

# Interventional Radiology Coding Case Studies

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**Week of December 10, 2018**

## **Bilateral Double J Ureteral Stent Placement, Bilateral PCN**

**INDICATION:** Patient with prostate cancer and bilateral hydronephrosis. Antegrade percutaneous nephrostomy tubes with double-J stenting is requested.

### **PROCEDURE PERFORMED:**

1. Ultrasound-guided puncture of a left posterior calyx.
2. Antegrade nephrostogram.
3. Catheterization of the bladder.
4. Injection of contrast with catheter in the bladder.
5. Fluoroscopic placement of a 6 French 24 cm double-J ureteral stent.
6. Fluoroscopic placement of an 8 French nephrostomy tube.
7. Repeat antegrade nephrostogram.
8. Ultrasound-guided puncture of a right posterior calyx.
9. Antegrade nephrostogram.
10. Catheterization of the bladder.
11. Injection of contrast with catheter in the bladder.
12. Fluoroscopic placement of a 6 French 24 cm double-J ureteral stent.
13. Fluoroscopic placement of an 8 French nephrostomy tube.
14. IV conscious sedation.

**PROCEDURE REPORT:** Pre-procedure evaluation confirmed that the patient was an appropriate candidate for conscious sedation. Vital signs, pulse oximetry, response to verbal commands were monitored and recorded by the nurse throughout the procedure and recovery period. All medication for conscious sedation including the doses administered were placed in the medical record. The patient returned to baseline neurologic and physiologic status prior to leaving the department. No immediate sedation-related complications were noted. Informed written consent was obtained from the patient after discussion of the risks, benefits, alternatives to procedure. Patient expressed full understanding and agreed to proceed forward.

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Patient was placed prone on the angiographic table. The left kidney was evaluated under ultrasound. The kidney is hydronephrotic. The skin was prepped and draped after a safe trajectory was calculated. Following a 22 gauge needle was advanced under ultrasound guidance into a posterior calyx. Injection of contrast confirmed appropriate needle positioning. Next, a 0.018 wire was advanced followed by placement of a coaxial dilator system. A 0.035 wire was then advanced into the lumen of the bladder followed by a KMP catheter. Injection of contrast was performed confirming the catheter within the lumen of the bladder. Next, a 0.035 wire was inserted into the bladder and under fluoroscopic guidance a 6 French 24 cm double-J ureteral stent was deployed with the proximal distal ends formed appropriately within the bladder and renal pelvis respectively. Following, an 8 French nephrostomy tube was placed under fluoroscopic guidance into the renal pelvis. Repeat antegrade nephrostogram confirmed patency of the tubes with appropriate positioning.

Next, the right kidney was interrogated under ultrasound. A 22 gauge needle was advanced into a calyx under ultrasound guidance. Injection of contrast confirmed good needle positioning; however, the wire would not track. After several attempts the needle was repositioned several times into a different calyx and injection of contrast was performed confirming good needle positioning. A 0.018 wire was then advanced with placement of a 6 French 24 cm double-J ureteral stent in a similar fashion as was performed on the left. An 8 French nephrostomy tube was then placed. Antegrade nephrostogram was performed showing the proximal distal ends both formed within the bladder and renal pelvis with the nephrostomy well formed within the renal pelvis.

The tubes were sutured to the skin and placed to gravity drainage. Patient tolerated procedure well. No immediate complications.

Total fluoroscopy time was 10.4 minutes. A total of 21 mL of Isovue-370 was injected into the collecting systems. Patient received 6 mg Versed and 100 mCi fentanyl IV. Patient received 500 mg IV Levaquin prior to procedure.

**CONCLUSION:** Successful placement of bilateral 6 French 24 cm double-J ureteral stents with 8 French nephrostomy tubes for bilateral hydronephrosis secondary to prostate cancer.

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# Interventional Radiology Coding Case Studies CPT Codes

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## **Bilateral Double J Ureteral Stent Placement, Bilateral PCN**

### **Procedure Codes:**

- 50695-RT Double J Ureteral Stent Placement w/ PCN (RT)
- 50695-LT Double J Ureteral Stent Placement w/ PCN (LT)
- Q9967 x21 LOCM 300-399 MG/ML
- J1956 x2 Injection, levofloxacin, 250 mg (Levaquin)
- J2250 x6 Injection, midazolam hydrochloride, per 1 mg (Versed)
- J3010 Injection, fentanyl citrate, 0.1 mg

### **Diagnosis Codes:**

- N13.30 Hydronephrosis
- C61 Prostate cancer

### **Comments:**

- Code 50695 is assigned for placement of an internally dwelling ureteral stent with placement of a nephrostomy. This code is reported for each renal collecting system. The nephrostograms are bundled into code 50695.
- Sedation time is not documented in report.
- *Supplies are billed by the facility performing the procedure and should not be assigned for professional fee coding.*

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## Applicable Coding Rules:

- Code 50695 describes the initial placement of a ureteral stent through a new access with a nephrostomy. During these procedures a ureteral stent is placed to facilitate internal drainage of urine through the ureter into the bladder. The stent is placed through the renal pelvis into the ureter and leading into the bladder with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis with internal drainage only. Placement of the stent is followed by temporary placement of a nephrostomy catheter into the renal pelvis.
  - ❖ Code 50695 includes accessing the collecting system and/or associated ureter with a needle or catheter, drainage catheter manipulations, imaging guidance (ultrasound and/or fluoroscopy) and all associated RS&I to complete the procedure and diagnostic imaging (50430-50431).
- Codes 50693 – 50695 may be reported once for each renal collecting system/ureter accessed. Two separate codes would be reported for bilateral placement or for a unilateral duplicated collecting system/ureter requiring two separate procedures (ie, RT and LT, modifier -50, or modifier -59).

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