Deciphering Coding Rules for Complex Interventional Radiology Procedures

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• All attendees are strongly encouraged to verify that the information presented is accurate and correct. Additionally all attendees are responsible for verifying the specific payer guidelines for their payers.

Diagnostic Angiography & Therapeutic Interventions
Therapeutic Interventions w/ Diagnostic Angiography

- Diagnostic angiography codes should NOT be used to report services already captured through the reporting of a therapeutic transcatheter RS&I code, including:
  - contrast injections, angiography/venography and fluoroscopic guidance
  - vessel measurement
  - roadmapping
  - completion angiography/venography (except in those circumstances when code 75898 is applicable)
  - Post-angioplasty/stent angiography - this work is captured in the interventional radiologic supervision and interpretation code(s).

Therapeutic Interventions w/Diagnostic Angiography

- Diagnostic angiography performed at the time of an interventional procedure is separately reportable if:
  - No prior catheter-based angiographic study* is available and a full diagnostic study is performed, and the decision to intervene is based on the diagnostic study, OR
  - 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, OR
    - There is inadequate visualization of the anatomy and/or pathology, OR
    - There is a clinical change during the procedure that requires new evaluation outside the target area of intervention
- Diagnostic angiography performed at a separate setting from an interventional procedure is separately reported.
- Diagnostic angiography performed at the time of an interventional procedure is NOT separately reportable if it is specifically included in the interventional code descriptor.

CMS says...

- *If a diagnostic angiogram (fluoroscopic or computed tomographic) was performed prior to the date of the percutaneous intravascular interventional procedure, a second diagnostic angiogram cannot be reported on the date of the percutaneous intravascular interventional procedure unless it is medically reasonable and necessary to repeat the study to further define the anatomy and pathology. Report the repeat angiogram with modifier -59.
CMS says...

- If it is medically reasonable and necessary to repeat only a portion of the diagnostic angiogram, append modifier -52 to the angiogram CPT code. If the prior diagnostic angiogram (fluoroscopic or computed tomographic) was complete, the provider should not report a second angiogram for the dye injections necessary to perform the percutaneous intravascular interventional procedure.

-NCCI Manual Chapter 9

Dialysis Access Maintenance

Coding for DAM Procedures

- 36147 Catheterization & Fistulagram
- 36148 Second access for therapeutic intervention
- 75791 Fistulagram (other than direct puncture)
- 36870 Thrombectomy/Thrombolysis
- 35476/75978 PTA venous
- 35475/75962 PTA arterial
- 37236/37237 Stent arterial
- 37238/37239 Stent venous
- 37241 Embolization
DAM: Vessel Definition


- “All PTA within the arteriovenous dialysis access ‘vessel’ would be coded as a single PTA, regardless of the number of stenoses treated within this segment. For AV dialysis native fistulae, the ‘vessel’ is defined as the inflow artery at the AV anastomosis, the AV anastomosis, and the outflow vein to the level of the axillary vein. For AV dialysis grafts, the ‘vessel’ is defined as the inflow artery at the arterial anastomosis, the arterial anastomosis, the entire length of the graft, the venous anastomosis, and the venous outflow to the level of the axillary vein. All PTA done within these defined segments would be coded as a single angioplasty.” – Society of Interventional Radiology

DAM: Access & Imaging

- 36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection(s) of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava).
  - Assigned 1 x per encounter, repeat fistulagrams not coded

- +36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention
  - Second access required for PTA, stent, thrombectomy, embolization, etc.

DAM: Fistulagram

- 75791 Angiography, AV shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through the entire venous outflow including the IVC or SVC), radiological supervision and interpretation
  - [For introduction of catheter, if necessary, see 36140, 36215-36217, 36245-36247]
  - [Use 75791 only if radiological evaluation is performed through an already existing access into the shunt or from an access that is not a direct puncture of the shunt]
  - [For radiological evaluation with needle catheter introduction, AV dialysis shunt, complete procedure, use 36147].
DAM: Selective Catheterization

- If additional catheter work and imaging must be done for evaluation the work is not included in 36147.
- If the catheter is advanced from the AV shunt puncture into the inflow artery (native upper extremity artery), an additional catheterization code may be reported (36215).
  - Selective catheterization of upper extremity artery more centrally to evaluate proximal arterial inflow away from per-anastomotic region.
  - Includes cath of aorta or into wrist or hand.
- Catheterization of collateral veins may be reported separately 36011/36012.
- Selective catheterization of the IVC/SVC and central veins not reported when performed via direct puncture into AV graft.

