Interventional Radiology Coding Case Studies
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Week of January 29, 2018

Tunneled Pleural Catheter Placement

RIGHT TUNNELED PLEURAL CATHETER

CLINICAL HISTORY: The patient is a 79-year-old woman who has right pleural effusion and has undergone prior thoracentesis procedures. The patient had a prior left tunneled pleural catheter placed last week. The patient presents for placement of a right tunneled pleural catheter.

INFORMED CONSENT: The patient's diagnosis, treatment plan/procedure, risks and benefits, treatment alternatives, complications, and prognosis 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.

Fluoroscopy Time: Total of 2 minutes of fluoroscopic x-ray time were utilized to perform this procedure.

Anesthesia: Only local anesthesia was utilized for this procedure as it was utilized for patient's prior tunneled pleural catheter given that the patient has low 02 saturation during the procedure.

The following medications were administered for today's exam: LOCM 300-399 MG ML IODINE ML Quantity: 150

PROCEDURE: The patient was brought to the interventional suite and placed on the angiographic table. The right side of the patient's chest was prepped and draped in the usual sterile fashion. All elements of a maximal sterile barrier technique were utilized during this procedure including cap, mask, sterile gown, sterile gloves, large sterile sheet, hand hygiene, and 2% chlorhexidine for cutaneous antisepsis.

Limited ultrasound images were obtained of the thorax. Permanent ultrasound images were saved which demonstrated at least a moderate right pleural effusion. Appropriate skin entry site was determined and 2% lidocaine was utilized to anesthetize the skin site. Under ultrasound

guidance, a 5- French Yueh catheter was advanced into the right pleural space. A 0.035 Amplatz guidewire was advanced into the right pleural space. A flowswitch was placed over the Amplatz wire and left in place Attention was then turned to appropriate site for a skin tunnel. Abundant 2% lidocaine was utilized to anesthetize the skin entry site and the subcutaneous tract from the skin site to the pleural entry site.

Consideration was given to giving this patient moderate sedation; however, the patient's 02 saturation was low despite nasal cannula oxygen and therefore the risk was deemed too high. The Aspira catheter was then tunneled from the skin entry site to the pleural entry site. Under fluoroscopic guidance, serial dilatation was performed of the pleural entry site followed by placement of a peel-away sheath. Through the peel-away sheath, the Aspira catheter was placed into the patient's right thorax. The peel-away sheath was then removed. The skin entry site was sutured with 3-Vicryl suture. A small amount of Dermabond was also utilized. Approximate l 800 mL of straw-colored fluid was removed. Final fluoroscopic image was obtained.

DISCUSSION: Initial ultrasound images demonstrate at least a mode rate right pleural effusion. As described above, a right-sided tunneled Aspira catheter was placed with the tip of the catheter within the right superior thorax. Approximately 800 mL of straw-colored fluid was removed.

IMPRESSION: Successful placement of a tunneled right Aspira catheter as described above.

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CPT Codes

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Tunneled Pleural Catheter Placement

Procedure Codes:

- 32550 Placement tunneled pleural catheter
- 75989 RS&I tunneled pleural catheter placement
- Q9967 x150 LOCM 300-399 MG/ML

Diagnosis Codes:

- J90 Pleural effusion, not elsewhere classified

Applicable Coding Rules:

- Code 32550 describes placement of a PleurX® catheter which is a tunneled pleural catheter with a cuff. Commonly placed for pleural effusion.
  - Code 75989 is assigned for any imaging guidance when utilized.
- Codes 32556 and 32557 describe placement of a non-tunneled chest tube into the pleural space for drainage. Guidance is bundled with 32557.

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