2017 CPT Code Update: Interventional & Diagnostic Radiology

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Speaker
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DIAGNOSTIC RADIOLOGY

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Mammography

- *77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral*
- *77066 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral*
- *77067 Screening mammography, bilateral (2-view study of each breast), including computer aided detection (CAD) when performed*
  - Deleted 77051, 77052, 77055, 77056, 77057

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Revised HCPCS for Medicare

- **Medicare will not recognize codes 77065-77067 in 2017.**
  - **G-codes have been revised to include CAD**
- G0202 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
- G0204 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
- G0206 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

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Screening vs. Diagnostic Mammogram

- **Screening Mammography**
  - Performed on asymptomatic females
  - Minimum of 2 views of each breast
    - CC & MLO views
- **Diagnostic Mammography**
  - Performed on females *or males*
  - CC & MLO views, plus additional views ML, LM
  - Reasonable suspicion an abnormality may exist
    - Clinical signs, symptoms, physical findings
    - An abnormal/questionable screening mammogram
    - A personal history of breast cancer
    - A personal history of biopsy-proven BBD
    - A woman is asymptomatic BUT based on hx and/or other factors physician requests diagnostic

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AAA Screening Ultrasound

- *76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)*
  - For US or duplex US of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979
  - **G0389 for Medicare has been deleted**

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Contrast (IV) Enhanced Liver US

- HOPPS
  - C9744 Ultrasound, abdominal, with contrast
  - 96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
  - Q9950 Injection, sulfur hexafluoride lipid microspheres, per mL (Lumason®)
    - Pass thru status
- MPFS – Pro Fee
  - 76705 Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

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-JW Modifier

- **-JW: Drug amount discarded/Not administered to any patient**
- Effective January 1, 2017 **ALL** claims with unused drugs or biologicals from single use vials and packages appropriately discarded must use the JW modifier.
  - JW modifier, billed on a separate line
  - Not used on claims for drugs in the Competitive Acquisition Program (CAP)
- Discarded amount must be documented in the MR
- *Refer to MLN Matters article MM9603 and the Medicare Claims Processing Manual, Transmittal 3530*

-JW Modifier - LOCM

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan
1	01	03	17	01	03	17	11		Q9967				120	
2									Q9967	JW			30	
3														
4														
5														
6														

-FX Modifier

- Appended to the CPT® code when film is used instead of digitally capturing the image
  - Used on Medicare claims
  - Hospital outpatient billing and physician technical/ global billing
- Technical payment will be discounted 20% for 2017

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INTERVENTIONAL RADIOLOGY

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VENOUS ABLATION

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Mechanochemical Venous Ablation

- *36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated*
- *+36474 subsequent vein(s) treated in a single extremity, each through separate access sites (List code separately in addition to primary code)*

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Mechanochemical Venous Ablation

- Common Acronyms
  - MOCA: Mechanochemical Ablation (MOCA)
  - MCEA: Mechanico-chemical endovenous ablation
  - MEECA: Mechanically enhanced endovenous chemical ablation
- Combines sclerotherapy and mechanical damage to the vessel lumen for vein occlusion
- ClariVein® Infusion Catheter

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Mechanochemical Venous Ablation: 36473 & +36474

- CPT Instructional Notes:
  - Sclerosant injection by either needle or catheter followed by a compression technique is not a mechanochemical vein ablation.
  - All imaging guidance and monitoring is inherent to endovascular ablation therapy.
  - When performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable.
  - The add on codes for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.

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Mechanochemical Venous Ablation: 36473 & +36474

- CPT Notes:
  - Use 36474 in conjunction with 36473
  - Do not report 36474 more than once per extremity.
  - Do not report 36473, 36474 in conjunction with 29581, 29582, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479,37241,75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field
  - For catheter injection of sclerosant without concomitant endovascular mechanical disruption of the vein intima, use 37799
  - For catheter injection of an adhesive, use 37799

RF & Laser Ablation - Revised

- RF ablation
  - *+36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency;* ***(second and)*** *subsequent vein(s) treated in a single extremity, each through separate access sites*
- Laser ablation
  - *+36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser* ***(second and)*** *subsequent vein(s) treated in a single extremity, each through separate access sites*

RF & Laser Ablation

- CPT Instructional Notes:
  - Performed under tumescent anesthesia.
  - All imaging guidance and monitoring is inherent to endovascular ablation therapy.
  - When performed in the office setting, all required supplies and equipment are inherent to the procedure and not separately reportable.
  - The add on codes for subsequent vein(s) treated in the same extremity may only be reported once per extremity, regardless of the number of additional vein(s) treated.

