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## **Southeast Radiology Management e-News**

**September 15, 2008** **Volume 1, Issue 12**

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### **Head & Neck Angiography - Part 1**

Our last few issues have focused on interventional radiology coding basics. In this issue we will apply those coding conventions that we have been discussing to cases for diagnostic interventions of the head and neck.

The following catheterization codes are the most common that will be used for head and neck procedures:

#### **Non-Selective Catheterization**

36120 Non-selective catheterization of retrograde brachial artery  
36140 Non-selective catheterization of extremity artery  
36200 Non-selective catheterization of aorta

#### **Selective Catheterization**

36215 Selective catheterization each 1st order thoracic or brachiocephalic branch  
36216 Selective catheterization initial 2nd order thoracic or brachiocephalic branch  
36217 Selective catheterization initial 3rd order or more selective thoracic or brachiocephalic branch  
+36218 addl 2nd, 3rd 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)

There are several RS&I codes that are used for head and neck procedures:

#### **RS&I Codes**

75650 Arch study  
75660 External carotid, unilateral, selective  
75662 External carotid, bilateral, selective  
75665 Cerebral carotid (internal carotid), unilateral  
75671 Cerebral carotids (internal carotids), bilateral  
75676 Cervical carotid (common carotid), unilateral  
75680 Cervical carotids (common carotid)s, bilateral  
75685 Vertebral, cervical, and/or intracranial  
75756 Internal mammary  
+ 75774 Angiography, selective, each addl vessel studied after basic examination

#### **Vascular Families**

There are three vascular families for the head and neck:

- \*Brachiocephalic or innominate
- \*Left common carotid
- \*Left subclavian

Remember, catheterization of each vascular family is coded separately.

**Please refer back to the newsletters from July 3, July 23, and August 25 for an explanation of key terms and coding rules.**

<http://www.seradmgt.com/Archives.html>

Here are 2 cases to illustrate coding conventions for head and neck procedures. The following cases have been provided for you to practice your coding skills. ***At the end of the cases a link has been provided to the answers as well as an explanation of the answers for each case.***

## Let's Code!

### CASE 1

**PROCEDURE:** Following sterile preparation, draping, and local anesthetic administration, access was gained at the right common femoral artery, and a 5-French sheath was placed. Through this, an Berenstein catheter, which was used for performing, selective right internal carotid, selective right vertebral, , selective left internal carotid, and selective left vertebral angiograms, with intracranial views of all vessels.

**FINDINGS:** Berenstein catheter was initially positioned in the right vertebral artery. Angiogram demonstrates a small blush of contrast in the posterior fossa although margins are difficult to delineate. Typical vascular anatomy noted. Right internal carotid angiogram demonstrates normal middle and anterior cerebral anatomy with transit of contrast into the left system through a patent anterior communicating artery. Left internal carotid injection demonstrates typical middle and anterior cerebral artery anatomy without evidence of vascular malformation or filling defects. Injection of the left vertebral artery demonstrates reflux into the right vertebral artery. There is an abnormal appealing collection of vessels in the anterior right cerebellar hemisphere.

### CASE 2

**PROCEDURE:** Following sterile preparation, draping, and local anesthetic administration, access was gained at the right common femoral artery, and a sheath was placed. Through this, an HI catheter, which was used for performing selective right common carotid, selective right internal carotid, selective right external carotid, selective left common carotid, selective left vertebral, and selective right vertebral angiograms, with multiple cervical and intracranial views of all vessels.

**FINDINGS:** Right carotid bifurcation angiogram from right common carotid injection demonstrates no atherosclerotic disease. There is 0% stenosis. There is no evidence of dissection or ulceration. There is patent flow in the upper cervical internal carotid artery. The external carotid artery is patent.

Cerebral angiogram from the right internal carotid injection demonstrates filling of the right anterior, middle, and posterior cerebral circulation vessels, all normal appearing. There is no evidence of stenosis, aneurysm, or fistula. There is no vascular malformation. The ophthalmic artery is normal.

Right external carotid angiogram demonstrates normal internal maxillary, middle meningeal, superficial temporal, and all pterygoid and sphenopalatine branches are normal.

Left carotid bifurcation angiogram demonstrates no atherosclerotic disease. There is 0% stenosis. There is no evidence of dissection or ulceration. There is patent flow in the upper cervical left internal carotid artery. The external carotid artery is patent.

Cerebral angiogram from the left common carotid injection demonstrates filling of the left anterior, middle, and posterior cerebral circulation vessels. There is no evidence of stenosis or aneurysm. There is no vascular malformation. The

external carotid arteries are normal, with normal internal maxillary, middle meningeal, superficial temporal, and all pterygoid and sphenopalatine branches.

The left vertebral artery was selectively catheterized. Left vertebral angiogram demonstrates a small hypoplastic vessel on developmental basis, with relatively low flow into the basilar circulation. The right vertebral artery is the dominant vertebral artery. Right vertebral angiogram demonstrates a normal appearance of the right cervical vertebral artery. There is no stenosis or dissection. There is patent flow to the basilar artery. There is no aneurysm or vascular malformation. Basilar artery branches are all widely patent. There is no evidence of aneurysm, fistula, or vascular malformation.

[Click here for answers.](#)

In our next issue we will look at some additional head and neck cases.

#### **Question & Answer**

***What code should be assigned for a needle core biopsy of a splenic mass?***

*Code 49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle is assigned for core biopsies of abdominal and retroperitoneal masses when a code specific to that organ does exist.*

**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)**

#### **CMS Resources**

**CMS has issued Change Request 6100 -  
Physician Signature Requirements for Diagnostic Test Orders**

<http://www.cms.hhs.gov/Transmittals/downloads/R94BP.pdf>

#### **Register for our Interventional Radiology Coding Seminar!**

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**Session 5:** Embolization & Occlusion, Thrombolysis, Dialysis Access Maintenance

**Session 6:** IR Case Studies

**Each individual webinar session has prior approval of the American Academy of Professional Coders for 2.0 Continuing Education Units.**

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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>**

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