

# Coding Principles for Percutaneous Peripheral Vascular Interventions

Theory and practice regarding component coding.

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Lower-extremity interventions can be among the most complex and lengthy procedures performed. The ischemic limb may even require repeated interventions over the course of several days. Furthermore, a dramatic increase in the number of lower-extremity interventions is projected during the next 5 to 10 years. For these reasons, it is fiscally prudent, and legally necessary, that procedures are correctly coded. We outline our approach to lower-extremity interventional coding and provide examples of commonly encountered scenarios.

## COMPONENT CODING

Peripheral vascular interventions are reported using “component” coding. Most other services have “bundled” or inclusive coding to report both medical and surgical procedures. CPT\* coding impacts reimbursement for outpatient hospital services and ambulatory surgical center (ASC) services under both Medicare and private insurance systems. Clearly, it is critical to report procedures accurately.

Component coding for peripheral interventions consists of two broad code sets:

- Surgical (technical) codes—30000 series (describe “What I did”)
- Supervision and interpretation (S&I) codes—70000 series (describe “What I found”)

These codes allow for the identification of separate procedural aspects from the imaging aspects and describe them as separate services.

When dictating procedural notes, we find it helpful to adhere to the following template:

- Diagnosis: describe both preoperative and postoperative diagnoses, noting any change from the preopera-

tive to the postoperative. Provide the indication for the procedure to be performed.

- Procedure: describe the technique, including all of the following factors. Separate different parts of the procedure into different paragraphs for ease of coding.
  - Catheter access point (eg, right femoral)
  - Catheter endpoint for each vascular family (eg, third-order left anterior tibial, second-order left popliteal)
  - Procedure(s) performed (eg, angioplasty of the left posterior tibial artery)

Radiologic S&I: State all vessels imaged (even those not catheterized) and state imaging performed for any interventional procedures

## RULES TO LIVE BY

The following are some of our personal “rules to live by” when coding claims for percutaneous peripheral vascular interventions:

### Access

- Only the highest-order catheterization within a vascular family is coded.
- Single access for multiple services can be coded only once.

### Treatment

- Vessels treated separately can be coded separately.
- Distinct interventional services can be coded separately.

### Imaging and S&I

- Imaging can be reported separately from the intervention itself.

- Preprocedural diagnostic angiography is coded separately; postprocedural evaluation is not.
- Imaging codes, both technical and S&I, usually include all necessary views.

**Using Modifiers**

Modifiers can be extremely confusing, but they can play an important role in accurate coding and appropri-

ate reimbursement. We follow the recommendations of the American Medical Association and also refer to the Society of Interventional Radiology (SIR) for modifier guidance.

**CASE EXAMPLES**

To illustrate the application of these “rules” in actual practice, consider the following case studies.

<b>CASE 1. STENOSIS OF THE RIGHT DISTAL SUPERFICIAL FEMORAL ARTERY (SFA) TREATED WITH CRYOPLASTY</b>				
<b>Diagnosis:</b> Patient has an 80% stenosis of the right SFA with claudication.				
<b>Approach:</b> Left groin puncture, diagnostic aortogram, and bilateral runoff with S&I with catheter positioned in the aorta. The catheter is then placed over the bifurcation into the right common femoral artery (CFA) and exchanged for a sheath. Ultimate selective catheter position is the right SFA.				
<b>Procedure(s):</b> Cryoplasty of lesion with imaging guidance, good result. Closure with indicated device, good result.				
<b>Diagnosis</b>	<b>440.21</b>	<b>Atherosclerosis of the extremities with intermittent claudication</b>		
<b>Procedure/Service</b>	<b>CPT* Code</b>	<b>CPT Code Description</b>	<b>Modifier</b>	<b>Rationale</b>
Catheter access (left external iliac access to right CFA)	None	None (introduction of catheter, aorta not coded separately)	None	<ul style="list-style-type: none"> <li>• Nonselective 36200 is included within catheter selective.</li> <li>• Selective catheter placement overrides nonselective.</li> <li>• Only highest-order catheterization is coded (in this case, SFA).</li> </ul>
Preoperative diagnostic aortogram with lower-extremity runoff	75630	Aortography, abdominal plus bilateral iliofemoral lower-extremity, catheter, by serialography, radiology supervision and interpretation	-26 (professional component; for physician use only) -59 (distinct procedural service)	Diagnosis of location and degree of stenosis
Selective catheter placement into right SFA	36247	Third-order selective catheterization; abdominal, pelvic, or lower-extremity branch, within a vascular family	-RT	Highest-order catheterization is coded.
Cryoplasty, right SFA (coded as angioplasty)	35474	Transluminal balloon angioplasty, percutaneous; femoropopliteal	-RT	Cryoplasty is another form of PTA, therefore PTA code is used.
Cryoplasty imaging guidance (SFA)	75962	Transluminal balloon angioplasty, peripheral artery, radiologic S&I	-26 (for physician use only) -RT	S&I can and should be billed separately.
Closure	None	Closure is not coded separately.	None	Closure is not coded separately.

