

Interventional Radiology Coding Case Studies

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Week of June 25, 2018

Extremity Angiogram, Unsuccessful Recanalization

PROCEDURE: Ultrasound-guided access right posterior tibial artery; selective catheterization of right popliteal artery with angiogram; selective catheterization of right superficial femoral artery; ultrasound-guided access left common femoral artery; selective catheterization of right common femoral artery with angiogram.

CLINICAL INDICATION: 64 year old female with h/o severe PAD s/p bilateral fem-pop bypass; known occlusion of right fem-pop with severe claudication; unable to recanalize CTO previously with retrograde approach; transpedal antegrade recanalization planned today.

PROCEDURE DETAILS AND FINDINGS: After verbal and informed written consent were obtained, the patient was brought to the angiographic suite and placed in a supine position. Monitored anesthesia care was initiated by the anesthesiologist with physician and nurse monitoring throughout the procedure. The right lower leg and left groin were prepped and draped in a standard sterile fashion. Sonographic evaluation of the right ankle shows a patent PTA; an image was stored in PACS. The skin was anesthetized with 2ml 2% Lidocaine. Using fluoroscopic and sonographic guidance, a micropuncture needle was advanced into the right distal PTA above the ankle with subsequent placement of a 5Fr short sheath. An 0.035in Navicross catheter was maneuvered to the supragenicular popliteal artery followed by angiogram showing chronic occlusion of the popliteal artery stent and patent three-vessel runoff. The catheter over stiff glidewire was negotiated to the proximal SFA. Attempts at crossing intraluminally into the CFA were unsuccessful using an Astato 40 and stiff glidewire.

Sonographic evaluation of the left groin shows a patent CFA; an image was stored in PACS. The skin was anesthetized with 4ml 2% Lidocaine. Using fluoroscopic and sonographic guidance, a micropuncture needle was advanced into the left CFA with subsequent placement of a 5Fr short sheath. A 5Fr VCF catheter was maneuvered over the aortic bifurcation to the right CFA. An angiogram was performed to identify the transpedal wire position relative to the SFA nubbin. Numerous attempts at retrograde and antegrade recanalization were unsuccessful. The procedure was concluded with removal of the sheath, and satisfactory hemostasis achieved with manual compression. A closure band was applied to the PTA access site and the sheath removed. The band was subsequently removed in the PACU after satisfactory hemostasis was achieved. The patient

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tolerated the procedure well without any immediate complications. The patient was transferred to the PACU in stable overall condition.

ANGIOGRAPHIC FINDINGS

Right Lower Extremity Angiogram

1. Patent CFA.
2. Long segment CTO of the SFA and stent within the suprageniculate PA; the PA reconstitutes below the stent from profunda femoris collaterals; the infrageniculate PA is patent with 3-vessel runoff.
3. Occluded fem-pop bypass graft.

IMPRESSION: Unsuccessful attempts at retrograde and antegrade recanalization of long segment CTO of the right SFA and PA.

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Interventional Radiology Coding Case Studies CPT Codes

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Procedure Codes:

- 36140-59 Catheterization of the right common femoral artery via access at the ankle
- 36246 Catheterization of the right common femoral via second access from the left common femoral artery
- 75710-RT Right extremity imaging
- 76937 x2 Ultrasound guidance for vascular access

Diagnosis Codes:

- I70.211 Right fem-pop occlusion with claudication
- I70.92 Chronic total occlusion
- T82.858A Occlusion of popliteal artery stent

Comments:

- Initial access was at the level of the right ankle with catheterization of the right common femoral artery. This is a non-selective catheterization, since the catheter was not advanced through the aorta. Code 36140 is assigned. Modifier -59 is added so it will not bundle with code 36246.
- A second access was gained at the left common femoral, with the catheter being placed into the right common femoral artery, a second order vessel from the puncture site. Therefore code 36246 is assigned for the selective catheterization.
- Code 75710 is assigned for the initial imaging of the right lower extremity. There is no additional coding for any imaging, since the additional imaging was repeat imaging of the same extremity and it was not diagnostic in nature.
- Code 76937 is assigned for ultrasound guided vascular access x2 because all documentation requirements were met for the code for each access.

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Applicable Coding Rules:

Catheterization Coding

- Code each vascular access separately. On occasion the physician may perform a procedure via two separate puncture sites. For these cases, each point of access will yield its own catheterization code.

- **Non-Selective Catheterization**
 - ❖ Code 36140 is assigned when an upper or lower extremity vessel is accessed and the catheter is not moved beyond the puncture site.
 - Note that for instances in which the catheter is advanced ipsilateral retrograde, and the catheter is not passed into or through the aorta, code 36140 is assigned.
 - Example: Access is at the dorsalis pedis (ankle/foot) and catheter is advanced to the common femoral artery. Code 36140 is assigned. This is different from an ipsilateral antegrade approach, for which catheterization of additional vessels is selective (36245-36247).
 - ❖ Code 36200 is assigned when the catheter is advanced from the vessel punctured into the aorta. Code 36140 is bundled into code 36200.

- **Selective Catheterization**
 - ❖ When the initial access is via either the upper or lower extremities, selective catheterization codes are utilized when the catheter is moved beyond the aorta or vessel punctured.
 - ❖ Code for the highest order vessel selected, the most distal catheter placement, and always code selective catheterization over non-selective catheterization as non-selective catheterization codes are bundled with selective catheterization codes.
 - ❖ Code each vascular family separately. If one family requires a lesser order catheterization code from the other, append modifier -59 to the lesser order code.

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Applicable Coding Rules (continued):

- ❖ The pelvic and lower extremity vessels are below the diaphragm; therefore codes 36245-36248 are utilized to describe catheterizations of these vessels.
- ❖ Only one 36245, 36246 or 36247 may be assigned per vascular family. Use add-on code +36248 for additional second or third order branches catheterized in the same vascular family.

Lower Extremity Angiography Coding

- Imaging of either the left lower extremity or right lower extremity is assigned code 75710.
- Add on code +75774 may be used for additional imaging performed from an additional selective catheterization after one of the base imaging codes is assigned. Code +75774 may not be utilized for additional imaging of the same vessel.

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