REVENUE CYCLE CODING STRATEGIES®

Navigator® for Interventional Radiology/Procedures 2021 Edition

Version 23.0

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This book reflects coding information from the 2021 Physicians' Current Procedural Terminology (CPT®) manual. CPT® is a registered trademark of the American Medical Association.

Navigator® Supplements

This *Navigator*® includes Supplements to keep up to date on changes and clarifications to codes, coding guidelines and other key areas throughout CY 2021. The Supplements will be available for download on the Revenue Cycle Coding Strategies® website. Visit: http://www.RCCSinc.com/radiology-supplements-2021

Warning

When a third-party payer is involved, the determination of reimbursement for services is the decision of the individual insurance company based on the patient's policy and the third-party payer guidelines. No manual can adequately address reimbursement issues for the hundreds of insurance payers that exist. It is essential that each payer be contacted for their individual requirements.

The 2021 edition of this *Navigator*® includes sample chart documentation forms, templates and/or Job Aids for various aspects of physician and facility treatment. These documents have been added as examples only.

The use of product representations or graphics from vendors, universities, facilities or other sources, while gratefully accepted and acknowledged, does not represent an endorsement of those products or entities.

A Note About Websites

The websites listed in this book were current and valid as of the date of publication. However, webpage addresses and the information on them may change or disappear at any time and for any number of reasons. The user is encouraged to perform general web searches to locate any URLs listed here that are no longer valid.

Table of Contents

1 Introduction

The Revenue Cycle Coding Strategies *Navigator® for Interventional Radiology/Procedures* was created to help physician practices, imaging centers, and hospitals submit correct claims for interventional radiology procedures and services. The first section of the *Navigator®* provides background information about:

- Medicare program overview of the payment systems
- Authoritative Guidance resources
- Supervision of services
- Documentation of services
- Appropriate Use Criteria requirements

The remainder of the manual covers coding guidelines and billing/reimbursement guidelines for procedures interventional radiologists commonly perform, including:

- Catheter arteriograms and venograms
- Therapeutic catheter-based vascular procedures such as angioplasty, stent placement, mechanical thrombectomy, embolization, and infusions
- Arteriovenous fistula/graft interventions
- Endovascular repair of aneurysms
- Percutaneous diagnostic and therapeutic procedures in nonvascular systems such as the biliary tract, gastrointestinal system, and urinary tract
- Pain procedures like facet joint injections and nerve blocks
- Aspiration and drainage of fluid from various body areas

Coding for interventional radiology services requires an extensive knowledge of anatomy, as well as an understanding of coding conventions, so this manual includes anatomic diagrams as well as definitions of important anatomic terms.

We hope you will find this *Navigator®* helpful. You can find more radiology coding and billing information in other Revenue Cycle Coding Strategies publications, including:

- *Navigator® for Diagnostic Radiology*
- *Navigator® for Diagnostic Radiology Billing Compliance*
- *Navigator® for Evaluation and Management Services for Radiology*
- *Navigator® for Radiology Dignosis Coding with ICD-10-CM*

Medicare Program Overview & Payment Systems

The Centers for Medicare & Medicaid Services, commonly referred to as CMS, is the agency that manages Medicare and provides healthcare coverage for a certain demographic of people. The payment system constructs and publishes guidelines for coverage and reimbursement and is typically used as a guideline for other commercial payer entities when establishing coverage and reimbursement. It is not uncommon for a commercial or private payer to include coverage and reimbursement guidelines stricter or varied from CMS. Additionally, even though Medicare has beneficiaries in all 50 states, Puerto Rico and Guam, the coverage, guidelines and reimbursement for some designated services may vary between the jurisdictions under the direction of each assigned Medicare Administrative Contractor (MAC).

There are 25 IOMs, but the majority of radiology billing compliance issues are addressed in the following three manuals:

Manual Number	Title
100-02	Medicare Benefit Policy Manual
100-04	Medicare Claims Processing Manual
100-08	Medicare Program Integrity Manual

Benefit Policy Manual (100-02)

The Benefit Policy Manual (BPM) covers broad policy issues such as the rules for determining what constitutes a covered service. Two of the most helpful chapters are:

- Chapter 6: Covers the physician supervision guidelines for diagnostic and therapeutic services in the hospital outpatient setting.
- Chapter 15: Covers "incident to" services, physician supervision in the non-hospital setting, the requirements for diagnostic test orders, and teaching physician services.