DAM: PTA

- 35476 Transluminal balloon angioplasty, percutaneous; venous
- 75978 Transluminal balloon angioplasty venous (eg, subclavian stenosis), radiological supervision and interpretation
- 35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
- 75962 Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or visceral artery, iliac or lower extremity, radiological supervision and interpretation

DAM: PTA

- Only 1 code pair may be reported for PTA of an AV graft for multiple stenoses:
  - 35475/75962 for an arterial angioplasty
  - 35476/75978 for a venous angioplasty
- Interventional Radiology Coding User’s Guide advises that:
  - “All PTA within the arteriovenous dialysis access “vessel” would be coded as a single PTA, regardless of the number of stenoses treated within this segment. For AV dialysis native fistulae, the “vessel” is defined as the inflow artery at the AV anastomosis, the AV anastomosis, and the outflow vein to the level of the axillary vein. For AV dialysis grafts, the “vessel” is defined as the inflow artery at the arterial anastomosis, the arterial anastomosis, the entire length of the graft, the venous anastomosis, and the venous outflow to the level of the axillary vein. All PTA done within these defined segments would be coded as a single angioplasty.”
DAM: Arterial vs. Venous PTA

- PTA of arterial anastomosis only: 35475/75962
- PTA of venous anastomosis only: 35476/75978
- PTA of arterial & PTA of venous anastomosis: 35475/75962
  - Only 1 PTA may be reported for AV graft
  - 35475/75962 column 1 code, 35476/75978 column 2 code NCCI
- Lower extremity arterial anastomosis (OD) – 37224 PTA

DAM: PTA & Stent

- May code additional PTA/stent for stenosis outside of graft
  - Central veins (subclavian, innominate, cava) = 1 vessel
  - Lower extremity central veins (iliofemoral veins & IVC)
- Site of and need for separate stenosis treatment should be clearly documented in the report.
  - Example: If PTA of the subclavian vein is performed, codes 35476 and 75978 may be coded for the PTA of the subclavian in addition to the PTA of the graft. The -59 modifier should be appended to the codes for the second PTA.

DAM: Thrombectomy

- 36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or non-auto-genous graft (includes mechanical thrombus extraction and intra-graft thrombolyis)
  - Thrombus may be removed with AngioJet, Amplatz, Trerotola device, Fogarty catheter
  - Includes all work necessary to remove the thrombus, mechanical and/or pharmacological
    - If a thrombolytic agent is utilized for the same purpose, it should not be coded as a thrombolyis procedure
  - Use of a balloon to remove a thrombus is considered part of the thrombectomy and should not be coded separately.
  - Separate stenosis treated by PTA may be coded
  - Use of heparin is not considered thrombolysis
  - Thrombus treated outside of graft may assign additional codes for infusion.
DAM: Multiple Interventions

- All therapeutic interventions performed in the graft may be coded separately in accordance with the definition of 1 vessel for AV graft.
  - PTA (35476/75978; 35475/75962)
  - Stent (37236-37239)
  - Thrombectomy/Thrombolysis (36870)
  - Embolization (37241)

Case Example #1

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for additional imaging
- Imaging
  - Fistulagram
- Codes: 36147

Case Example #2

- Access
  - Direct puncture AV graft
- Catheter placement
  - Second access for intervention
- Imaging
  - Fistulagram
- Intervention
  - PTA AVG/AVF
  - Stent venous anastomosis
- Codes: 36147, 36148, 37238
Case Example #3

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Subclavian vein
- **Imaging**
  - Fistulagram
- **Intervention**
  - PTA AV graft
  - PTA subclavian