DIALYSIS ACCESS MAINTENANCE

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Dialysis Circuit

- AVF or AVG
  - AVF is a direct connection between an artery and a vein.
  - AVG is an indirect connection between the artery and vein. An AVG may be a plastic tube or donated cadaver arteries or veins may also be used for the AVG.
- Begins at the arterial anastomosis and extends to the right atrium.
- Comprised of two segments (zones):
  - Peripheral dialysis segment
  - Central dialysis segment

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Peripheral Dialysis Segment

- Begins at the arterial anastomosis and extends to the central dialysis segment.
  - Upper extremity: Extends through the axillary vein (cephalic vein w/ cephalic venous outflow)
  - Lower extremity: Extends through the common femoral vein
  - Includes the peri-anastomotic region: Region of the dialysis circuit near the arterial anastomosis encompassing a short segment of the parent artery, the anastomosis, and a short segment of the dialysis circuit immediately adjacent to the anastomosis.

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Central Dialysis Segment

- Includes all draining veins central to the peripheral dialysis segment.
  - Upper extremity: includes veins central to the axillary and cephalic veins, including the subclavian and innominate veins through the SVC.
  - Lower extremity: includes central veins to the common femoral vein, including the external and common iliac veins through the IVC.

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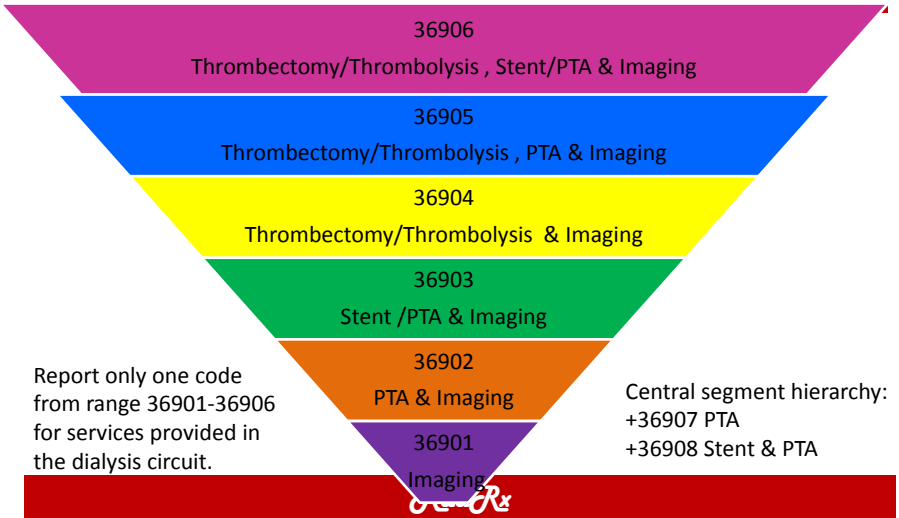
Dialysis Circuit Coding Hierarchy:

Peripheral Segment



Report only one code from range 36901-36906 for services provided in the dialysis circuit.

Central segment hierarchy:
+36907 PTA
+36908 Stent & PTA

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DAM: Imaging Only

- *36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through the entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;*
  - Do not report 36901 in conjunction with 36833, 36902, 36903, 36904, 36905, 36906
- For RS&I of dialysis access circuit angiography performed through an existing access or catheter based arterial access, report 36901-52.
- 36901 replaces 36147, 36148, 75791

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Components of 36901

- Direct puncture with imaging
- All punctures required
- All catheterizations including:
  - Vena cava
  - Venous side branches (accessory)
  - Through to arterial anastomosis (to evaluate peri-anastomosis or anastomosis)
- Closure by any method

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Procedural Components Not Included

- Arterial inflow to the dialysis circuit considered separate vessel.
- Catheterization advanced into inflow artery to evaluate an arterial inflow problem separate from the dialysis circuit.
- 36215 may be used to report image-guided retrograde catheter placement into the inflow artery and into the aorta, if necessary.
- 75710 may be reported if contrast injection for diagnostic angiography is performed through this catheter and RS&I and imaging documentation is performed.
- Code +76937 when all documentation requirements are met.