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**CASE 2. LONG-SEGMENT OCCLUSION OF DISTAL RIGHT SFA; SUBOPTIMAL SUBINTIMAL RECANALIZATION AND ANGIOPLASTY, FOLLOWED BY STENT PLACEMENT**

**Diagnosis:** Long-segment occlusion of distal right SFA.

**Approach:** Ipsilateral antegrade puncture, diagnostic angiography, S&I.

**Procedure(s):** Subintimal recanalization with angioplasty with poor result; placement of a self-expanding nitinol stent; completion angiogram.

Diagnosis	440.21	Atherosclerosis of the extremities with intermittent claudication		
Procedure/Service	CPT* Code	CPT Code Description	Modifier	Rationale
Catheter access (right external iliac access to right CFA)	None	None (introduction of catheter, CFA, not coded separately)	None	<ul style="list-style-type: none"> <li>• (36140 included within catheter placement in SFA [next row])</li> <li>• Only highest-order catheterization is coded (in this case, SFA)</li> </ul>
Preoperative diagnostic angiogram	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	-26 (professional component; for physician use only) -59 (distinct procedural service) -RT	Single-leg angiogram is performed prior to any intervention.
Selective catheterization of SFA	36245	First-order selective catheterization; abdominal, pelvic, or lower-extremity branch, within a vascular family	-RT	<ul style="list-style-type: none"> <li>• Highest-order catheterization is coded.</li> <li>• No code exists for subintimal recanalization (the actual passage of the wire through the occlusion and into the patent distal vessel), so it is included in the selective catheterization.</li> </ul>
PTA, right SFA (coded as angioplasty)	35474	Transluminal balloon angioplasty, percutaneous; femoropopliteal	-59 (distinct procedural service) -RT	PTA was performed, and the result was suboptimal, but can be billed separately using the -59 modifier, as it was the intended procedure.
Placement of a self-expanding nitinol stent	37205	Transcatheter placement of an intravascular stent(s); initial vessel	-RT	It is very important in the dictation to specify that PTA was the intended procedure, but additional stenting was required based on the result.
PTA imaging guidance (SFA)	75962	Transluminal balloon angioplasty, peripheral artery, radiologic S&I	-26 (for physician use only) -59 (distinct procedural service) -RT	S&I can and should be billed separately.
Imaging guidance for stent placement	75960	Transcatheter introduction of intravascular stent(s), radiological S&I, each vessel	-26 (for physician use only) -RT	S&I can and should be billed separately.
Completion angiogram	None (not billed separately)		None	Postprocedure evaluation is not billed separately.

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**CASE 3. ACUTE LIMB ISCHEMIA FROM THROMBOSED LEFT FEMOROPOPLITEAL BYPASS**

**Diagnosis:** Distal anastomotic stenosis with thrombosis of the left femoropopliteal bypass.

**Approach:** Right groin puncture, selective left lower-extremity angiography with S&I.

**Procedure(s):** Placement of a thrombolysis catheter and overnight lysis, postlysis angiographic follow-up the next day reveals thrombus cleared, but presence of distal anastomotic stenosis; PTA of distal anastomotic stenosis using cutting balloon; placement of a closure device in the right groin.

