

Hot Topics in Interventional Radiology

June 2019



ADVOCATE
Radiology Billing Specialists

Jennifer Bash, RHIA, CIRCC, CPC, RCC
Director of Coding Education

Agenda

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

Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

CPT codes are trademark and copyright of the American Medical Association.

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

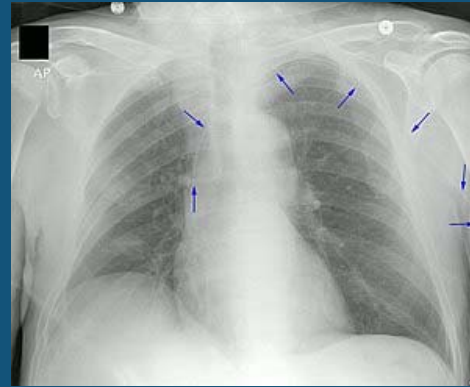
- When can it be coded and billed?
 - No prior angiographic study
 - Prior angiography exists, but:
 - Patient status change
 - Inadequate visualization on prior study
 - New evaluation outside of target area of intervention
- Documentation
- Modifiers

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!

Jennifer Bash, RHIA, CIRCC, CPC, RCC
Director of Coding Education

ADVOCATE Radiology Billing
10567 Sawmill Parkway, Suite 100 | Powell, Ohio 43065
O: 614.210.1885 | F: 614.210.1874
jennifer.bash@radadvocate.com | www.radadvocate.com



ADVOCATE
Radiology Billing Specialists