

Interventional Radiology Coding Case Studies

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Week of October 22, 2018

Paracentesis & Transjugular Liver Biopsy

TECHNIQUE: Ultrasound-guided paracentesis and transjugular liver biopsy.

INDICATION: A 76-year-old male with several week history of liver disease, with abdominal distention and mild pain, with massive ascites. Clinical concern for autoimmune hepatitis.

OPERATIONS:

1. Ultrasound-guided paracentesis from the right lower quadrant.
2. Ultrasound-guided access of the right internal jugular vein.
3. Cannulation of the right hepatic vein, followed by venogram.
4. Transjugular liver biopsy from the right hepatic vein.

COMPARISON: None.

COMPLICATIONS: None immediate.

CONTRAST: Isovue 370 15 mL.

MEDICATIONS: Fentanyl 200 mcg IV, Versed 4 mg IV, albumin 50 grams IV.

FLUOROSCOPY TIME: 10.9 minutes.

PROCEDURE: After PAR/Q conference was held and informed consent obtained, the patient was placed supine on the angio table. Sonographic survey of the abdomen demonstrated large ascites. A site over the large pocket in the right lower quadrant was selected, then prepped and draped in sterile fashion. Skin and subcutaneous tissues were anesthetized with 1% buffered Lidocaine. A 5-French centesis catheter was advanced into the peritoneal cavity and left to drain during the transjugular liver biopsy. Total of 9200 mL of clear serous fluid were removed.

While fluid was draining, the right lower neck was then prepped and draped in sterile fashion. Sonographic evaluation demonstrated a patent anechoic, compressible internal jugular vein with good phasic flow. Skin and subcutaneous tissues were anesthetized with 1% buffered Lidocaine. Under ultrasound guidance, the internal jugular vein was accessed with a micropuncture set and a 0.035-inch wire passed to the IVC.

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After dilatation, the 8-French curved sheath was placed. Through this, the 5-French curved catheter was passed and used to select the right hepatic vein over a glidewire. Contrast injection was performed for right hepatic venogram.

A catheter was placed distally in the vein. Glidewire was exchanged for a 0.035-inch ring wire. With this combination, the sheath was then advanced into the right hepatic vein. Through the sheath, the 19 gauge core biopsy needle was advanced and a total of 4 core samples obtained. These were of decent quality and were placed in formalin.

Needle and sheath were removed and manual pressure held until hemostasis was achieved. Sterile bandage was applied. Centesis catheter was also removed from the right lower quadrant and a bandage applied.

The patient tolerated the procedure well without immediate complication and was transferred back to the recovery area in stable condition for observation.

FINDINGS: Right hepatic vein appeared to follow normal course and caliber. Visible IVC was unremarkable as well.

CONCLUSION:

1. Ultrasound guided paracentesis with removal of 9200 mL of clear serous fluid from the right lower quadrant. Fluid sent for the ordered studies, including cytology.
2. Transjugular liver biopsy with four 19 gauge core samples obtained from the right hepatic lobe.

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Interventional Radiology Coding Case Studies CPT Codes

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Paracentesis & Transjugular Liver Biopsy

Procedure Codes:

- 49083 Abdominal paracentesis
- 36011 Catheterization right hepatic vein
- 37200 Transcatheter liver biopsy
- 75970 Transcatheter liver biopsy RS&I
- Q9967 x15 LOCM 300-399 MG/ML

Diagnosis Codes:

- R18.8 Ascites
- K76.9 Liver disease

Comments:

- Code 49083 is assigned for the paracentesis performed. Drainage codes are assigned only when a catheter is left in place for continuous drainage following a procedure. Imaging guidance is bundled with code 49083.
- Code 36011 is assigned for catheterization of the right hepatic vein for the transcatheter liver biopsy. The right hepatic vein is a first order vessel.
- Codes 37200 & 75970 are assigned for the transcatheter liver biopsy.
- The hepatic venogram is not coded, because it is not diagnostic in nature.
- Q9967 is assigned for the LOCM utilized. Note that supplies are billed only by the facility, not for the professional component.

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Applicable Coding Rules:

Paracentesis

- 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.

- Codes 49082 and 49083 describe a puncture of the abdominal cavity with insertion of a needle or catheter to remove fluid. The catheter/needle is removed at the end of the procedure.
 - ❖ Code 49082 describes an abdominal paracentesis performed without imaging guidance.
 - ❖ Code 49083 describes an abdominal paracentesis performed with imaging guidance.
 - ❖ Limited sonography for localization of fluid is bundled. If localization reveals no fluid, and the paracentesis is not performed assign code 76705.
 - ❖ For 2018, the NCCI Manual notes the following revised language: *“Evaluation of an anatomic region and guidance for a needle placement procedure in that anatomic region by the same radiologic modality on the same date of service may be reported separately if the two procedures are performed in different anatomic regions. For example, a physician may report a diagnostic ultrasound CPT code and CPT code 76942 (ultrasonic guidance for needle placement...) when performed in different anatomic regions on the same date of service. Physicians should not avoid these edits based on this principle by requiring patients to have the procedures performed on different dates of service if historically the evaluation of the anatomic region and guidance for needle biopsy procedures were performed on the same date of service.”* - NCCI Manual Chapter 9

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Applicable Coding Rules (continued):

Transcatheter Biopsy (37200 & 75970)

- Codes 37200 and 75970 are reported one time per organ biopsied, not per vessel.

Catheterization Codes

- When performing a transcatheter biopsy the catheter must be manipulated through the arterial or venous system to perform the procedure. Catheterization codes should be assigned in accordance with the rules for reporting non-selective and selective catheterization.
- Remember in the lower extremities, the external iliac and common femoral are considered one vessel for coding purposes and in the upper extremities the subclavian and axillary are also considered one vessel for coding purposes.

Diagnostic Angiography

An initial diagnostic angiogram may be reported when performed. If a prior diagnostic angiogram has been performed, diagnostic angiography should only be reported separately in accordance with guidelines established for reporting with transcatheter procedures.

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