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DAM: Imaging + PTA

- *36902 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through the entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;* ***with transluminal balloon angioplasty****, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
  - Do not report with 36901

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Components of 36902

- Direct puncture with imaging
- All punctures required
- All catheterizations including:
  - Vena cava
  - Venous side branches (accessory)
  - Through to arterial anastomosis (to evaluate peri-anastomosis or anastomosis)
- PTA of peripheral segment of the dialysis circuit
- Closure by any method
- Reported one time per session for all PTA in the peripheral dialysis circuit (includes peri-anastomotic segment)

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DAM: Imaging + Stent (PTA)

- *36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through the entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;* ***with transcatheter placement of intravascular stent(s),*** *peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment*
  - Do not report 36902, 36903 in conjunction with 36833, 36904, 36905, 36906.
  - Do not report 36901, 36902, 36903 more than once per operative session.
  - For PTA within central vein(s) when performed through dialysis circuit, use 36907.
  - For transcatheter placement of intravascular stent(s) within central vein(s) when performed through dialysis circuit, use 36908.

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Components of 36903

- Direct puncture with imaging
- All punctures required
- All catheterizations including:
  - Vena cava
  - Venous side branches (accessory)
  - Through to arterial anastomosis (to evaluate peri-anastomosis or anastomosis)
- Stent of peripheral segment of the dialysis circuit
- PTA of peripheral segment of the dialysis circuit (at AA)
- Closure by any method
- Reported one time per session for all stents placed in the peripheral dialysis circuit (includes peri-anastomotic segment)

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DAM: Imaging + Thrombectomy/Thrombolysis

- *36904 Percutaneous **transluminal mechanical thrombectomy and/or infusion for thrombolysis,** dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);*
  - For open thrombectomy within the dialysis circuit, see 36831, 36833.

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DAM: Imaging + Thrombectomy/ Thrombolysis + PTA

- *36905 Percutaneous **transluminal mechanical thrombectomy and/or infusion for thrombolysis**, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); **with transluminal balloon angioplasty**, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
  - Do not report 36905 in conjunction with 36904.

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DAM: Imaging + Thrombectomy/ Thrombolysis + Stent (PTA)

- *36906 Percutaneous **transluminal mechanical thrombectomy and/or infusion for thrombolysis**, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s**); with transcatheter placement of intravascular stent(s),** peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, **and all angioplasty within the dialysis circuit***
  - Do not report 36906 in conjunction with 36901, 36902, 36903, 36904, 36905.
  - Do not report 36904, 36905, 36906 more than once per operative session
  - For PTA within central vein(s) when performed through dialysis circuit, use 36907,
  - For transcatheter placement of intravascular stent(s) within central veins(s) when performed through dialysis circuit, use 36908)

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Components of 36904-36906

- Direct puncture with imaging
- All punctures required
- All catheterizations including:
  - Vena cava
  - Venous side branches (accessory)
  - Through to arterial anastomosis (to evaluate peri-anastomosis or anastomosis)
- 36904 Thrombectomy/Thrombolysis
  - All maneuvers to remove thrombus
- 36905 Thrombectomy/Thrombolysis & PTA
  - For removal of arterial plug **do not** code PTA
  - Underlying stenosis must be treated for PTA
- 36906 Thrombectomy/Thrombolysis & Stent/PTA
  - 36904, 36905, 36906 reported one time per session

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DAM: PTA Central Veins

- *+36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)*
  - Use 36907 in conjunction with 36818-36833, 36901, 36902, 36903, 36904, 36905, 36906.
  - Do not report 36907 in conjunction with 36908.
  - Report 36907 once for all angioplasty performed within the central dialysis segment.

