



In This Issue

- Interventional Radiology

Quick Links

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Welcome to the October issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with updates on coding-related topics that matter to you. This month, we are focusing on coding for Interventional Radiology. Read on below to learn more.

Coding for Interventional Radiology

Interventional Radiology Overview

Radiology procedures have advanced so fast they are recognized to be one of the most complex areas of procedural coding. They are performed under sterile conditions, usually by a physician. These procedures are typically performed in the endovascular suite, in radiology, the cardiac catheterization lab, the operating room, pain clinic, or the nephrology lab.

Two components of an interventional radiology (IR) procedure are the imaging procedure and the surgery or intervention performed. Below is essential information needed to correctly code angiographies:

Catheter Placement Coding

1. Code to where the tip of the catheter is.
2. Code each individual vascular family separately.
3. Do not code each approach from a different access site separately.
4. Code up to two catheter accesses for hemodialysis graft intervention 36145 and 36145-59.
5. Code 36215 through 36218 for selections above the diaphragm and 36245 through 36248 for selections below the diaphragm.
6. Code the aorta placement 36200 not the non-selective codes if the aorta has been entered.
7. For pullback of the catheter from the aorta or contralateral iliac into the ipsilateral iliac for extremity imaging of the ipsilateral leg, use code 36140.
8. Do not code when a physician injects a small amount of contrast to localize a vessel for subsequent selection.
9. Selective catheter placement codes are used when the catheter advances from the vessel entered or from the aorta into a branch vessel.
10. Non-selective catheter placement codes are for when the catheter stays in the vessel entered or only advances to the aorta.
11. Where the selective vessel begins to branch, the codes become

more selective.

12. The first order is the initial segment of the vessel.

13. The second order is the second distinct segment or branch; the third order is considered the third branch.

EXAMPLE

A catheter is placed in the right femoral artery. The catheter is advanced to the ascending aorta, code 36200. Contrast is injected and imaging is carried out of the aortic arch, code **75650**. The catheter is advanced into the right common carotid artery, contrast is injected and images taken of the neck, **add 36216, 75676 but delete 36200**. The catheter is retracted and advanced into the right vertebral; **add 36217 and 75685 change 36216 to 36218**. Contrast is injected and images taken of the posterior cerebral circulation.

***Catheter placement codes are 36217-RT for right vertebral, 36218-R for right common carotid.**

***Imaging codes are 75650 for arch, 75676-RT for right cervical carotid, 75685-RT for vertebral.**

Pulmonary Angiography

The pulmonary system is the only system where the arteries bring oxygen deficient blood from the venous system to the lungs and returns the oxygenated blood through the pulmonary veins. When accessing this system, the physician needs to go into the peripheral venous system, pass through the heart to get to the pulmonary arteries.

EXAMPLE

When a physician needs to evaluate for pulmonary hypertension, vascular malformations, or a pulmonary embolism, a catheter is placed in the left and right pulmonary arteries with the injection of the contrast, **75743**. Advancing the catheter into both the lower lobe pulmonary arteries with additional imaging, codes **36015-50 and 75774 x 2**, a clot is seen. Verifying that there is not thrombus in the vena cava, the physician retracts the catheter into the inferior vena cava and imaging is performed, **36010-59, 75825-59**. The physician then inserts the vena cava filter, **37620, and 75940**. Observe the bundling of the catheter placements in both central pulmonary arteries into the more selective bilateral lower lobe pulmonary artery placements.

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