

# Interventional Radiology Coding Case Studies

Prepared by  
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**Week of September 10, 2018**

## **Extremity Venography, Renal Venography, IVC gram & IVUS**

**PROCEDURE:** Ultrasound-guided access left common femoral vein, selective left iliofemoral venogram, selective left internal iliac venogram, inferior vena cavagram, selective right iliofemoral venogram, selective right internal iliac venogram; selective right renal venogram, selective left renal venogram; intravascular ultrasound (IVUS) of left iliac vein and inferior vena cava.

**CLINICAL INDICATION:** 42 year old female with history of bilateral lower extremity pain, swelling, fatigue and heaviness, left greater than right. She had previous ilio caval US which was inconclusive with difficult visualization of the common iliac veins. There is clinical suspicion of potential May-Thurner Syndrome.

### **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 left groin was prepped and draped in a standard sterile fashion.

Sonographic evaluation of the left groin shows a patent CFV; an image was stored in PACS. The skin was anesthetized with 2% lidocaine. Using sonographic guidance, a micropuncture needle was advanced into the left common femoral vein with subsequent placement of a 5Fr sheath. Through the sheath, an iliofemoral venogram was performed.

A 5Fr C2 catheter was introduced and selective catheterization and venogram of the left internal iliac venogram was performed. The catheter was retracted and placed to the distal CIV followed by iliac venogram. The catheter was placed to the distal IVC followed by inferior vena cavagram. The catheter was then maneuvered over the iliac vein confluence to the contralateral CFV followed by iliofemoral venogram. The catheter was retracted followed by selective catheterization and venogram of the right internal iliac vein.

Next, the catheter was retracted into the IVC and selective catheterization and venogram of the right renal vein was performed. This was followed by selective catheterization and venogram of the left renal vein. Selective catheterization of the renal veins was performed to evaluate for ovarian and/or renal vein reflux, which can be seen in MTS. A 0.014in wire was placed to the proximal IVC. Intravascular ultrasound (IVUS) was then performed of the IVC and left CIV. The procedure was

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concluded with removal of devices and sheath, and satisfactory hemostasis achieved with manual compression. The patient tolerated the procedure well without any immediate complications. The patient was transferred to the PACU in stable overall condition.

**ANGIOGRAPHIC FINDINGS:** Patent IVC and bilateral CFV, EIV, CIV, IIV and renal veins. IVUS confirms normal physiological flattening of the left CIV however no sustained stenosis, webs, fibrin strands or clot. No collateral venous circulation is noted from bilateral CFV, EIV, IIV or renal veins. No ovarian or renal vein reflux is noted.

**IMPRESSION:** Successful bilateral ilio caval venogram and IVUS interrogation of the IVC and left iliac vein showing no evidence of May-Thurner Syndrome.

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## Interventional Radiology Coding Case Studies

**Week of September 3, 2018**

### **Extremity Venography, Renal Venography, IVC gram & IVUS**

#### **Procedure Codes:**

- 36011-59 Catheterization of left internal iliac vein
- 36011-59 Catheterization of right renal vein
- 36011-59 Catheterization of the left vein
- 36012 Catheterization of the right internal iliac vein
- 75825 Inferior venacavagram
- 75822 Bilateral extremity imaging
- 75833 Bilateral renal imaging
- 37252 IVUS IVC
- 37253 IVUS left iliac vein
- 76937 Ultrasound guided vascular access

#### **Diagnosis Codes:**

- M79.604 Pain, RT Leg
- M79.605 Pain, LT Leg
- R22.43 Swelling bilateral lower limbs

#### **Comments:**

- Code 36011 is assigned for catheterization of left internal iliac. This is a first order vessel from the left common femoral vein access. Modifier -59 is needed since 36011 is bundled with 36012.
- Code 36011 is assigned for catheterization of right renal vein and also the left renal vein. Both are first order vessels off of the IVC. Modifier -59 is needed since 36011 is bundled with 36012.
- Code 36012 is assigned for catheterization of the right internal iliac vein, a second order vessel from the access.
- Code 75825 is assigned for imaging of the inferior vena cava. The non-selective catheterization (36010) is bundled with the selective catheter placements.
- Code 75822 is assigned for bilateral extremity venography.

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## **Comments (continued):**

- Code 75833 is assigned for bilateral renal venography.
- IVUS was performed of the IVC and the left iliac vein. 37252 is assigned for the initial IVUS and 37253 for the additional IVUS.
- Access was gained at the left common femoral vein under ultrasound guidance and all documentation requirements were met to assigned code 76937.

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## **Applicable Coding Rules:**

### **Catheterization Coding**

#### **➤ Non-Selective Catheterization**

- ❖ Code 36005 is assigned when an upper or lower extremity vessel is accessed and the catheter is not moved beyond the puncture site.
- ❖ Code 36010 is assigned when the catheter is advanced from the vessel punctured into the vena cava. Code 36005 is bundled into code 36010.
- ❖ Code 36299 is utilized to describe non-selective catheterization of the internal jugular vein.

#### **➤ 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 vena cava or vessel punctured.
- ❖ Code for the highest order of 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 from the other, append modifier -59 to the lesser order code.
- ❖ Only one 36011 may be assigned per vascular family. There are no add-on codes for catheterizations of the venous system. Assign code 36012 for additional second or third order branches catheterized in the same vascular family.

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## Applicable Coding Rules (continued):

### Venography Coding

- Imaging of either the left lower or upper extremity or right lower or upper extremity is assigned code 75820.
- When imaging is performed of both the left and right lower or upper extremities code 75822 is assigned.
- Code 75825 is assigned for imaging of the inferior vena cava. The catheter does not need to be placed in the IVC to perform and report imaging of the IVC. Imaging of both the IVC and SVC may be reported together when separate studies are performed and documented.
- Code 75827 is assigned for imaging of the superior vena cava. The catheter does not need to be placed in the SVC to perform and report imaging of the SVC. Imaging of both the IVC and SVC may be reported together when separate studies are performed and documented.
- Codes 75831 (unilateral) and 75833 (bilateral) for renal venography have the term “selective” in the code description. When this term is in the code description, it means that the catheter must be placed in that particular vessel for imaging for which there is an interpretation.
- There are no venography codes that specifically describe imaging of the gonadal veins (ovarian or testicular) and there is no official guidance on how venography of these vessels should be reported, however here are some recommendations for coding these studies:
  - ❖ Since the left gonadal vein (ovarian/testicular) is off of the left renal, consider 75831 for a left gonadal (ovarian/testicular) venogram.
  - ❖ Since the right gonadal vein (ovarian/testicular) is directly off of the IVC, consider 75820 for a right gonadal (ovarian/testicular) venogram.
  - ❖ Bilateral ovarian/testicular venography may be reported with either 75822 or 75833.
  - ❖ If 75831/75833 and/or 75820/75822 have already been assigned for renal and/or extremity imaging consider 76496 for imaging of the gonadal veins.
  - ❖ Be sure to check with your payers regarding correct reporting of these procedures.

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