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DAM: Stent/PTA Central Veins

- *+36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis access circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in central dialysis segment (List separately in addition to code for primary procedure)*
  - Use 36908 in conjunction with 36818-36833, 36901, 36902, 36903, 36904, 36905, 36906.
  - Do not report 36908 in conjunction with 36907.
  - Report 36908 once for all stenting performed within the central dialysis segment.

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DAM: Embolization

- *+36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)*
  - 36909 includes all permanent vascular occlusions within the dialysis circuit and may only be reported once per encounter per day.
  - Report 36909 in conjunction with 36901, 36902, 36903, 36904, 36905, 36906.
  - For open ligation/occlusion in dialysis access, use 37607

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2016 vs. 2017
Case Example #1

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for additional imaging
- Imaging
  - Fistulagram
- 2016: 36147
- 2017: 36901

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2016 vs. 2017
Case Example #2

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - PTA AVG/AVF
  - Stent venous anastomosis
- 2016: 36147, 36148, 37238
- 2017: 36903

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2016 vs. 2017
Case Example #3

- Access
  - Direct puncture AV graft
- Catheter placement
  - Subclavian vein
- Imaging
  - Fistulagram
- Intervention
  - PTA AV graft
  - PTA subclavian
- 2016: 36147, 35476, 75978, 35476-59, 75978-59
- 2017: 36902, 36907

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2016 vs. 2017
Case Example #4

- Access
  - Direct puncture AV graft
- Catheter placement
  - Venous collateral branch
- Imaging
  - Fistulagram
- Intervention
  - PTA AVF/AVG
  - Stent AVF/AVG
  - Embolization collateral branch
- 2016: 36147, 36011, 37238, 37241
- 2017: 36903, 36909

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2016 vs. 2017
Case Example #5

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access - venous collateral branch
- Imaging
  - Fistulagram
- Intervention
  - Embolization collateral branch
- 2016: 36147, 36148, 36011, 37241
- 2017: 36901, 36909

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2016 vs. 2017
Case Example #6

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - PTA AVG/AVF
  - Stent arterial anastomosis
- 2016: 36147, 36148, 37236
- 2017: 36903

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2016 vs. 2017
Case Example #7

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - PTA arterial anastomosis
  - Stent AVF/AVG
- 2016: 36147, 36148, 37238
- 2017: 36903

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2016 vs. 2017
Case Example #8

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - Stent arterial anastomosis
  - Stent venous anastomosis
- 2016: 36147, 36148, 37236
- 2017: 36903

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2016 vs. 2017
Case Example #9

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - Thrombectomy
  - PTA to clear arterial plug
- 2016: 36147, 36148, 36870
- 2017: 36904

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37241 Embolization Revised Note

- Code 37241 is used to report endovascular embolization or occlusion procedures performed for venous conditions other than hemorrhage or hemodialysis access. Examples include embolization of venous malformations, capillary hemangiomas, varicoceles, and visceral varices. **For endovascular embolization or occlusion of side branch(es) of an outflow vein(s) from a hemodialysis access, use 36909.**

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Open Revision AVF

- *36833 Revision, open, AVF; w/ thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)*
- *CPT Notes added:*
  - For percutaneous thrombectomy within the dialysis circuit, see 36904, 36905, 36906
  - For central dialysis segment angioplasty in conjunction with 36818-36833, use 36907
  - For central dialysis segment stent placement in conjunction with 36818-36833, use 36908
  - Do not report 36832, 36833, in conjunction with 36901, 36902, 36903, 36904, 36905, 36906 for revision of the dialysis circuit

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Open Revision AVF

- CPT Instructional Note Added:
  - If open dialysis circuit creation, revision, and/or thrombectomy (36818-36833) are performed, completion angiography is bundled, as is peripheral segment angioplasty and/or stent placement (36901, 36902, 36903) and therefore, not separately reported. However, dialysis circuit central segment angioplasty and/or stent placement may be separately reported (36907, 36908).

