Hot Topics in Interventional Radiology

June 2019
Agenda

• Introduction
• Common IR Coding Questions
• Documentation Risk Areas
• New Codes
• Hospital vs. Physician Billing in IR
• Q&A
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Resources

• AMA
• CMS
• National Correct Coding Initiative (NCCI)
• ACR Radiology Coding Source
• ZHealth Publishing
Common Coding Questions

• Diagnostic Angiography with Intervention
• Post-Procedure Imaging
• Hemodynamically Significant Stenosis
• Multiple Embolizations
• Y90 Coding
Diagnostic Angiography with Intervention

• When can it be coded and billed?
  • No prior angiographic study
  • Prior angiography exists, but:
    • Patient status change
    • Inadequate visualization on prior study
    • New evaluation outside of target area of intervention

• Documentation
• Modifiers
Additional Selective Imaging

- Must be selectively catheterized
- Diagnostic imaging
- Not for roadmapping or guiding shots
- Verify if the procedure code is all inclusive
Post-Procedure Imaging

- What is the intent?
- Rule of thumb-QA is not separately billable
- Medical Necessity
- Exceptions:
  - Neurointerventional Embolization
  - Post Biopsy Mammography
Hemodynamically Significant Stenosis

- CMS defines “hemodynamically significant” as >50% stenosis
- Stenting/Angioplasty requirement
- Documentation
- Providers should not only use terms such as “mild, moderate, severe” to describe a stenosis
Multiple Embolizations

- One embolization per surgical field
- Commonly confused:
  - Liver-1 surgical field
  - Bilateral organs treated (gonadal, etc.)—usually 2 surgical fields
  - Uterine-1 surgical field
  - Intracranial—one side of the brain (1), both sides of the brain (2)
- Different vascular systems (arterial/venous) are separately billable
Y90 Coding

- What is Y90?
- Authorized User
- Phases of Y90
  - Planning Arteriogram
  - Treatment Planning
  - Dosimetry
  - Treatment Delivery
Interventional Documentation

- General Report Documentation
- Selected Vessels
- Diagnostic Imaging
- Risk areas
  - “Interpretation Only” reports
  - Moderate Sedation
Moderate Sedation

• Key designations:
  • Age 5 or over
  • Same or different physician
  • 15 minute increments

• An independent trained observer must be present to assist in monitoring the patient’s level of consciousness and physiological status.

• Physician must document minutes of face to face time spent with the patient.

• Minimum of 10 minutes

• 99152 only for physician billing
Recent IR Coding Changes

• Aspiration Biopsy
• PICC Lines
• Gastrostomy Replacement
• Knee Arthrogram
• Urinary Tract Dilatation
Hospital Vs. Provider Billing in IR

- Hospital-Multiple Points of Entry
- Provider-Dictated Report
- DRG’s & APC’s vs. MPFS
Q&A
Thank you!

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