Principles of Interventional Coding

Donald Schon, MD, FACP
Debra Lawson, CPC, PCS

Unraveling the “-59” modifier

- Distinct or independent from other services performed on the same day
- Normally not reported together, but are appropriate in this situation
- Represents separate incisions, different sites, different surgeries or different encounters
- If another modifier is indicated default to that modifier – “-59” should be “modifier of last resort”

CASE 1: Simple angioplasty

A patient with a high venous pressure has an angiogram and angioplasty of the venous anastomosis

Case #1- Possible codes

- 36147 for the cannulation of the access and angiogram
- 35476 for the angioplasty
- 75798 supervision and interpretation of the angioplasty

Case #1

However, once the venous anastomosis is dilated the pulse pressure is found to be low. A second sheath is placed and reflux angiogram demonstrates as inflow stenosis at the arterial anastomosis. The wire crosses into the artery easily and the arterial anastomosis easily dilated

But now we add an arterial anastomotic angioplasty: possible codes

- 36147 for PTA (percutaneous transluminal angioplasty) fistula
- 35475 for PTA of arterial anastomosis
- 75962 S & I of the 35475
- 35476 for PTA of the fistula
- 75978 S & I of the 35476
- 36148 2nd cannulation of the access through separate site
- 36215 for selective cannulation of the artery
But some codes have to be dropped:

- Only one angioplasty is allowed from the arterial anastomosis to but not including the central vessels
- Therefore 35476/75798 are dropped in favor of the higher order arterial angioplasty codes
- However, the 2nd cannulation was necessary to perform the evaluation and treatment and 36148 is indicated
- The wire went easily and 36215 (selective catheterization) is not indicated

Final Codes:

- 36147
- 36148
- 35475
- 75962

Documentation

- Important aspects
  - Clearly document the "indication for doing the procedure"
  - sheath insertion
  - venogram performed to the right atrium
  - Arterial anastomotic lesion > 50% of normal vessel diameter

Case 2: Complex Venous Angioplasty(ies)

- A patient with a forearm AVF presents with a declining Kt/V. A sheath is inserted retrograde and the brachial artery cannulated retrograde through the anastomosis.
- Arteriogram demonstrates >50% stenosis at the arterial anastomosis, >50% stenosis in the forearm and draining upper arm cephalic vein
- Contrast followed to the right atrium demonstrates >50% stenosis of Subclavian Vein

Case 2:

- An angioplasty is performed on the arterial anastomosis through the first sheath
- A second antegrade sheath is placed to angioplasty the venous lesions
- An angioplasty is performed on the forearm AVF and the Cephalic vein portion of the AVF
- The subclavian vein lesion is angioplastied
Case 2: Possible Codes

- 36147 cannulation and fistulogram
- 36215/75710 selective arterial cannulation and arteriogram
- 36148 2nd cannulation
- 35475/75962 arterial pta, S & I
- 35476/75978 x 3 venous PTAs, S & I
- 36010/75827 selective catheterization of the SVC and selective injection

But:

- 36215 is column 1 code and 36147 col 2

Therefore, 36147 would be dropped and 75791-59 for the angiogram of the access through to the right atrium would also be dropped. Because of the 2nd cannulation 36147 is appropriate rather than the combined 36148 + 75791-59

- Only one angioplasty code is allowed from the arterial anastomosis to the central vessels

- 35475/75962 is coded for the arterial PTA, the 2 venous PTAs of the access are dropped

- The PTA of the subclavian vein is considered a separate and distinct procedure and 35476(-59)/75978 allowed

Case 2: Final Codes

- 36215
- 75710 - 59
- 36147
- 35475/75962
- 35476(-59)/75798

Case 2: Documentation

- 36215 and the 75710 requires a separate indication, i.e. “in order to visualize the inflow...” The 36215 requires a diagnostic catheter to be required and inserted into the brachial artery and documentation must show this indication

- 2nd cannulation requires an indication and documentation supporting the indication in the record.

- Both PTAs require documentation that they are > 50% lesions and it is important to state that the venous lesion is outside the “conduit”

Case 3: Complex PTA

- A patient with a forearm AVG presents with poor access blood flow. The graft is cannulated in an antegrade fashion and a venous lesion is noted > 50%

- After PTA of this lesion, the access is still noted to have poor flow by physical exam.

- After placement of a second (retrograde) sheath, cannulation of the brachial artery and arteriogram, a > 50% stenosis is seen in the brachial artery at the anastomosis and this is angioplastied
Case 3: Possible Codes

- 36147
- 36148
- 36215
- 75710
- 35475/75962
- 35476/75978

But:

- 36215 is a col 1 code and 36147 a col 2
- Therefore, 36147 is dropped and 75791-59 would be used
- But a 2nd cannulation is necessary and therefore 75791 is not used and 36147 is used for both the 2nd cannulation and the venogram of the access
- 35475/ 75962 is billed

But:

- In this case the arterial lesion is at the anastomosis and therefore the venous lesion cannot also be coded
- There is no indication for the 36010 nor 75827 as 36147 includes angiography all the way to the right atrium. The operator can choose to do the selective catheterization and angiogram but cannot code without a strong indication

Case 3: Final Codes

- 36215
- 75710 - 59
- 36147
- 35475 / 75962

Case 3: Documentation Requirements

- Clearly state the indication for the 2nd cannulation and the arteriogram
- Clearly state that a diagnostic catheter was necessary within the artery to pass the wire and visualize the vessel
- Clearly state the indication for the 2nd cannulation
- Clearly state that the arterial lesion was > 50%