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ANGIOPLASTY

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Arterial Angioplasty

- *37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision necessary to perform the angioplasty with the same artery; initial artery*
- *+37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision necessary to perform the angioplasty with the same artery; each additional artery (List separately in addition to code for primary procedure)*
  - *35471-35475, 75962-75968 deleted*

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Arterial Angioplasty 37246 & +37247

- Assigned for percutaneous or open angioplasty
- Code one time per vessel/lesion
  - When additional separate and distinct ipsilateral or contralateral vessels are treated in the same session, 37249 may be reported as appropriate
- 37246-37247 excludes:
  - CNS (61630, 61635)
  - Coronary (92920-92944)
  - Pulmonary (92997, 92998)
  - Lower Extremity Occlusive disease (37220-37235)

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Arterial Angioplasty 37246 & +37247

- CPT Notes:
  - Use 37247 in conjunction with 37246.
  - Do not report 37246, 37247 in conjunction with 37215, 37216, 37217, 37218, 37218, 37220-37237 when performed in the same artery during the same operative session.
  - *Do not report with 37236, 37237 in same artery (note noted, but PTA bundled w/ stent)*
  - Do not report 37246, 37247 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 for angioplasty(ies) performed, when placing bare metal or covered stents into the visceral branches within the endoprosthesis target zone.

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Arterial Angioplasty 37246 & +37247

- 37246-37247 include RS&I directly related to the intervention performed and imaging performed to document completion.
- Components reported separately:
  - Catheterization codes
  - IVUS
  - Mechanical thrombectomy or thrombolysis
  - Extensive repair or replacement of an artery

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Venous Angioplasty

- *37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision necessary to perform the angioplasty with the same vein; initial vein*
- *+37249 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision necessary to perform the angioplasty with the same vein; each additional vein (List separately in addition to code for primary procedure)*
  - *Deleted 35476/75978*

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Venous PTA 37248 & +37249

- Assigned for percutaneous or open angioplasty
- Assign one time per vessel/lesion
  - When additional separate and distinct ipsilateral or contralateral vessels are treated in the same session, 37249 may be reported as appropriate
- 37248-37249 excludes:
  - Dialysis Circuit (36902, 36905, 36907)
  - Extracranial and Innominate (37215-37218)
  - Peripheral Veins (37238, 37239)

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Venous PTA 37248 & +37249

- CPT Notes:
  - Use 37249 in conjunction with 37248.
  - Do not report 37248, 37249 in conjunction with 37238, 37239 when performed in the same vein during the same operative session.

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Venous Angioplasty 37248 & +37249

- 37248-37249 include RS&I directly related to the intervention performed and imaging performed to document completion.
- Components reported separately:
  - Catheterization codes
  - IVUS
  - Mechanical thrombectomy or thrombolysis

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2016 vs. 2017 Case Example #10

- Access:
  - RT common femoral
- Catheterization:
  - SMA
- Imaging:
  - SMA selective
- Intervention:
  - PTA SMA
- 2016: 35471, 75966, 36245, 75726-59
- 2017: 37246, 36245, 75726-59

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2016 vs. 2017
Case Example #11

- Access:
  - RT common femoral
- Catheterization:
  - RT subclavian artery
- Imaging:
  - RT Subclavian artery
- Intervention:
  - PTA subclavian artery
- 2016: 35475, 75962, 36216, 75710-59-RT
- 2017: 37246, 36216, 75710-59-RT

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2016 vs. 2017
Case Example #12

- Access:
  - RT common femoral
- Catheterization:
  - IMA
  - Celiac
- Imaging:
  - IMA selective
  - Celiac selective
- Intervention:
  - PTA IMA
  - PTA celiac
- 2016: 35471, 75966, 35471-59, 75968, 36245, 36245-59, 75726-59, 75726-59
- 2017: 37246, 37247, 36245, 36245-59, 75726-59, 75726-59

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2016 vs. 2017
Case Example #13

- Access:
  - LT common femoral vein
- Catheterization:
  - RT common femoral vein
- Imaging:
  - RT lower extremity
- Intervention:
  - PTA RT SFV
- 2016: 35476, 75978, 36012, 75820-59-RT
- 2017: 37248, 36012, 75820-59-RT

SPINAL INJECTIONS

Spinal Injections: Cervical/Thoracic

- *62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance*
  - 62310 deleted
- *62321 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)*

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Spinal Injections: Lumbar/Sacral

- *62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance*
  - 62311 deleted
- *62323 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid , lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)*

