Peripheral Vascular Angiography & Intervention

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Non-Selective Catheter Placement

Non-selective: Movement towards or into the aorta from any access point.
   This includes all vessel name changes that take place between the access site and the aorta.
   Injections performed through the sheath are considered non-selective.
Non-Selective Catheterization

36200 – Introduction of catheter, aorta
36100 – Introduction of needle or intracatheter, carotid or vertebral artery
36120 – Introduction of needle or intracatheter; retrograde brachial artery
36140 – Introduction of needle or intracatheter; extremity artery (usually the access artery)
36160 – Introduction of needle or intracatheter, aortic, translumbar

Selective Catheter Placement

1. When the cath is moved away from the aorta (from the puncture site) and into another vessel (thru a bifurcation) it becomes selective.
2. When the cath is first positioned in the aorta, once another vessel is entered the cath placement is considered to be selective.
Selective Catheterization Codes

Above the diaphragm: (subclavian, carotid, brachiocephalic, vertebral)
• 36215 – each first order branch within a vascular family.
• 36216 – initial second order branch within a vascular family.
• 36217 – initial third order or more selective within a vascular family.

Below the diaphragm: (renal, iliac, femoral, popliteal, etc…)
• 36245 – each first order branch within a vascular family.
• 36246 – initial second order branch within a vascular family.
• 36247 – initial third order or more selective within a vascular family.

Code to the tip of the catheter, not the guide wire.
Only report the highest order cath placement in each family with these codes.
One code that ends with 5, 6, or 7

Additional Catheter Positions – Same Family

Lesser order catheter placements (necessary to get to the most selective location) are not separately billed.

These are on the way to the final destination and not billable.
If a second branch is catheterized in the same family (2nd, 3rd or more selective) code for an “additional vessel” catheterization.*

36218 - additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate).
36248 - additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate).
36247, 36248, & 36248

Aortography

75600 – Aortography, thoracic, without serialography, radiological supervision and interpretation.
This is a single injection (“single shot”).
75605 – Aortography, thoracic, by serialography, radiological supervision and interpretation.
75625 – Aortography, abdominal, by serialography, radiological supervision and interpretation.

Bundled into selective renal & visceral studies
75630 – Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation.
Key Aortic Terms

A. Aortic root/ascending aorta
B. Aortic arch
C. Thoracic aorta/descending aorta
D. Abdominal aorta
E. Aorto-iliac bifurcation
F. Common iliac Artery
G. External iliac & common femoral
H. Superficial Femoral Artery (SFA)

Both Cath Placements Are Non-Selective
36200 – into aorta
75625 – Abdominal Only
75716 – bilateral LE
Extremity Angiography

Extremities (upper or lower)

75710 – Angiography, extremity, unilateral, radiological supervision and interpretation.

75716 – Angiography, extremity, bilateral, radiological supervision and interpretation.

Non-selective iliac angiography at time of a heart cath for a Medicare patient:

G0278 - Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)
Other Arterial Angiograms

- **75658** – Angiography, brachial, retrograde, radiological supervision and interpretation.
- **75726** – Angiography, visceral, **selective** or supraselective, (with or without flush aortogram), radiological supervision and interpretation.
  - Visceral: the internal organs of the body
  - Code 1x for each vascular family, keep 75774 in mind for additional imaging
  - Celiac, mesenteric, splenic, hepatic
  - Does not include renal, pulmonary, or cardiac
- **75756** – Angiography, internal mammary, radiological supervision and interpretation
  - NOT when performed in conjunction with a heart catheterization
- **75736** – Angiography, pelvic, **selective or supraselective**
  - Internal iliac, hypogastric (must be selective).
- Additional codes for spinal, adrenal, pelvic, pulmonary (75705, 75731-75746)

Each Additional Vessel

**75774** – (Angiography, **selective**, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)

- This is an add-on code.
- Apply it when an additional **selective study** is done in the same vascular family.
- Billed in addition to the first code used for S&I in the same vascular family.
- Can’t be billed in addition to aortic imaging only.
Renal Angiography

First Order Catheterization:
Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed;

36251 - Unilateral
36252 - Bilateral

Second Order or Higher Catheterization:
Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed;

36253 – Unilateral
36254 – Bilateral
“Use 93567 with 93451-93461, 93530-93533”

“Do not report 36221 in conjunction with 36222 – 36226 as these selective codes include the work of 36221 when performed”

+93567

36221

Official Definitions: 93567, 36221

• 93567 - Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)

• 36221 - Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
Carotid Angiography
Only report the most extensive procedure on each side.

Definitions: 36222, 36223, 36224

- 36222 - Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36223 - Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
- 36224 - Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed
Vertebral Angiography
Only report the most extensive procedure on each side.

