

Interventional Radiology Coding Case Studies
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Week of January 1, 2018

Left & Right Nephrostograms, Left Nephroureteral Catheter Exchange, Right Nephrostomy Exchange

1. CONTRAST INJECTION PERFORMED THROUGH LEFT-SIDED 8-FRENCH X 26 cm NEPHROURETERAL CATHETER WITH DIGITAL X-RAY IMAGING.
2. FLUOROSCOPIC GUIDED EXCHANGE OF LEFT-SIDED 8-FRENCH DIAMETER X 26 cm NEPHROURETERAL CATHETER FOR A NEW 8-FRENCH DIAMETER X 26 cm NEPHROURETERAL CATHETER.
3. CONTRAST INJECTION PERFORMED THROUGH EXISTING RIGHT NEPHROSTOMY CATHETER.
4. FLUOROSCOPIC GUIDED EXCHANGE OF RIGHT-SIDED 10-FRENCH NEPHROSTOMY CATHETER OVER A GUIDEWIRE FOR A NEW RIGHT 10-FRENCH NEPHROSTOMY CATHETER.
5. MODERATE SEDATION.

CLINICAL HISTORY: This patient is a 72-year-old male with history of bladder cancer status post neobladder construction many years ago who developed bilateral ureteral strictures and has had a left nephroureteral catheter placed approximately 5 years ago and a right nephrostomy catheter placed approximately 5 years ago. The patient has undergone numerous exchanges of these catheters. The catheters were last exchanged December 23, 2017. The patient has been referred by his urologist for exchange of the catheters.

INFORMED CONSENT: The patient's diagnosis, treatment plan/procedure, risks and benefits, treatment alternatives, complications, and prognosis is with and without treatment were explained to the patient and/or patient's family in plain language. Informed consent was obtained and we were asked to proceed with the procedure. A verbalized timeout was performed before the procedure with the required team present.

ANESTHESIA: Local 2% Lidocaine. Moderate sedation.

TECHNIQUE AND FINDINGS: The patient was placed in the prone position on the interventional table and digital x-ray exam of the abdomen was performed showing the left nephroureteral catheter and right nephrostomy catheter as noted. The patient was administered 1 gram of Rocephin intravenously 1 hour prior to the procedure. Moderate sedation protocol was then initiated and the patient monitored throughout the course of a 40 minute procedure by the Interventional Radiology nursing staff utilizing constant ECG, pulse oximetry, intermittent blood pressure measurement and

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intravenous administration of Versed and Fentanyl. No complications related to moderate sedation administration occurred.

The patient's back and both existing catheters were then prepped utilizing all elements of a maximal sterile barrier including cap, mask, sterile gown and gloves, large sterile sheet, hand hygiene and 2% chlorhexidine for cutaneous antisepsis. Lidocaine 2% was infiltrated into the subcutaneous tissue at the left nephroureteral entry site with a 25-gauge needle. A syringe of Isovue 300 iodinated contrast material was connected to the hub of the catheter and contrast material was slowly injected through the catheter showing the retaining loop of the nephroureteral catheter to be positioned in the left renal pelvis and the distal loop in the urinary bladder. A 0.035 Bentson wire was advanced through the catheter with fluoroscopic guidance and guidewire coiled into the urinary bladder and the catheter removed over the wire. A new 8-French diameter x 26 cm length nephroureteral catheter was then advanced over the guidewire with fluoroscopic guidance and the distal end positioned in the urinary bladder. The guidewire was removed and the retaining loop was formed in the left renal pelvis with the suture lock mechanism on the shaft of the catheter and locked in position. Isovue 300 contrast material was then injected through this catheter showing the newly placed left nephroureteral catheter to be in good position. The catheter was connected to a collecting bag which rapidly drained urine and contrast from the left collecting system and bladder. A sterile adhesive dressing was applied.