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Spinal Infusions: Cervical/Thoracic

- *62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance*
  - 62318 deleted
- *62325 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)*

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Spinal Infusions: Lumbar/Sacral

- *62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance*
  - 62319 deleted
- *62327 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)*

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2016 vs. 2017

- After patient interview and brief examination, informed consent was obtained. After sterile preparation, draping, and local anesthetic administration, under PA and lateral fluoroscopic guidance, a 20 gauge spinal needle was positioned from a paraspinal oblique approach to the left L5-S1 sublaminar space. The needle was carefully inserted through the ligaments, into the dorsal lumbar epidural space.
- A epidurogram was performed with injection of approximately 2 cc of Isovue 300, which demonstrated distribution along the dorsal midline epidural space. The epidural space appeared normal, with no adhesions or scarring. There was no subarachnoid extension of contrast. A therapeutic block was performed with injection of 80 milligrams of Kenalog and 3 cc's of 0.5% Marcaine. The needle was removed. The patient tolerated the procedure and there were no immediate complications.
- **IMPRESSION:** Satisfactory fluoroscopic guided lumbar epidurogram and epidural steroid injection.
- **2016:** 62311, 77003
- **2017:** 62323

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NERVE CRYOABLATION

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Cryoablation - Nerve

- *0440T Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve*
- *0441T Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve*
- *0442T Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)*

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Cryoablation - Nerve

- Treatment of neuralgia associated with cancer, diabetic peripheral neuropathy, phantom or residual limb pain, post-surgical conditions or traumatic injuries.
- Describe freezing of nerves to disrupt nerve conduction
- Alternative to chemodenervation, nerve blocks and pharmacological therapy

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FLUOROSCOPY

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Fluoroscopy: +77002 & +77003

- Codes 77002 & 77003 now designated as add-on codes
- +77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
  - Use with 10022, 10160, 20206, 20220, 20225, 20520, 20525, 20526, 20550, 20551, 20552, 20553, 20555, 20600, 20605, 20610, 20612, 20615, 21116, 21550, 23350, 24220, 25246,27093, 27095, 27370. 27648, 32400, 32405, 32553, 36002, 38220, 38221, 38505, 38794, 41019, 42400, 42405, 47000, 47001, 48102, 49180, 49411, 50200, 50390, 51100, 51101, 51102, 55700, 55876, 60100, 62268, 62269, 64505, 64508, 64600, 64605
- +77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)
  - Use with 61050, 61055, 62267, 62270, 62272, 62273, 62280, 62281, 62284, 64510, 64517, 64520, 64610
  - Do not report with 62320-62327

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MODERATE SEDATION

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Moderate Sedation

- **Definition:** Moderate (conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain cardiovascular function or a patent airway, and spontaneous ventilation is adequate.
  - Codes are not used for administration of medications for pain control, minimal sedation, deep sedation or MAC.
  - Bullseye removed from numerous procedures, therefore moderate sedation will now be reported separately.
  - New moderate sedation codes to be reported separately.

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Moderate Sedation

- An independent trained observer is an individual who is qualified to monitor the patient during the procedure who has no other duties during the procedure.
- If the physician or QHP who provide sedation services also perform the procedure supported by sedation, the physician or QHP will supervise and direct an independent trained observer who will assist in monitoring the patients level of consciousness and physiological status throughout the procedure.

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Moderate Sedation: Same Provider

- *99151 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient **younger than 5 years of age***
- *99152 ….initial 15 minutes of intraservice time, patient **age 5 years or older***
- *+99153 each additional 15 minutes intraservice time (List separately in addition to code for primary service)*

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Moderate Sedation: Other Provider

- *99155 Moderate sedation services provided by a physician or other qualified health care professional other than the physician or qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient **younger than 5 years of age***
- *99156 ….initial 15 minutes of intraservice time, patient **age 5 years or older***
- *+99157 each additional 15 minutes intraservice time (List separately in addition to code for primary service)*

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Moderate Sedation: Calculating Time

- Time is based on intra-service work:
  - Begins with administration of the sedating agent(s)
  - Ends when the procedure is completed, the patient is stable for recovery status, and the physician or other QHP providing the sedation ends personal continuous face-to-face time with the patient
  - Includes ordering and/or administering the initial and subsequent doses of sedating agents
  - **Requires continuous face-to-face attendance of the physician or QHP**
  - Requires monitoring patient response to sedating agents including: periodic assessment of patient; further administration of agent(s) as needed to maintain sedation; and monitoring of oxygen saturation, heart rate and blood pressure.
- Once continuous face to face time with the patient has ended, additional face to face time with the patient is not added to the intra-service time.

