

Peripheral Vascular

Los AI Coders Network

June 20, 2008

- Aorta catheterization is always considered nonselective regardless of the puncture site. (36200)

- The target for this examination is the **left external carotid artery**. The artery is accessed via a femoral approach. The catheter is advanced into the **aorta** and then guided into the **left common carotid artery** and finally into the **left external carotid artery**. The catheterization of the *aorta* is *nonselective*. Catheterization of the left common carotid is a *first order selective procedure*, and catheterization of the left external carotid is a *second order selective procedure*.

- **36216** - *Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family; and*
- **75660** - *Angiography, external carotid, unilateral, selective, radiological supervision and interpretation.*

- **The left external carotid artery is accessed via direct puncture of the left common carotid artery. The external carotid artery is a primary branch of the punctured vessel. The code selected must reflect a first order catheterization.**

- **36215** - *Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family*
- **75660** - *Angiography, external carotid, unilateral, selective, radiological supervision and interpretation*

- **The radiologist performs an abdominal aortogram via a left femoral puncture. During the same procedure, a right colic arteriogram is performed via a right femoral puncture. (The abdominal aortogram is a nonselective procedure.)**

- **36200** - *Introduction of catheter, aorta*
- **75625** - *Aortography, abdominal, by serialography, radiological supervision and interpretation.*

- The right colic arteriogram is a second order selective catheterization because the catheter must travel from the aorta to the superior mesenteric and then to the right colic artery.

- **36246** - *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family, and*
75726 - *Angiography, visceral, selective or supraselective, with or without flush aortogram, radiological supervision and interpretation.*

- Via a femoral puncture, both the left external and left internal carotid arteries are catheterized for study. Following **the course** of the catheter, we see that from the **aorta** the catheter is guided into the **left common carotid artery**. Both the **left external and left internal carotid arteries** branch off the left common carotid, so they are in **the same vascular family**. Catheterization of each of these arteries via a femoral approach is a **second order selective procedure**.

- **36216** for the initial second order catheter placement
- **36218** for the additional second order catheterization

Example 1

- A 54-year-old male is evaluated for increasingly severe bilateral lower extremity claudication. A catheter is placed from the right femoral approach and positioned in the abdominal aorta at the level of the diaphragm. Contrast is injected and films are obtained. The catheter is then repositioned to a level just above the aortic bifurcation. Contrast is again injected and additional films are obtained.

Example 1 (cont.)

- The catheter is removed and hemostasis is achieved. A report of the procedure is provided. The images are interpreted and a report of their interpretation is provided as well. A single physician performs the entire study. The same physician provides the interpretation.

- **36200** Introduction of catheter, aorta
- **75625** Aortography, abdominal, by serialography, radiological supervision and interpretation
- **75716** Angiography, extremity, bilateral, radiological supervision and interpretation

Example 2

- A 54-year-old male is evaluated for increasingly severe bilateral lower extremity claudication. A catheter is placed from the right femoral approach and positioned in the distal abdominal aorta. Contrast is injected and films are obtained of the aortic bifurcation and lower extremities.

- **36200** Introduction of catheter, aorta
- **75630** Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation

Scenario adjustments

- If the abdominal aorta was evaluated in one, two, or more projections, the abdominal aortogram code is reported for additional views. (75625)
- If during the lower extremity angiography oblique and lateral views of the feet were necessary and obtained, **no code is reported** for reporting these additional views.

Scenario Adjustments (cont.)

- Assume that, additionally, an iliac artery stenosis is diagnosed on the ipsilateral side of the puncture. Therefore, pressure measurements are made above and below the stenosis which confirm it to be a hemodynamically significant lesion. **No additional code** is used to report this additional level of work; physiologic evaluation is considered an integral part of the diagnostic angiogram and is not separately reported.

Example 3

- A 54-year-old male is evaluated for symptoms of increasing claudication. In addition, there are early ulcerations which are noted on the great toe of the left foot and the medial malleolus of the right foot. The patient is diabetic and has slightly elevated creatinine. The patient undergoes a full abdominal aortogram to evaluate the renal arteries and the catheter placed from the right femoral approach is then repositioned into the distal abdominal aorta for study of the pelvic vessels and proximal lower extremity vessels.