**Codes:** 36147, 35476, 75978, 35476-59, 75978-59

Case Example #4

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Venous collateral branch
- **Imaging**
  - Fistulagram
- **Intervention**
  - PTA AVF/AVG
  - Stent AVF/AVG
  - Embolization collateral branch

**Codes:** 36147, 36011, 37238, 37241

Case Example #5

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Second access - venous collateral branch
- **Imaging**
  - Fistulagram
- **Intervention**
  - Embolization collateral branch

**Codes:** 36147, 36148, 36011, 37241
Case Example #6

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Second access for intervention
- **Imaging**
  - Fistulagram
- **Intervention**
  - PTA AVG/AVF
    - Stent arterial anastomosis

- **Codes:** 36147, 36148, 37236

Case Example #7

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Second access for intervention
- **Imaging**
  - Fistulagram
- **Intervention**
  - PTA arterial anastomosis
  - Stent AVF/AVG

- **Codes:** 36147, 36148, 37238

Case Example #8

- **Access**
  - Direct puncture AV graft
- **Catheter placement**
  - Second access for intervention
- **Imaging**
  - Fistulagram
- **Intervention**
  - Stent arterial anastomosis
  - Stent venous anastomosis

- **Codes:** 36147, 36148, 37236
Case Example #9

• Access
  – Direct puncture AV graft
• Catheter placement
  – Second access for intervention
• Imaging
  – Fistulagram
• Intervention
  – Thrombectomy
  – PTA to clear arterial plug

• Codes: 36147, 36148, 36870

Lower Extremity Revascularization

• What's Included
  – Catheterizations: access, selection of vessel, traversing lesion
  – RS&I: roadmapping, catheter positioning, confirmation of positioning, guidance
  – Guidance
  – Embolic Protection
  – Closure of arteriotomy
  – Completion angiography
  – Conscious sedation
• What's Not Included
  – Mechanical thrombectomy
  – Thrombolysis
  – Diagnostic Angiograms
LE Revascularization: Territories

- Iliac territory 37220-37223
  - Common iliac
  - Internal iliac
  - External iliac
- Femoral/popliteal territory 37224-37227
  - Common femoral
  - Superficial femoral
  - Deep femoral
  - Popliteal
- Tibial/peroneal territory 37228-37235
  - Anterior tibial
  - Posterior tibial
  - Peroneal
  - TP trunk part of posterior tibial or peroneal

LE Revascularization: Correct Code Selection

1. Determine each vessel that was treated.
2. Determine the intervention(s) performed in each vessel.
3. Determine the most extensive procedure performed in each territory. Assign codes per territory.
   - The most extensive procedure performed will determine the primary CPT code for the encounter and the appropriate add on codes.

Note: Codes are unilateral. Primary codes are reported one time per side.

Lower Extremity Revascularization Hierarchy

[Diagram showing hierarchy of procedures: Stent w/ Atherectomy, Atherectomy, Stent, PTA]
Lower Extremity:
PTA, Stent (OD), Atherectomy

- **Iliac Territory**
  - PTA: 37220 initial vessel
  - Atherectomy: 0238T (w/PTA) 37220 initial vessel
  - Stent (w/PTA): 37221 initial vessel
  - Stent/Atherectomy (w/PTA): 37221, 0238T initial vessel

- **Femoral/Popliteal Territory**
  - PTA: 37224
  - Atherectomy (w/PTA): 37225
  - Stent (w/PTA): 37226
  - Stent/Atherectomy (w/PTA): 37227

- **Tibial/Peroneal Territory**
  - PTA: 37228 initial vessel
  - Atherectomy (w/PTA): 37229 initial vessel
  - Stent (w/PTA): 37230 initial vessel
  - Stent/Atherectomy (w/PTA): 37231 initial vessel

LE Revascularization:
Catheterization Exceptions

- **Diagnostic angiogram requiring a higher degree of selectivity**
  - Ex. Contralateral extremity angiography in conjunction with a revascularization procedure.
  - Access at RCFA, revascularization of RI, catheterization and imaging of LT leg.