The Claims Processing Manual (CPM) provides detailed information about how to bill for services and how Medicare will pay for them. The following chapters are particularly helpful:

- Chapter 4: Contains coding and billing guidelines for the Outpatient Prospective Payment System (OPPS).
- Chapter 12: Contains guidelines for professional services billing, including the NCCI edits, teaching physician services and nonphysician practitioners.
- Chapter 13: Contains guidelines on coding and billing for radiology services, including CT procedures, MRI procedures, nuclear medicine, and PET scans.
- Chapter 17: Contains guidelines for drugs, biologicals and radiopharmaceuticals.
- Chapter 23: Covers the Medicare Physician Fee Schedule payment methodology.
- Chapter 30: Covers Advance Beneficiary Notices (ABNs).
- Chapter 32: Covers guidelines for clinical trials.

Medicare Program Integrity Manual (100-08)

The Program Integrity Manual (PIM) explains Medicare's initiatives to reduce improper payments. It is particularly helpful when dealing with enrollment issues. The following chapters are of special interest:

- Chapter 3: Covers the rules for medical record review by Medicare contractors.
- Chapter 15: Explains the types of enrollment forms and how to complete them.

Other CMS Resources

In addition to the Internet Only Manuals, there are other CMS publications and online resources that provide coding and billing guidance.

Coverage Database

The Medicare Coverage Database is a searchable online repository of National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and articles. Users can search by keyword, code or document ID.

https://www.cms.gov/medicare-coverage-database/new-search/search.aspx

Transmittals

Transmittals are used to communicate new and revised policies and procedures that are being incorporated into the CMS Online Manual System. Transmittals include a summary of the new information, the effective date, instructions to Medicare contractors, and the updated manual section (if applicable).

http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html

Prior to October 2003, CMS (then known as the Health Care Financing Administration) issued Program Memoranda to communicate reminder items, requests for action or information of a one-time non-recurring nature. Archived Program Memoranda for the years 2000-2003 are also available via this link.

2 Arteriograms

The remainder of this *Navigator*® discusses coding guidelines for interventional procedures, beginning with arteriograms.

The human body has five vascular systems:
- Arterial
- Venous
- Pulmonary
- Portal
- Lymphatic

This manual covers interventional procedures in all of the vascular systems. The majority of interventional procedures involve the arterial and venous systems, and these are some of the most challenging procedures to code.

Component and Comprehensive Codes

In the past, all interventional procedures required 2 codes:

- The **surgical component** code represents the "hands-on" work the physician performs on the patient, such as establishing vascular access and positioning of catheters in various blood vessels.
- The radiological **supervision and interpretation** (S&I) code represents the use of imaging modalities such as fluoroscopy or ultrasound to guide the procedure, as well as the interpretation of images taken during the procedure.

In recent years, most component codes have been replaced by comprehensive codes that include both the surgical component and the S&I component. There are still component codes for some arteriograms, as well as for venograms, intracranial embolization, and certain other procedures. In order to avoid missed revenue and overbilling, it is important to know which procedures fall into which category.

Supervision and Interpretation

Supervision and interpretation (S&I) codes include both the supervision of the imaging and the interpretation of the images. In order to report an S&I code, the physician must be present during the procedure to supervise and must also complete a written interpretive report.

Introduction to Angiography

Angiography is contrast imaging of the blood vessels. **Angiogram** is a general term that can apply to a contrast exam of either an artery or a vein. An **arteriogram** is a contrast exam of an artery, and a **venogram** is a contrast exam of a vein.

Technique

The physician begins by inserting a needle into a blood vessel. The vessel that the physician punctures is referred to as the **access** or access site. Usually the access site is a large vessel in the arm or leg, such as the femoral artery in the leg or the brachial artery in the arm.

The physician inserts a guidewire through a central channel in the needle, then removes the needle and inserts a catheter over the wire. This is referred to as *Seldinger technique,* named after the physician who developed it. The physician can then advance the catheter through the blood vessels until it reaches the vessel to be studied. At that point the physician injects contrast material through the catheter, producing detailed fluoroscopic images of the blood vessels.