Example 3 (cont.)

- However, in order to conserve contrast and to better visualize the distal vessels, the pigtail catheter placed in the aorta is exchanged over a guidewire for a selective catheter which is first positioned in the common femoral artery on the contralateral side from the puncture and then repositioned in the ipsilateral external iliac artery. Each of the lower extremities is then studied to the level of the toes; the physician provides a report of the images obtained.

Example 3 Codes

- **36246** Selective catheter placement, arterial system; initial second order abdominal, pelvic or lower extremity artery branch, within a vascular family
- **36140** Introduction of needle or intracatheter; extremity artery
- **75625** Aortography, abdominal, by serialography, radiological supervision and interpretation
- **75716** Angiography, extremity, bilateral, radiologic supervision and interpretation
- **75774** Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation

Example 3 rationale

- The code for nonselective catheter placement in the abdominal aorta (36200) is not reported because it is included in the selective catheterization codes (36246, 36140).

Example 3 rationale (cont.)

- Code 36140 is used here as a selective code. It's the only code available for the study of an ipsilateral vessel that was punctured. It describes the additional physician work (skill, risk, time, education) that is involved in the ipsilateral catheter placement either before or following the contralateral catheter placement since a second order lower extremity branch is being catheterized in the contralateral extremity.

Example 3 rationale (cont.)

- The supervision and interpretation codes for the abdominal aorta and the lower extremity angiogram are given without changes from the preceding example. (75625 & 75716)
- However, since two additional selective vessels (contralateral common femoral & ipsilateral external iliac) were studied after the basic examination, code 75774 is reported twice.

Example 4a

- Given the previous scenario, assume that an angioplasty is performed at the same session.
- The diagnostic angiogram, angioplasty, with or without stent therapy, were all performed on the same date of service.
- In this case, the code for access (36200) would be reported only once. The same access was used for both the diagnostic and therapeutic studies.
- All the diagnostic and therapeutic codes would still be reported.

Example 4b

- Subject patient wishes to have an angioplasty the next day.

The next day:

- The patient returns to the angiography suite and the femoral artery is punctured once more. A catheter and guide wire combination are placed in the abdominal aorta and angiography is performed to localize the lesion and to measure the native blood vessel so that the proper angioplasty balloon may be used.

Example 4b (cont.)

- The angioplasty is performed and there is no complication. Angiography is performed which confirms the adequacy of therapy; pressures are measured which also confirm the adequacy of therapy and that there is no significant residual gradient.

Example 4b Codes

- **36200** Introduction of catheter, aorta
- **35473** Transluminal balloon angioplasty, percutaneous; iliac
- **75962** Transluminal balloon angioplasty peripheral artery, radiological supervision and interpretation.

Example 4b rationale

- The angiography inherent in performing this uncomplicated transluminal angioplasty is not separately coded, but is included in the supervision and interpretation of the angioplasty itself.

Scenario adjustment

- **IF** the angioplasty were complicated and angioplasty were necessary to define further lesions, this angiography would be separately coded and reported.

Scenario adjustment

- **EXAMPLE:** if there were a residual gradient across the angioplasty lesion and/or the lesion demonstrated an extensive dissection, the physician would then treat this by placement of an intravascular stent.
- This would then be coded:
- **37205** Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel
- **75960** Transcatheter introduction of intravascular stent(s), (non-coronary vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel.

- Note that the 37205 is for only the initial vessel. If the lesion were restricted to the common iliac artery and whether one or several stents were placed, code 37205 (with its accompanying supervision and interpretation code 75960) would be reported only once.

Scenario adjustment

- If the dissection extended from the common iliac to the external iliac artery, then an additional vessel would be treated and therefore the stent code 37206 would be coded in addition to the code 37205.
- The supervision and interpretation code 75960 is **for each** vessel and is reported twice.

References You Should Have

- Current CPT manual
- Interventional Radiology Coding User Guide
- Good Anatomy Chart of Cardiovascular System