Definitions: 36225, 36226

- 36225 - Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36226 - Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
Selective External Carotid & Intracranial

- 36227  Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 36228  Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (e.g., middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)

Peripheral Vascular IVUS

Initial Vessel:

37252 - Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)

Additional Vessel:

37253 - Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
Diagnostic Angiography with Intervention

Diagnostic angiography is reportable at the time of an intervention if:

1) No prior catheter based study is available and full diagnostic study is performed; decision to intervene is based on the diagnostic study.

2) A prior study is available, but as documented in the medical record:
   - The patient’s condition with respect to the clinical indication has changed since the prior study
   - There is inadequate visualization of the anatomy and/or pathology,
   - There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.

“If diagnostic angiography is necessary, is performed at the same session as the interventional procedure and meets the above criteria, modifier 59 must be appended to the diagnostic radiological supervision and interpretation code(s) to denote that diagnostic work has been done following these guidelines.”

Reference: American Medical Association (AMA) CPT Manual

CPT 2017 Intervention Guidelines

- “lower extremity endovascular revascularization codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, embolic protection if used, closure of the arteriotomy by pressure and application of an arterial closure device or standard closure of the puncture by suture, and imaging performed to document completion.”
- “When treating multiple lesions within the same vessel, report one service that reflect the combined procedures, whether done on one lesion or different lesions.”
- “If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once.”
- “Select the base code that represents the most complex service using the following hierarchy of complexity (in descending order of complexity)
  - Atherectomy and stent
  - Atherectomy
  - Stent
  - Angioplasty”
Recognized Lower Extremity Vessels

<table>
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<tr>
<th>Vascular Territory</th>
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<td>• Popliteal</td>
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<tr>
<td>Tibio-peroneal</td>
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<td>3</td>
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<td>• Trunk</td>
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<tr>
<td>• Anterior Tibial</td>
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<td>• Peroneal</td>
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Tibio-peroneal Trunk

“The common tibio-peroneal trunk is considered part of the tibial/peroneal territory, but is not considered a separate, fourth segment.”

“If lesions in the common tibio-peroneal trunk are treated in conjunction with lesions in the posterior tibial artery, a single code would be reported for treatment of this segment.”

Lower Extremity Angioplasty Codes

(Reportable if only angioplasty is performed in the recognized vessel)

Balloon may be: conventional, low-profile, cutting balloon, cryoplasty, or drug-coated

**Iliac** (3 possible interventions per leg).
- 37220 - Initial iliac angioplasty in each leg.
- +37222 – Additional iliac angioplasty in same leg as above

**Femoral/Popliteal** (1 possible intervention per leg).
- 37224 – Fem/pop angioplasty per leg.

**Tibio-Peroneal** (3 possible interventions per leg).
- 37228 – Initial tibio-peroneal vessel in each leg.
- +37232 – Additional tibio-peroneal angioplasty in same leg.
Lower Extremity Atherectomy Codes
Atherectomy may be: directional, rotational, or laser

**Iliac** (3 possible interventions per leg)
- 0238T (Category III) – Same code for each of the iliac vessels
  - Includes S&I
  - **Does not** include catheter placement, PTA, or stent in same vessel
    - Report these separately (cath would be bundled into PTA/Stent)

**Femoral/Popliteal** (1 possible intervention per leg)
- 37225 - Fem/pop atherectomy (+/- angioplasty, no stent)
- Includes cath & S&I

**Tibio-Peroneal** (3 possible interventions per leg)
- **Initial Vessel** (only 1 of these per leg)
  - 37229 - atherectomy (+/- angioplasty)
- **Additional Vessels** (up to 2 of these per leg)
  - +37233 – additional vessel atherectomy (+/- angioplasty)

Lower Extremity Stent Placement
Any type of stent

**Iliac** (3 possible interventions per leg)
- 37221 - Initial iliac stent in each leg (+/- angioplasty)
- +37223 – Additional iliac stent, same leg as above (+/- angioplasty).

**Femoral/Popliteal** (1 possible intervention per leg).*
- 37226 – Fem/Pop stent per leg (+/- angioplasty).
- 37227 – Fem/Pop Atherectomy & Stent (+/- angioplasty).

**Tibio-Peroneal** (3 possible interventions per leg).*
- Initial Vessel (+/- angioplasty): 37230 (stent) OR 37231 (stent & atherectomy).
  - Report the most comprehensive tibio-peroneal intervention as the “initial” intervention.
- Addtl Vessel (+/- angioplasty): 37234 (stent) OR 37235 (stent & atherectomy)
**Angioplasty of Other Vessels**

Catheter placement is separately reportable:

- **37246** Transluminal balloon angioplasty *(except lower extremity artery(ies)) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit*, open or percutaneous, *including* all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

- **37247** …each additional artery (List separately in addition to code for primary procedure)

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**Atherectomy of Other Vessels**

Category III services “emerging technology”

As with Iliac atherectomy (0238T), these atherectomy codes:

- Include S&I but not catheter placement, PTA, or stent.
- Are reported once for each recognized vessel.