Case 4: Lower Extremity Arterial Intervention

- A patient with a thigh graft has an angiogram for poor access blood flow
- Angio of the abdominal aorta and graft are performed and find a > 50% stenosis of the external-iliac artery, the arterial anastomosis and the venous anastomosis of the graft
Case 4: Possible codes
- 37220 bundled code for lower extremity arterial procedure
- 36147 cannulation of the access and fistulogram/venogram to the right atrium
- 35475 / 75962 PTA of the arterial anastomosis + S & I
- 35476 / 75978 PTA of the venous anastomosis + S & I

But:
- The cannulation of the access cannot be billed because it is bundled with the code for the procedure in the iliac artery
- Therefore the 36147 would be dropped and 75791 would be coded for the venogram of the access
- 37220 will include the arteriogram and the angioplasty of the iliac artery, also bundled
- However, the anastomosis is part of the access (conduit) and therefore the access angioplasty is billed separately
- However, only 35475 / 75962 is allowed as the venous angioplasty is within the access and therefore a col 2 code

Case 4: Final Codes
- 37220
- 75971 - 59
- 35475 / 75962

Case 4 Special Documentation Requirements
- Clearly document the indication for the arteriogram
- Clearly document that the iliac arterial lesion is separate and distinct from the access lesions
- Clearly document that the lesion of the arterial anastomosis is part of the access and not the iliac arterial system

Coding Tip
- Documentation should clearly state the exact location of the lesion being treated to avoid confusion since the two types of lesions are handled differently.
**Case 5: Dialysis catheters**

- Because of a dysfunctional fistula a patient needs a dialysis catheter. The right internal jugular vein is cannulated using ultrasound guidance. However, the wire will not pass and contrast injection demonstrates an occlusion of the internal jugular vein. In order to visualize the vessels, a wire and then diagnostic catheter are passed through the occlusion selectively and angiogram of the superior vena cava performed through the catheter. After dilating the internal jugular vein a dialysis catheter is placed without difficulty.

**Case 5: possible codes**

- 77001 - Fluoroscopy
- 76937 - Ultrasound for catheter insertion
- 36558 - Tunneled catheter insertion
- 36010 - Selective catheterization of the SVC
- 75827 - Selective venogram of the SVC
- 35476/75978 - PTA of the vein and S & I

**But:**

- 75827 is a higher value code
- the 77001 can be coded but only as a separate procedural service and needs the -59 modifier

**Final coding Case 5**

- 76937
- 77001 - 59
- 36010 Selective catheterization of the SVC
- 75827 -59 Selective injection of the SVC
- 35476/75978 PTA of the occluded vessel + S & I
- 36558 Tunneled catheter insertion

**Case 5 special documentation requirements**

- The indication for the catheter
- The occlusion of the internal jugular vein
- The reason the selective catheterization is performed and why the SVC was visualized
- The necessity/indication for the angioplasty

**Case 6: Complex Angioplasty**

- A patient presents with a swollen Lt. Arm. She has a 5 year old upper arm AVF which is hyperpulsatile.
- Fistulogram demonstrates two high grade stenoses in the mid-fistula. To see past these lesions a diagnostic catheter is needed to guide the wire and injection done through the catheter.
- Total occlusion of the subclavian vein is demonstrated.
Case 6: Complex Angioplasty

- The two lesions in the fistula are dilated using a 6mm balloon, followed by an 8mm and then a 10mm balloon.
- The total occlusion of the subclavian vein cannot be penetrated from the initial puncture of the AVF.
- Therefore, the fistula is punctured higher near the shoulder and the Rt IJ cannulated.

Case 6: possible codes

- 36147 for cannulation and fistulogram
- 36148 for 2nd cannulation access
- 35476/75978 x 3 for angioplasties
- 36410 for right IJ puncture from a site outside the access
- 36010 for selective catheterization of the SVC and 75827-59 for selective angiogram SVC

Case 6: Final Coding

- Even though 3 balloons were used and two lesions angioplastied, you can code for only one angioplasty of the access.
- A second angioplasty of the central vessels (subclavian vein) is coded for the angioplasty outside the access.
- There is no code for the use of the guiding catheter within the access because this is bundled with 36147.

Case 6: Final Coding

- 36147 for initial puncture and fistulogram
- 36148 for 2nd necessary puncture of AVF
- 36010 for the selective catheterization of the SVC is coded (the 36410 is dropped in favor of the selective code)
- 75827-59 for the necessary selective study of the SVC
- 35476/75978 for the angioplasty of the access.
- 35476-59/75978 for central vein angioplasty

Case 6: essential documentation

- The degree of stenosis of all lesions
- The indication for the 2nd cannulation of the AVF
- The indication for the right IJ cannulation, the necessity of the selective catheterization and injection of the SVC
- The degree and reason for angioplasty of the central vessel.
Coding Tip

- Document the site of introduction and if more than one site is involved, clearly document each site. List the medical indication for each separate procedure.

Pitfalls of Interventional Coding

- Inadequate documentation to show the % of stenosis
- Documentation doesn’t show medical indication for the study/procedure
- Remembering that 2 cm of the anastomosis is considered part of the anastomosis
- Billing for ultrasounds when there is no “picture” presented in the medical record
- Inadequate documentation to show route and execution of the procedure/study….coders are not mind-readers …. 

QUESTIONS???