- **Catheterization/diagnostic angiography different vascular bed**
  - Ex. Performing a renal PTA in conjunction with a revascularization

- **Diagnostic angiography performed through separate access**
  - Ex. Catheterization of the aorta for an aortogram may be performed via a left groin puncture, yet the revascularization is performed on the right iliac via a right groin puncture.

- **Additional access not part of LER with another vessel selected.**
- **Separate procedures, same DOS**

LE Revascularization:
Bridging Lesions

- **Bridging lesion (2 vessels) same territory**
  - Treated with a single therapy, reported once with a single code.
  - Ex. Stenosis extends from the common iliac artery into the proximal external iliac artery, and a single stent is placed to open the entire lesion. Code as a single stent placement in the iliac artery.

- **Bridging lesion (2 vessels) overlapping territories**
  - Treated with a single therapy, code selection based on the size of the lesion in each vessel and the vessel that has the most disease. (proximal vs. distal)
  - Ex. PTA of a lesion spanning the popliteal through to the tibioperoneal trunk is performed, and the majority of the lesion is in the popliteal, the appropriate code to assign is for a PTA of the femoral/popliteal territory.
LE Revascularization: Stent Placement

- Occlusive vs. Non-Occlusive
  - Lower extremity revascularization stent codes are assigned for clinical indication of occlusive disease.
  - Stent placement in the lower extremity for non-occlusive disease (i.e., aneurysm) see codes 37236-37237.

Clinical Indications: Stenosis & Aneurysm

Dominant pathology determines the code.

- Aneurysm treatment (37236) OR
- Occlusive disease treatment (37226).
  Do not code both.

Case Example #10

- Access
  - RCF
- Catheter placement
  - LCF
- Imaging
  - LT Lower Extremity
- Intervention
  - Stent placement SFA for occlusive disease

- Codes: 75710-59-LT, 37226

Case Example #11

- Access
  - LCF
- Catheter placement
  - RCF
- Imaging
  - RT Lower Extremity
- Intervention
  - Stent placement SFA for aneurysm

- Codes: 75710-59-RT, 36247, 37236
Case Example #12

- **Access**
  - LCF
- **Catheter placement**
  - Aorta
  - LT Common iliac
  - RT SFA
- **Imaging**
  - Aortogram w/ runoff (full aorta)
  - Right extremity
- **Intervention**
  - LT common iliac PTA
- **Codes:** 37220, 36247-59, 75625, 75710-59-RT

Case Example #13

- **Access**
  - LCF
  - RCF
- **Catheter placement**
  - Renal aorta (from LCF access)
  - Aortic bifurcation (from LCF access)
- **Imaging**
  - Aortogram (full)
  - Bilateral lower extremity
- **Intervention**
  - RT common iliac PTA (from RCF)
- **Codes:** 37220, 36200-59, 75625, 75716

Case Example #14

- **Access**
  - RCF
- **Catheter placement**
  - LT common iliac
- **Imaging**
  - LT lower extremity
- **Intervention**
  - PTA & Stent of lesion at LCI/LCFA
  - Majority of lesion?
- **Codes:** 37226, 75710-59-LT  or  37221, 75710-59-LT
Embolization: Clinical Indication is Key

- 37241 Vascular embolization or occlusion, venous, other than hemorrhage or tumor
  - Side branches of hemodialysis access
  - Venous malformations (for direct needle access into head/neck venous abnormalities ie. facial venous malformation)
  - Capillary hemangiomas
  - Varicocoeles
  - Visceral varices
- 37242 Vascular embolization or occlusion, arterial, other than hemorrhage or tumor
  - AV malformations
  - Arteriovenous fistulas
  - Aneurysms
  - Pseudaneurysms
  - Embolizations performed prior to another planned interventional procedure

- 37243 Vascular embolization of occlusion for tumors, organ ischemia, or infarction
  - Tissue ablation
  - Benign or malignant tumor of liver, kidneys, uterus or other organs
  - Organ infarct or ischemia
- 37244 Vascular embolization for arterial or venous hemorrhage or lymphatic extravasation
  - GI bleed
  - Trauma induced hemorrhage of viscera or pelvis
  - Chylous effusion of thoracic duct
  - Hemoptysis bronchial embolization
  - Post partum hemorrhage
Embolization: 2 Indications

Clinical Indications:
GI Bleed due to ruptured aneurysm
37244
Immediate indication determines code selection.