- Brachiocephalic trunk & branches - 0237T
- Abdominal aorta - 0236T
- Renal - 0234T
- Visceral - 0235T
Arterial Stenting
(report cath placement also)

37236 - Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237 - each additional artery (List separately in addition to code for primary procedure)

Arterial Mechanical Thrombectomy

• Primary thrombectomy involves “pretreatment planning, performance of the procedure, and postprocedure evaluation focused on providing the service.”
  37184 (initial vessel) 37185 (addtl)
  – “Primary percutaneous transluminal mechanical thrombectomy”
  – “Primary mechanical thrombectomy is performed when a prior diagnosis of “thrombus” is made and indicates that pre-treatment planning, performance of the procedure, and post-procedure evaluation were the focus in providing this service. Even though another intervention, such as percutaneous transluminal angioplasty (PTA), may also take place, the thrombectomy is the focus of the procedure.” AMA Code Connect - February 2013; Volume 23: Issue 2

• Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
• (37186)
  – “(eg, nonprimary mechanical, snare basket, suction technique)”
Modifiers

• ”When the same territory(ies) of both legs are treated in the same session, modifiers may be required to describe the interventions. Use modifier 59 to denote that different legs are being treated, even if the mode of therapy is different.” CPT

• Some payers may prefer other modifiers:
  – RT (right), LT (left), 50 (bilateral)

Carotid Stenting

• 37215  Transcatheter placement of intravascular stent(s), **cervical carotid artery**, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; **with distal embolic protection**

• 37216 - Transcatheter placement of intravascular stent(s), **cervical carotid artery**, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; **without distal embolic protection**
  – 37215 and 37216 include all ipsilateral selective carotid catheterization, all diagnostic imaging for ipsilateral, cervical and cerebral carotid arteriography, and all related radiological supervision and interpretation.

• 37217 - Transcatheter placement of intravascular stent(s), **intrathoracic common carotid artery or innominate artery by retrograde treatment**, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

• 37218 - Transcatheter placement of intravascular stent(s), **intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach**, including angioplasty, when performed, and radiological supervision and interpretation

• 61630 - **Balloon angioplasty, intracranial** (eg, atherosclerotic stenosis), percutaneous

• 61635 - Transcatheter placement of intravascular stent(s), **intracranial** (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
Vertebral Stenting

- 0075T - Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel
- 0076T - Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)
  - 0075T and 0076T include all ipsilateral extracranial vertebral catheterization, all diagnostic imaging for ipsilateral extracranial vertebral artery stenting, and all related radiologic supervision and interpretation.

Closure

- “Closure of venotomy and arteriotomy sites is not separately reportable and is considered inherent in the completion of selective vascular catheterization procedures, both coronary and noncoronary.”
  
  CPT Assistant October, 2011
- “A physician should not separately report an associated imaging code such as CPT code 75710 or HCPCS code G0278.”
  
  Correct Coding Initiative Coding Manual - Chapter 11
- “Extensive repair or replacement of an artery may be additionally reported (eg. 35226 or 35286)
  - 35226 - Repair blood vessel, direct; lower extremity
  - 35286 - Repair blood vessel with graft other than vein; lower extremity
Moderate Sedation

- Moderate sedation is billable in 15-minute increments
  - 1st 15 minute code billable after 10 minutes
  - Additional 15-minute code billable after 23 minutes

- 2 sets of codes
  - Sedation by operator:
    - 99152 – 1st 15 minutes (0.25 wRVU)
    - 99153 – each addl. 15 minutes (no wRVU)
  - Sedation by other qualified professional:
    - 99156 – 1st 15 minutes (1.65 wRVU)
    - 99157 – each addl. 15 minutes (1.25 wRVU)

- Some procedures are reported with multiple codes that each had moderate sedation carved out of them - unintended payment reduction:
  - Defibrillator implant (33249) & DFT (93641)
  - Electrode removal, electrode repair, or skin pocket relocation at the time of a device procedure (implant, gen change)

For patients <5 yrs. Old substitute 99151 for 99152 and 99155 for 99156

Moderate Sedation Documentation

- The operative report needs to support the codes reported
  - 99152 - Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
    - Establish “administration of moderate sedation”
    - Establish duration of intraservice time
      - Starts when sedating agent(s) are administered
      - Ends with the procedure – when face-to-face time concludes
    - Document the presence of a dedicated, trained observer
  - 99156 - Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
    - Same as above, but no need for a dedicated, trained observer
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- Billing Services
- Chart auditing
- Training

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