Coding Up Date

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ICD – 10 Codes

- With the change over this is going to be more of a challenge
- Remember –
  - Carriers pay based upon the diagnostic code used
  - Must include the code that justifies the procedure being performed

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Tunneled Catheters

Ultrasound Guidance

- The code for ultrasound guided cannulation when inserting a tunneled catheter is +76937
- Use of +76937 requires that an image be recorded and made part of the permanent record
- It is recommended that this be documented in the procedure note
  - If there is a review, the reviewer will not have the medical record to see that image documentation was done, they will depend upon the procedure note

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Peripheral Access

Cannulation of Access

- 1st cannulation of accss is always 36147
  - Even if arterial cannulation is done to gain entry to access
- 2nd and all subsequent cannulations are +36148

Selective Catheterization

- Manipulation of guidewire documented no longer necessary

Requires a Double Indication

- There is a requirement for a medical indication for the procedure that is to be performed
  – Must be legitimate
- There is an absolute need for a medical indication for the selective catheterization

Selective Catheterization Disqualifications
(Not Legitimate)

- If done for angioplasty balloon positioning
- If done to visualize access or its drainage
- If done for superior or inferior vena cava
- If done to visualize arterial anastomosis
- If done as post-angioplasty angiogram

Dropping Non-Selective Code

- Once a nonselective site is converted to a selective site, the first code is dropped in favor of the second

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Dropping Non-selective Code

Code Combination	Codes To Use
36147 + Selective	75791 + Selective
36147, +36148 + Selective	36147 + Selective
36120 + Access angiogram + Selective	75791 + Selective
36120 + 36147 + Access angiogram + Selective	36147+ Selective
36120 + 36147 + +36148 + Access angiogram + Selective	36147 + +36148 + Selective

Remember that 36140 is bundled with 36147; therefore, the two can not be used together

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Aid To Cannulation

- Ultrasound guidance for AV access
  - Code is 76937 – add-on code
  - Column 2 code – requires a 59 modifier
- Insert device at another site, use as target
  - Code is 77002
  - Column 2 code – requires a 59 modifier

76937 – Ultrasound guided cannulation
77002 – Fluoroscopic guided needle placement (cannulation of device)

Angiogram Of Access

- If performed from an arterial cannulation , 36120 or 36140, the angiogram is coded as 75791
- If the access is then cannulated it would add the code 36147 and drop 75791 (and 36140 if it was used)

  36140 is bundled with 36147 as is 75791

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Angioplasty

- Maximum of 1 venous in access as defined
- Maximum of 1 arterial in access
- Maximum of 1 of either type in access
  – Arterial is column 1
- Maximum of 1 in central veins
- Maximum of 2 for the case

- Does not include arterial PTA of any artery removed from access

- Arterial anastomosis is arterial
- Access is venous
- If balloon must be across anastomosis to perform angioplasty, it is coded as arterial

Embolectomy

- +37186 is code
- Add-on code, has to be used with another primary code, generally 36870 (thrombectomy)
- A column 2 code and requires a 59 modifier

Scenario

- Patient has a thrombectomy no problem
- Next day complains of hand pain
- Angiogram shows an embolus at bifurcation of brachial artery
- Embolus removed

- *In situ* thrombectomy code - 37184

Stents

- Stent codes bundle the surgical and radiological portions of stent placement procedures into a single code
- Two pairs of codes, one for venous application and the other for arterial application.
- Codes are to be reported on a per vessel basis rather than per stent basis

Is It an Arterial Stent or A Venous Stent

- The stent code used should correspond to the PTA code that would have been used if no stent was placed
- If arterial and venous PTA in access, then a venous stent – code as arterial stent procedure