

Interventional Radiology Coding Case Studies

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Week of September 17, 2018

CT-GUIDED LEFT PERINEPHRIC ABSCESS DRAINAGE

CLINICAL HISTORY: Left perinephric abscess.

COMPARISON: CT abdomen and pelvis 07/10/11.

TECHNIQUE: Full informed signed consent was obtained from the patient. Risks and benefits of the procedure were explained to the patient in detail. Prior to beginning the procedure, a time out was conducted to verify identity and location of procedure site.

Large left-sided perinephric abscess was localized under CT guidance. Skin overlying the abscess was sterilely prepped and draped. Skin and deeper soft tissues were anesthetized with Lidocaine. Under CT guidance, a 22-gauge needle was advanced into the inferior aspect of the abscess. Position of needle tip within the abscess was confirmed. Approximately 10 mL of thick whitish green fluid was aspirated and sent to the lab for analysis and culture. A 0.18 guidewire was then advanced through the needle. Needle was removed.

Tract was then dilated with a 6 and 8-French dilator. An 8-French pigtail catheter with a stiffener was then advanced over the wire. The stiffener was removed. Position of the pigtail was confirmed within the abscess cavity. Pigtail catheter was then attached to gravity drainage. Abscess fluid was noted to drain readily into the bag. Tube was secured to the patient's skin. Sample of the abscess fluid was sent to the lab for analysis.

Patient was returned to her room with orders for monitoring. Patient remained stable throughout the exam. General surgery and urology will follow the patient. Patient remained stable throughout the exam.

IMPRESSION: SUCCESSFUL LEFT PERINEPHRIC CT-GUIDED ABSCESS DRAINAGE WITH PLACEMENT OF AN 8-FRENCH PIGTAIL CATHETER.

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Procedure Codes:

- 49405 Drainage perinephric abscess

Diagnosis Codes:

- N15.1 Renal & perinephric abscess

Comments:

- The CPT manual directs the coder to assign 49405 for percutaneous drainage of a perinephric abscess. Code 49405 describes percutaneous drainage of an abscess, hematoma, seroma, lymphocele or cyst of the **visceral organs**.
- Code 49405 requires that an indwelling catheter is left in place. Placement of a drainage catheter that is used to drain/aspirate the fluid and then is removed before or at the conclusion of the procedure does not meet the criteria for the bundled abscess drainage codes. If a catheter is not left in place see the aspiration codes. Imaging guidance is included with code 49405 and is not coded separately.
- Drainage procedures are distinguished from aspiration procedures in that following placement of the catheter it is sutured to the skin and left in place where as following an aspiration procedure the needle/catheter is removed.
 - As stated in the *ACR--SIR-SPR Practice Parameter for Specifications and Performance of Image-Guided Percutaneous Drainage/Aspiration of Abscesses and Fluid Collections*:
 - **Image-guided percutaneous aspiration** is defined as evacuation or diagnostic sampling of a fluid collection using either a catheter or a needle during a single imaging session, with removal of the catheter or needle immediately after the aspiration.
 - **Image-guided percutaneous drainage** is defined as the placement of a catheter using image guidance to provide continuous drainage of a fluid collection.
- The aspiration prior to placement of the drainage catheter is not coded separately.
- CT Guidance is bundled with code 49405.

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