

Interventional Radiology Coding Case Studies

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Week of April 30, 2018

Fistulogram & J Tube Reinsertion

INDICATION: J-tube has been out approximately 48 hours.

PROCEDURE PERFORMED:

1. Fluoroscopic cannulation of J-tube tract.
2. Injection of contrast with catheter in the jejunum.
3. Reinsertion of 14-French locking pigtail catheter to serve as jejunal feeding catheter.

PROCEDURE: Informed and written consent was obtained from the patient after discussion of the risks, benefits, and alternatives to the procedure. The patient expressed full understanding and agreed to proceed forward.

The patient was placed supine on the fluoroscopic table. The existing ostomy was prepped and draped in normal sterile fashion. A glidewire in combination with KMP catheter were used to cannulate the tract. The glidewire was removed and contrast was injected into the tract. Following, a 0.035 Amplatz wire was then inserted and placed further within the jejunum. Over this, a 14-French locking pigtail catheter was placed. The wire was removed and pigtail formed appropriately. Injection of contrast confirmed placement within the jejunum. The feeding tube was then secured to the skin using synthetic suture. A sterile bandage was placed.

Patient tolerated the procedure well. There were no immediate complications.

FLUOROSCOPY TIME: 1.4 minutes.

CONCLUSION: Successful replacement of jejunal feeding tube as described above.

Interventional Radiology Coding Case Studies CPT Codes

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Procedure Codes:

- 49451 Replacement of J-tube

Diagnosis Codes:

- Z43.4 Encounter for attention to other artificial openings of digestive tract (jejunostomy)

Comments:

- Code 49451 is assigned for replacement of a J-tube. When a tube falls out and the tract remains open, the procedure is coded as a replacement. If the tract closes and a new tube is placed, this is coded as an initial placement.
- There is no separate RS&I code - guidance and any contrast injections are bundled with code 49451.
- In the event a tract is evaluated via a contrast injection, but the decision is made to not place a new tube, codes 20501 & 76080 are assigned for evaluation of the tract. These codes should not be used when a tube is placed.

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