

Interventional Radiology Coding Case Studies

Prepared by
Stacie L. Buck, RHIA, CCS-P, RCC, CIRCC, AAPC Fellow
President & Senior Consultant

Week of April 2, 2018

Microwave Ablation of Liver

CLINICAL HISTORY: The patient is a 77-year-old female with a history of hepatocellular carcinoma diagnosed in 2013, status post multiple prior chemoembolizations and right hepatectomy. The patient had 2 left-sided liver lesions that were microwave-ablated in October of 2016. MRI scan demonstrated 2 new lesions in segment 4 of the liver measuring approximately 2.5 cm and 2.2 cm respectively. The patient was, therefore, scheduled for a thermoablation of the liver masses.

ANESTHESIA: General anesthesia under continuous monitoring of the anesthesiologist.

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.

A verbalized timeout was performed before the procedure with the required team present. The patient's name, date of birth, procedure, site, and equipment, as well as pertinent labs, medications, and allergies were reviewed.

PROCEDURE: The patient was brought to the CT scan room and positioned supine on the table. Preliminary CT scan images demonstrated 2 hyperdense lesions in segment 4 of the remnant liver. The upper abdomen was prepped and draped in the standard sterile fashion. Ultrasound images demonstrated these 2 lesions clearly, therefore, the skin and subcutaneous tissues were infiltrated with buffered 2% lidocaine solution to achieve sufficient local anesthesia. Initially, the lateral and cranial lesions were targeted. For this a 20 cm LK probe was utilized and the needle was advanced under ultrasound guidance to the center of the lesion. A 50 cm PR probe was also used for the more medial and caudal lesion, and under ultrasound guidance, it was advanced to the center of the lesion. Then microwave ablation was performed simultaneously at 65 watts for 10 minutes. Post-ablation CT scan images were performed. Intra-procedural ultrasound monitoring of the ablation zone was also performed. Part of the lesion in the lateral and cranial aspects was felt to be undertreated, therefore, initially, the PR probe was pulled out and the tract was ablated. The PR probe was then under ultrasound guidance advanced to the more cranial portion of the lateral and cranial lesion. Subsequently, the LK probe was removed and tract ablation performed. Then, utilizing the PR probe, a repeat ablation was performed at 65 watts for 5 minutes. Repeat CT scan was performed. Subsequently, the PR port was removed and the tract was ablated. A post-procedural CT scan was then performed. There was a small perihepatic hematoma, which was felt to be subcapsular in nature, which did not enlarge during intermittent CT scanning. The patient was transferred to the recovery area in a stable condition.

DISCUSSION: Preliminary CT scan images demonstrate 2 hyperdense lesions in segment 4 of the liver. Intraprocedural ultrasound images demonstrate serial probe advancement into the lesions and subsequent ablation of the lesions with heterogeneous foci of gas appearing in the ablation zone. Post-procedural CT scan images demonstrated gas bubbles in the ablation zone with a small amount of subcapsular hematoma. A final post procedural CT scan images demonstrate stable appearance of the subhepatic hematoma with adequate appearance of the ablation zones covering the lesions.

IMPRESSION: CT and ultrasound-guided microwave ablation of 2 segment 4 lesions in the liver was performed.

Interventional Radiology Coding Case Studies CPT Codes

Week of April 2, 2018

Microwave Ablation of Liver

Procedure Codes:

- 47382 or 47399 Microwave Ablation of 1 or more liver tumors
- 77013 CT Guidance for Ablation

Diagnosis Codes:

- C22.0 Hepatocellular carcinoma

Comments/Applicable Coding Rules:

- Code 47382 is assigned for RF ablation of liver tumors.
 - ❖ This code is reported only one time per session even when multiple tumors are treated in the liver.
 - ❖ Imaging guidance (76490, 77013, 77022) is reported separately with 47382.
- Both CT & US guidance were utilized, however only 1 guidance code may be reported. CT guidance (77013) is the more complex, therefore it should be reported over US guidance.
- There are differing recommendations on how to code microwave ablation procedures. The publication *Clinical Examples in Radiology* recommends these procedures are coded with the same codes as radiofrequency ablations, however *Coding Clinic for HCPCS* recommends that microwave ablation procedures are coded with the appropriate unlisted code. Check with your individual payers on how these should be reported. If using the unlisted codes, choose from the following:
 - ❖ Microwave ablation of liver 47399.
 - ❖ Microwave ablation of lung 32999.
 - ❖ Microwave ablation of kidney 53899.

RadRx

"Your Prescription for Accurate Coding & Reimbursement"

Copyright 2018. All Rights Reserved.

www.radrx.com