<b>Diagnosis</b>	<b>996.74 444.22</b>	<b>Other complications due to other vascular device, implant, and graft Arterial embolism and thrombosis of the lower extremity</b>
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Procedure/Service	CPT* Code	CPT Code Description	Modifier	Rationale
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**DAY 1**

Catheter access (right groin puncture to access left femoropopliteal bypass graft)	None	None (Introduction of catheter not coded separately)	None	<ul style="list-style-type: none"> <li>• (36200 included within catheter placement in femoropopliteal)</li> <li>• Only highest-order catheterization is coded (in this case, femoropopliteal)</li> </ul>
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Selective catheter placement into left femoropopliteal bypass area	36247	Third-order selective catheterization; abdominal, pelvic, or lower-extremity branch, within a vascular family	-LT	<ul style="list-style-type: none"> <li>• Highest-order catheterization is coded</li> </ul>
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Preoperative diagnostic angiogram	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	-26 (professional component; for physician use only) -59 (distinct procedural service) -LT	Diagnosis of location and degree of thrombus and stenosis
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Placement of thrombolysis catheter and overnight lysis	37201	Transcatheter therapy, infusion for thrombolysis other than coronary	None	
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S&I for thrombolysis	75896	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological S&I	-26 (for physician use only) -59 (distinct procedural service)	
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**DAY 2**

Confirmation of presence of clot postlysis	75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	-26 (for physician use only) -59 (distinct procedural service) -LT	Follow-up study status postthrombolysis
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PTA, left femoropopliteal, distal to bypass graft, using cutting balloon	35474	Transluminal balloon angioplasty, percutaneous; femoropopliteal	-LT	Cutting-balloon angioplasty is coded the same as regular balloon angioplasty.
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Imaging guidance for PTA	75962	Transluminal balloon angioplasty, peripheral artery, radiologic S&I	-26 (for physician use only) -LT	S&I can and should be billed separately.
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Closure	None	Closure is not coded separately.	None	Closure is not coded separately.
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**CASE 4. ATHEROSCLEROTIC STENOSIS OF THE RIGHT TIBIOPERONEAL ARTERY TREATED WITH LASER**

**Diagnosis:** Patient has an 80% atherosclerotic stenosis of the right tibioperoneal artery with a nonhealing ulcer on the right calf.

**Approach:** Left groin puncture, catheter positioned in right external iliac artery for diagnostic angiogram with S&I and then exchanged for a sheath. Catheter is then further selectively placed into right tibioperoneal artery where angiography and laser atherectomy are performed.

**Procedure(s):** Laser atherectomy of lesion with imaging guidance, good result.

Diagnosis	440.23 707.12	Atherosclerosis of the extremities with ulcer Ulcer of calf		
Procedure/Service	CPT* Code	CPT Code Description	Modifier	Rationale
Catheter access (left CFA access to right external iliac artery)	None	None	None	<ul style="list-style-type: none"> <li>• Only highest-order catheterization is coded (in this case, tibioperoneal artery)</li> <li>• Although this is a selective catheterization, higher level of selective catheterization is performed later.</li> </ul>
Selective catheter placement into right tibioperoneal artery	36247	Third-order selective catheterization; abdominal, pelvic, or lower-extremity branch, within a vascular family	-RT	Highest-order catheterization is coded, and third-order selection is the highest achievable with CPT coding.
Diagnostic angiography, leg	75710	Angiography, extremity, unilateral, radiological supervision and interpretation	-26 (professional component; for physician use only) -59 (distinct procedural service) -RT	Initial angiogram of the leg demonstrating the tibioperoneal trunk lesion, which is subsequently treated
Laser, right tibioperoneal (coded as atherectomy)	35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	-RT	
Laser imaging guidance (tibioperoneal artery)	75992	Transluminal atherectomy, peripheral artery, radiological S&I	-26 (for physician use only) -RT	S&I can and should be billed separately.

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**CONCLUSION**

The coding scenarios presented here represent the way that we would code these procedures in our practice. Obviously, technique and device choice, as well as coding methodology, is personal to each physician and patient scenario, and we are not recommending any one therapy or coding methodology over another.

Procedural coding methodologies will differ slightly for each physician due to differences in interpretation, definition of services, and the varying needs of payers. However, if we all adhere to a basic set of coding principles, the services we are providing will be reported as accurately as possible, and we and our facilities are more likely to be reimbursed appropriately.

Given the complexity of coding for percutaneous peripheral vascular procedures, our goal in outlining the

coding principles that we “live” by is to initiate an ongoing dialogue regarding coding and reimbursement that will enable us and the facilities we work with to learn from one another and to continuously update and improve our practices. ■

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