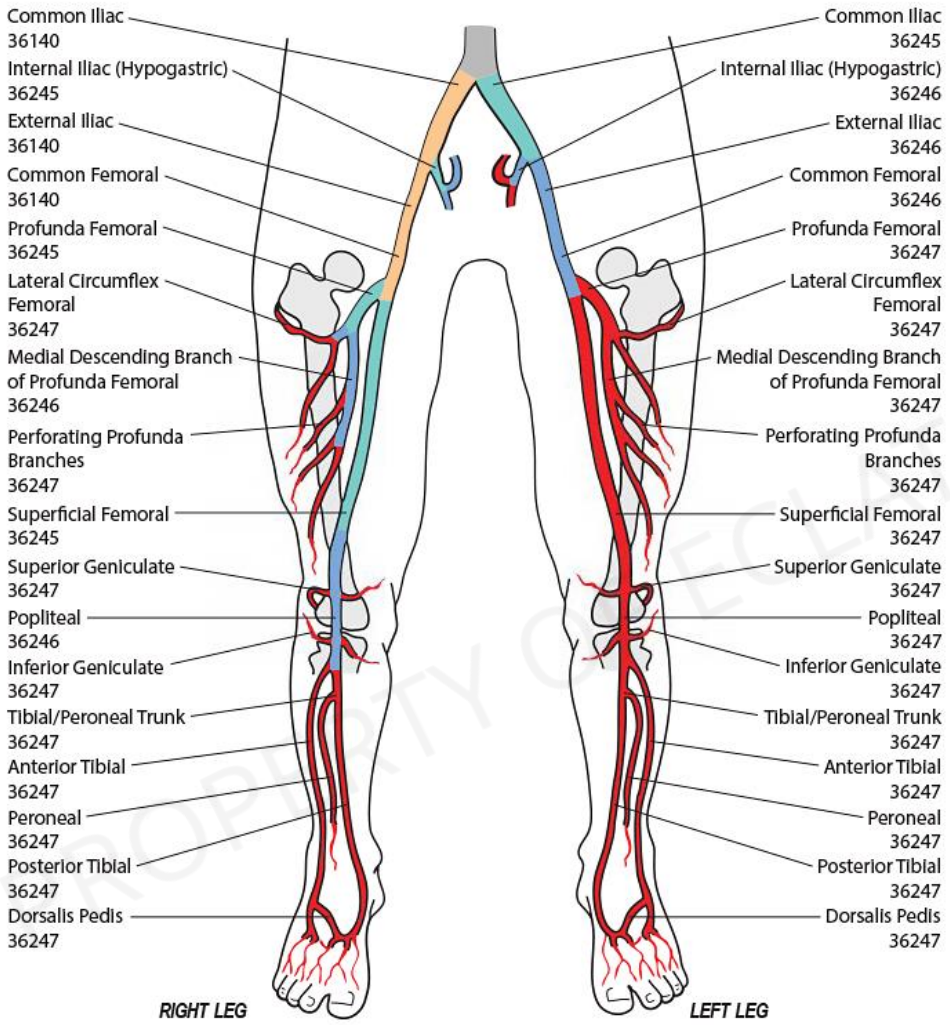
Correct Response:

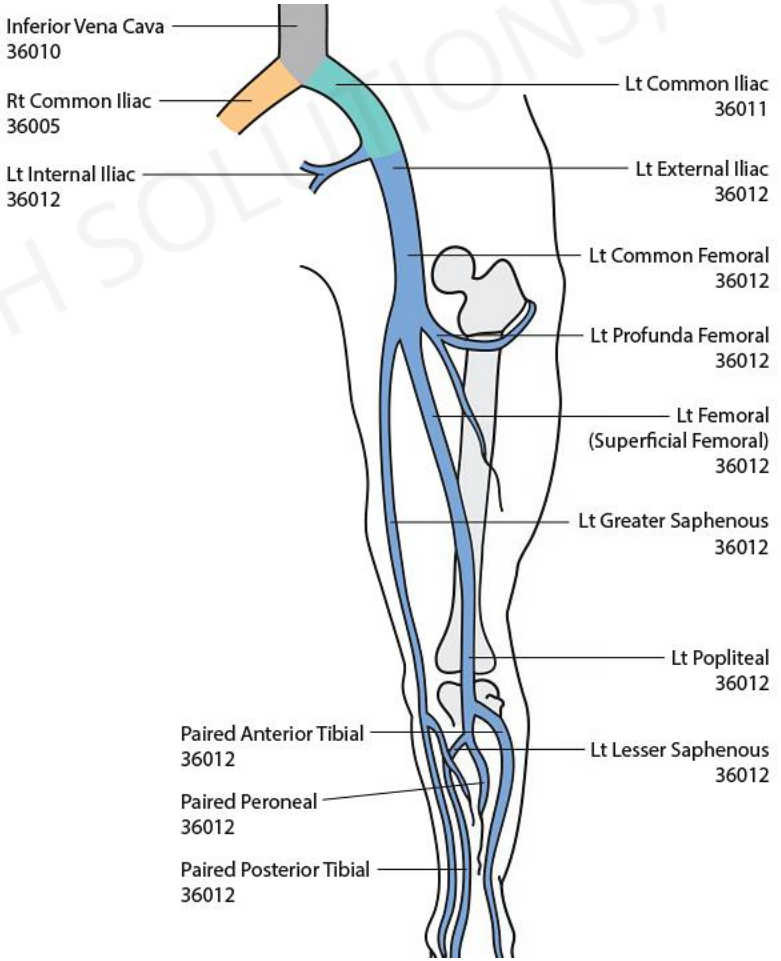
- 36478-50—endovenous ablation therapy…first vein treated (1 RT, 1 LT)
- 36479 --subsequent vein(s) treated in a single extremity (third vein)

PCS:

065Y3ZZ destruction of lower vein, percutaneous approach

Arteries and Veins of the Lower Extremities





Source: Dr. Z's anatomical charts

REFERENCES:

- American Health Information Management Association *HIM Body of Knowledge.* 2019
- American Medical Association *CPT 2019 Professional*. Chicago, IL: AMA 2019
- http://Minvasys.com
- Zielske, David R. *Medical Coding Series,* 2019 Thirteenth Edition. Zhealth Publishing. 2019.

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