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Moderate Sedation

Less than 10 minutes, do not code

Intraservice Time	Same Provider	Same Provider	Different Provider	Different Provider
	Less than 5 years	5 years or greater	Less than 5 years	5 years or greater
10-22 minutes	99151	99152	99155	99156
23-37 minutes	99151 + 99153	99152 + 99153	99155 + 99157	99156 + 99157
38-52 minutes	99151 + 99153 x2	99152 + 99153 x2	99155 + 99157 x2	99156 + 99157 x2
53-67 minutes	99151 + 99153 x3	99152 + 99153 x3	99155 + 99157 x3	99156 + 99157 x3
68-82 minutes	99151 + 99153 x4	99152 + 99153 x4	99155 + 99157 x4	99156 + 99157 x4
83 minutes or longer	99151 + 99153 x5 ….	99152 + 99153 x5 ….	99155 + 99157 x5 ….	99156 + 99157 x5 ….

Thrombectomy & Moderate Sedation Revised Note

- Do not report 37184 in conjunction with 61645, 76000, 76001, 96374, 99151, 99152, 99153, 99155, 99156, 99157

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ICD-10-CM CODING

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ICD-10-CM FY2017

Effective October 1, 2016

- Grace period on unspecified codes ends
  - Must code to highest degree of specificity
- Identify top 20 – 25 unspecified diagnosis coded
  - Review documentation
  - Coder & Provider education – not coding to highest specificity or documentation is incomplete
- Evaluate EMR application of diagnosis codes
- High utilization of unspecified diagnosis codes may result in:
  - Claim denials
  - Payer audits
  - Quality reporting errors

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ICD-10-CM FY2017

Effective October 1, 2016

- Specificity & Medical Necessity
  - NCD 220.4 Diagnostic Mammography
    - Removed C50.919 and other unspecified codes
    - Specific breast must be reported

    https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1672OTN.pdf
  - NCD 150.3 Bone Density
    - Removed M85.80
    - Site specific osteopenia code must be reported

    https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1525.pdf
- Review all NCDs and LCDs for removal of unspecified codes

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LDCT Lung Screening

- G0296 Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)
- **G0297 Low dose CT scan (LDCT) for lung cancer screening**

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LDCT Lung Screening

- Covered for Medicare beneficiaries who fall into all of the following categories:
  - Age 55–77 years
  - Asymptomatic
  - Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
  - Current smoker or one who has quit smoking within the last 15 years
  - Receive a written order for lung cancer screening with LDCT Frequency Annually for covered Medicare beneficiaries
  - First year: Before the first lung cancer LDCT screening, Medicare beneficiaries must receive a counseling and shared decision making visit
  - Subsequent years: The Medicare beneficiary must receive a written order furnished during an appropriate visit with a physician or NPP

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LDCT Lung Screening

- CMS instructed to use Z87.891 Personal history of nicotine dependence.
- Starting with procedures with dates of service of July 1, 2016 or later MACs to cover the following ICD-10 diagnostic codes for current smoker:
  - F17.210 Nicotine dependence, cigarettes, uncomplicated
  - F17.211 Nicotine dependence, cigarettes, in remission
  - F17.213 Nicotine dependence, cigarettes, with withdrawal
  - F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
  - F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
- Claims that were held should be submitted and will be paid.

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References

- *Cracking the IR Code: Your Comprehensive Guide to Mastering Interventional Radiology Coding, 2017 Edition* by Stacie L. Buck
- *Mastering Interventional Radiology & Cardiology Coding Comprehensive Online Education Program* by Stacie L. Buck
- *2017 CPT Insider's View*
- *2017 CPT Professional Edition*

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Question & Answer

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