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## Southeast Radiology Management e-News

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### Diagnostic Angiography (RS&I) Coding Rules

*In our last issue we focused on catheterization coding rules. In this issue we are going to focus on the basic coding rules for angiography.*

First, let's review the definitions of non-selective and selective catheterization as these definitions are still crucial in selecting the correct imaging codes for interventional procedures.

**Nonselective** catheter placement means the catheter is placed directly into an artery (or vein) and is not advanced further into a branch or is advanced only into the aorta (or vena cava) from any approach.

**Selective** catheter placement means that the catheter is advanced beyond the vessel punctured or beyond the aorta (or vena cava) into a vascular family. Selective catheterization involves first, second, and third order or higher degree vessels.

### Radiological Supervision & Interpretation Coding

There are several radiological supervision and interpretation codes that describe imaging services performed via vessel catheterization. These codes are assigned when contrast is injected into a vessel and the radiologist provides an interpretation for the vessel imaged.

There are four main points to remember when assigning RS&I codes for diagnostic angiography:

1. Several RS&I codes specify "unilateral" or "bilateral".
2. Several RS&I codes have the term "selective" in the code descriptor. This means that the catheter must be placed in the vessel that is imaged and for which there is an interpretation.
3. Some non-selective RS&I codes are "bundled" into some of the selective RS&I code.
4. There is not a 1:1 ratio of the imaging codes to the surgical codes assigned for a particular case. It is possible to have more than one imaging code assigned to a case and only one surgical code.

Let's take a look at some examples:

**Example 1:** *Access is gained at the right common femoral artery. The physician advances the catheter to the aorta, injects contrast and provides an interpretation for an abdominal aortogram.*

Codes:

36200

Catheterization of the aorta.

75625

Imaging and interpretation of the aorta.

The catheter was advanced to the aorta and was not manipulated any further (non-selective). Injection and imaging of the aorta was performed and an interpretation was provided by the radiologist.

**Example 2:** Access is gained at the right common femoral artery. The physician injects contrast at the distal end of the common femoral and provides an interpretation for an extremity angiogram.

Codes:

36140 Catheterization of the femoral artery.  
75710 Imaging and interpretation of the right lower extremity.

The catheter remained in the common femoral after access was gained into the vessel (non-selective). Injection and imaging of the extremity was performed and an interpretation was provided by the radiologist.

**Example 3:** Access is gained at the right common femoral artery. The physician advances the catheter to the left common carotid for injection. Imaging and interpretation the left common carotid, left internal carotid, and left external carotid are performed via the LCC injection. Next he advances the catheter into the right common carotid for injection and imaging. Imaging and interpretation of the right common carotid, right internal carotid, and right external carotid are performed via the RCC injection.

Codes:

36216 Catheterization of the right common carotid.  
36215-59 Catheterization of the left common carotid  
75671 Bilateral imaging of the cerebral (internal) carotids  
75680 Bilateral imaging of the common (cervical) carotids

Although the catheter was not placed in the internal carotids, we may assign code 75671 because the code descriptor does not specify "selective". We cannot assign code 75662 for imaging of the external carotids because the code descriptor states "selective". To assign code 75662 the catheter must be placed in the external carotids. If the physician had further manipulated the catheter into the external carotids and injected contrast for imaging of the external carotids, code 75662 would be appropriate.

**Example 4:** Access is gained at the right common femoral artery. The physician advances the catheter to the right internal iliac and injects contrast and provides an interpretation of images. Next, the catheter is advanced to the left internal iliac where contrast is injected and an interpretation of images is provided by the physician.

Codes:

36245-59 Catheterization of the right internal iliac  
36246 Catheterization of the left internal iliac  
75736-RT Imaging of the left internal iliac (pelvis)  
75736-LT Imaging of the right internal iliac (pelvis)

Note that because the code for pelvic angiography, 75736, does not specify unilateral or bilateral, it may be assigned two times—one time for the left and one time for the right.

**Example 5:** Access is gained at the right common femoral artery. The physician advances the catheter to the left common carotid for injection and imaging. Next he advances the catheter into the left vertebral for injection and imaging, then to the right common carotid for injection and imaging, and finally the right vertebral for injection and imaging. An interpretation is provided for all vessels catheterized.

Codes:

36218	Catheterization of the right common carotid
36217	Catheterization of the right vertebral
36216-59	Catheterization of the left vertebral
36215-59	Catheterization of the left common carotid
75680	Bilateral imaging the common (cervical) carotids
75685-RT	Right vertebral
75685-LT	Left vertebral

Note there is not a 1:1 ratio of surgical codes to imaging codes. Also note that because the code for vertebral angiography, 75685, does not specify unilateral or bilateral, therefore it may be assigned two times—one time for the left and one time for the right.

**Example 6:** Access is gained at the right common femoral artery. The physician advances the catheter to the aorta, injects contrast and provides an interpretation for an abdominal aortogram. Next the physician advances the catheter to the superior mesenteric artery where he injects contrast for imaging and provides an interpretation.

Codes:

36245	Catheterization of the superior mesenteric artery
75726	Imaging of the superior mesenteric artery (visceral)

The catheterization of the aorta, 36200, (non-selective) is not coded because, the physician selectively catheterized the SMA. Remember that selective catheterization is always coded over selective from the same access. Code 75726 has "with or without flush aortogram", in the code descriptor, therefore we do not assign code 75625 for the abdominal aortogram. It is considered integral to code 75726.

Coding rules for diagnostic angiography performed in conjunction with therapeutic interventions will be discussed in a future issue.

*In our next issue, we will put together all of our coding rules and apply them to some cases for diagnostic interventions for the head and neck.*

### **Question & Answer**

***Do we need to provide an estimated cost on the ABN form? In some instances it is difficult to determine because we do not always know how the encounter will be coded.***

The new ABN form requires that the estimated cost be provided to the patient. This differs from the instruction for the prior version of the ABN which stated that lack of this information did not invalidate an ABN. The instructions for the new form specifically state that an estimate must be provided.

Initially the new form was to be used exclusively by September 1, 2008, however CMS has now stated that old forms will not be considered invalid until March 1, 2009.

To learn more about the new ABN and to download forms and instructions go to: [http://www.cms.hhs.gov/BNI/02\\_ABNGABNL.asp#TopOfPage](http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp#TopOfPage)

**Do you have a question that you would like to see featured in an upcoming issue? If so, send an email to [stacie@southeastrad.com](mailto:stacie@southeastrad.com)**

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**Session 1:** Key Terms, Documentation Requirements, General Coding Rules, Head & Neck Angiography

**Session 2:** Upper Extremity Angiography, Lower Extremity & Pelvic Angiography

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**Southeast Radiology Management is pleased to announce that we are offering a FREE radiology coding discussion forum! To subscribe go to: <http://lists.topica/lists/SERADlist>**

**The ICD-9-CM Official Guidelines for Coding and Reporting have been updated!** The new guidelines go into effect October 1, 2008. Click here to view the revised guidelines. [Click here to view the revised guidelines.](#)

**CMS Resources - Signature Requirements**

CMS no longer will accept stamp signatures on any medical records. The following have been provided for your reference:

[CR 5971 - Signature Requirements](#)

[SE 0829 - Clarification - Signature Requirements](#)

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