Embolization

- Codes 37241-37244
  - Catheter placements
  - Diagnostic angiography services when criteria is met.
  - For code 37243: Chemo (96420) & Y-90 (79445)
- Codes 61624/61626 Head/Neck
  - 61624 CNS (intracranial, spinal cord)
    - 75894 R&I /75898 Follow-up post embolization
    - Catheter placements
    - Diagnostic imaging
  - 61626 non-central nervous system, head or neck (extracranial, brachiocephalic branch)
    - 75894 R&I /75898 Follow-up post embolization
    - Catheter placements
    - Diagnostic imaging

Embolization Coding:
Operative Field

- Embolization code is assigned once per operative field.
  - Code 75898 is reported only once per operative field, per session.
  - CNS embolizations are the exception to this rule
Embolization Coding:
Operative Field

- The following are considered one operative field: multiple vessels feeding a bladder tumor, multiple vessels in the same extremity, multiple vessels for endoleak (AAA), multiple hemodialysis side branches, bilateral uterine arteries.
- The following are considered two or more operative fields: bilateral organs, bilateral arteriovenous malformations, bilateral testicular veins (varicocele), bilateral ovarian veins (pelvic congestion), intracranial aneurysms (two or more), multiple bleeds (spleen, pelvis)

Stent Placement & Embolization Coils

- Stent placed for deployment of embolization coils is included with the embolization procedure.
  - Providing latticework for deployment of embolization coils (aneurysm)
- Stent is reported when it is deployed as the sole management of an aneurysm, pseudoaneurysm, or vascular extravasation.

Intracranial Thrombolysis & Thrombectomy
Intracranial
Thrombectomy/Thrombolysis

- **61645 Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intra-procedural pharmacological thrombolytic injection(s)**
  - Revised Codes 37184, 37185, 37186, 37211
  - Thrombectomy: Merci Retrieval Penumbra, Trevo, Solitaire
  - Code 61645 describes endovascular revascularization of thrombotic/embolic occlusion of intracranial arterial vessel(s) via any method, including mechanical thrombectomy and/or administration of any agent for purposes of revascularization, such as thrombolytics or IIB/IIIA inhibitors.

Intracranial
Thrombectomy/Thrombolysis 61645

- **Bundled Components:**
  - Catheterization
    - Ipsilateral bundled
    - Only assigned for catheterizations of vascular territories not treated with thrombectomy
  - Diagnostic angiography (36221-36226)
    - Diagnostic angiography may only be reported for imaging performed of vascular territories not treated with thrombectomy
  - All subsequent angiography including associated RS&I within the treated vascular territory
    - Follow up (75898)
  - Fluoroscopic guidance
  - Neurologic and hemodynamic monitoring of the patient
  - Closure of the arteriotomy by manual pressure, and arterial closure device or suture

Intracranial
Thrombectomy/Thrombolysis 61645

- **Vascular Territories** - the intracranial arteries are divided into three vascular territories for coding purposes:
  - Right carotid circulation
  - Left carotid circulation
  - Vertebro-basilar circulation

- **Code 61645 is reported one time for each intracranial territory treated.**
  - Do not report 36221 - 36226 for the same vascular territory.
  - Do not report 61645 in conjunction with 37184 or 37186 for the same vascular territory.
  - Do not report 61630 or 61635 for same territory
  - Code 61645 will not be reported with codes 61650 or 61651 for same vascular distribution because code 61645 describes thrombolytic infusions and codes 61650 and 61651 describe prolonged administration of other types of medications (e.g., vasodilators).
Intracranial Thrombectomy/Thrombolysis (61645)

- 61645 cannot be submitted with 61650 for same territory – choose code based on primary intent
- Code 37212 is assigned for cerebral thrombolytic infusion – venous
- Code 37187 is assigned for cerebral venous thrombectomy
- Code 37195 is assigned for intracranial thrombolysis by IV infusion
- Code 61630 (intracranial PTA) & Code 61635 (intracranial stent) bundled.