Lidocaine 2% was then infiltrated into the subcutaneous tissue at the right nephrostomy catheter insertion site with a 25-gauge needle. A syringe was connected to the hub of the catheter and it was very difficult to inject contrast material through this catheter as it is partially clogged. A small amount of contrast material did enter the right renal pelvis which is dilated. A 0.035 Bentson wire was then advanced through this catheter and coiled into the right renal pelvis, and then the catheter removed over the wire. A new 10-French Cope loop nephrostomy catheter was advanced over the guidewire into the right renal pelvis, the wire removed and the Cope retaining loop formed in the renal pelvis with a suture lock mechanism on the shaft of the catheter which was then locked in position. Contrast material was then injected into the newly placed right nephrostomy catheter showing it to be well positioned in the right renal pelvis. The hub of the catheter was connected to a collecting bag which rapidly drained the contrast material and urine from the right collecting system. The catheter was secured with a sterile adhesive dressing. Final digital x-ray images of the abdomen shows both newly exchanged catheters in good position. The patient tolerated the procedure without apparent difficulty.

A total of 3 minutes and 20 seconds of fluoroscopic x-ray exposure was utilized to perform the procedure. The following medications were administered for today's exam: LOCM 300- 399 MG ML IODINE ML Quantity: 150

IMPRESSION:

1. Fluoroscopic-guided exchange of an 8-French diameter x 26 cm length nephroureteral catheter for a new 8-French diameter 26 cm length left nephroureteral catheter.
2. Fluoroscopic-guided exchange of a right nephrostomy catheter over a guidewire for a new 10-French right nephrostomy catheter as noted in the main body of the report.

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Interventional Radiology Coding Case Studies CPT Codes

Week of January 1, 2018

Nephrostogram, Left Nephroureteral Catheter Exchange, Right Nephrostomy Exchange

Procedure Codes:

- 50435-RT(59) Exchange of Right Nephrostomy Catheter
- 50387-LT Exchange of Left Nephroureteral Catheter
- 99152 Initial 15 minutes of moderate sedation
- 99153 x2 Each additional 15 minutes of moderate sedation
- Q9967 x150 LOCM 300-399 MG/ML (facility only)
- J2250 Injection, midazolam hydrochloride, per 1 mg (Versed)
- J3010 Injection, fentanyl citrate, 0.1 mg

Diagnosis Codes:

- Z43.6 Encounter for attention to nephrostomy
- Z85.51 Personal history of malignant neoplasm of bladder

Comments:

- Bilateral nephrostograms were performed prior to each exchange, however the nephrostograms (50431) are bundled with the exchange codes.
- Drug amounts were not specified in the report to assign a quantity.
- *Supplies are billed by the facility performing the procedure and should not be assigned for professional fee coding.*

Applicable Coding Guidelines:

- Code 50435 is assigned for the exchange of a nephrostomy catheter.
 - ❖ Code 50435 also includes accessing the collecting system and/or associated ureter with a needle or catheter, drainage catheter manipulations, imaging guidance (ultrasound and/or fluoroscopy) and all associated RS&I to complete the procedure and diagnostic imaging (50430-50431).

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Applicable Coding Guidelines (continued):

- ❖ 50435 is bundled with 50387, therefore an NCCI modifier is required on 50435.
- Code 50387 is reported for removal and replacement of an externally accessible nephroureteral catheter (nephroureteral catheter/stent) via the transnephric approach. An externally accessible ureteral catheter has a portion of the catheter that lies external to the patient. The catheter may be capped to internal drainage or a drainage bag may be attached for partial external drainage.
- Code 50387 includes accessing the collecting system and/or associated ureter with a needle or catheter, drainage catheter manipulations, imaging guidance (ultrasound and/or fluoroscopy) and all associated RS&I to complete the procedure.
 - ❖ Code 50431 may be reported with 50387 if diagnostic imaging is performed prior to the removal and replacement of the nephroureteral catheter. Modifier –59 needs to be appended to code 50431. The diagnostic imaging must be medically necessary.
 - ❖ Code 50387 should not be assigned if guidance is not utilized to perform the procedure.

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