Access is gained at the right common femoral artery. Catheter is advanced into the right common carotid for imaging, followed by the right internal carotid for imaging. Following imaging, thrombectomy (or thrombolysis) of the right middle cerebral artery is performed.

- Codes: 61645

Access is gained at the right common femoral artery. Catheter is advanced into the right common carotid for imaging, followed by the right internal carotid for imaging. Following imaging, thrombectomy (or thrombolysis) of the right middle cerebral artery is performed. Catheter is placed into the left common carotid for imaging, followed by the left internal carotid for imaging. A second thrombectomy (or thrombolysis) is performed in the left middle cerebral artery.

- Codes: 61645, 61645
Intracranial
Thrombectomy/Thrombolysis (61645)

- Access is gained at the right common femoral artery. Catheter is advanced into the right common carotid for imaging, followed by the right internal carotid for imaging. Following imaging, thrombectomy (or thrombolysis) of the middle cerebral artery is performed. Catheter is placed into the left common carotid for imaging, followed by the left internal carotid for imaging.
  - Codes: 61645, 36224-59

Intracranial Prolonged Infusions

- 61650 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
- +61651 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)
  - Deleted Codes 37202 and 75896
  - Nicardipine, Milrinone, Paverine, Verapamil, Vasopressin – continuous or intermittent infusion
  - 61645 & 61650? Choose code based on primary intent

Intracranial Infusion
(61650 & 61651)

- Bundled Components:
  - Catheterization
    - Catheterization codes are only assigned for catheterizations of vascular territories not treated with infusion.
  - Diagnostic angiography (36221-36226)
    - Diagnostic angiography may only be reported for imaging performed of vascular territories not treated with infusion.
  - All subsequent angiography including associated RS&I within the treated vascular territory
  - Fluoroscopic guidance
  - Neurologic and hemodynamic monitoring of the patient
  - Closure of the arteriotomy by manual pressure, and arterial closure device or suture.
Intracranial Infusion
(61650 & 61651)

- Vascular Territories - the intracranial arteries are divided into three vascular territories for coding purposes:
  - Right carotid circulation
  - Left carotid circulation
  - Vertebral-basilar circulation
- Code 61650 is reported once for the initial intracranial territory treated and 61651 is reported for each additional vascular territory.
  - 61651 is reported a maximum of twice per day.
  - Do not report 36221 - 36226 for the same vascular territory.
  - Do not report 61640-61642 (balloon for vasospasm) for the same vascular territory.
  - Do not report 61645 (thrombectomy/thrombolysis) for the same vascular territory.
  - Do not report 61650 or 61651 with 96420, 96422, 96423, 96425 for same vascular territory.

Codes 61650 and 61651 should not be used to report administration of agents (heparin, nitroglycerin, saline) usually administered during endovascular interventions.

Codes 61650 and 61651 are assigned for prolonged administrations of at least 10 minutes continuous or intermittent duration.
  - Do not use for bolus injection

- Wada testing (sodium amytal): 95958
- Infusion of papervine, verapamil, nicardipine, milrinon for treatment of vasospasm prior to balloon angioplasty, use 61650.

Intracranial Infusion
(61650 & 61651)

Nicardipine Infusion Middle Cerebral Artery. Access is gained at the right common femoral artery. Catheter is advanced into the right common carotid for imaging, followed by the right internal carotid for imaging. Following imaging, a Nicardipine infusion of the middle cerebral artery is performed. Completion angiography is performed.

Code: 61650
Intracranial Infusion

- Nicardipine Infusion Middle Cerebral Artery – Bilateral Access is gained at the right common femoral artery. Catheter is advanced into the right common carotid for imaging, followed by the right internal carotid for imaging. Following imaging, a Nicardipine infusion of the middle cerebral artery is performed. Completion angiography is performed. Catheter is advanced into the left common carotid for imaging, followed by the left internal carotid for imaging. Following imaging, a Nicardipine infusion of the middle cerebral artery is performed.

  - Codes: 61650, 61651

Question & Answer

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