

# Table of Contents

|   |     |
|---|-----|
| <i>Objectives of This Navigator</i> .....                     | 5   |
| <i>Introduction</i> .....                                     | 6   |
| <i>Facility versus Physician Coding</i> .....                 | 6   |
| <i>Facility versus Physician Coding</i> .....                 | 7   |
| <i>Vascular Procedures</i> .....                              | 10  |
| <i>General Definitions</i> .....                              | 11  |
| <i>Unbundling</i> .....                                       | 12  |
| <i>Modifiers</i> .....  | 14  |
| <i>Catheterization</i> .....                                  | 18  |
| <i>The Arterial System</i> .....                              | 20  |
| Aortic Arch, Head and Neck.....                               | 20  |
| Higher Order Catheterizations, Same Vascular Family.....      | 35  |
| Coding Multiple Vascular Families, Same Arterial System ..... | 42  |
| Upper Extremities.....  | 57  |
| Thoracic Aorta .....  | 64  |
| Abdomen.....  | 67  |
| Transcatheter Therapies .....                                 | 84  |
| Renal Angioplasty .....                                       | 86  |
| Renal Stents.....   | 88  |
| Lower Extremities.....  | 96  |
| Lower Extremity Angioplasty .....                             | 116 |
| Lower Extremity Stents .....                                  | 126 |
| Pelvis.....   | 134 |
| <i>Glossary</i> .....   | 145 |
| <i>Coding Resources</i> .....                                 | 150 |

# Introduction

---

## What is Interventional Radiology?

Interventional radiology, officially recognized by the American Medical Association (AMA) in 1992, is defined as the branch of medicine that diagnoses and treats a wide range of diseases using percutaneous or minimally invasive techniques under imaging guidance. Understanding how to code for interventional radiology services requires an extensive knowledge of anatomy, as well as an understanding of the CPT® coding conventions.

## What is component coding?

This coding methodology permits the coder to assign CPT® codes that define both the surgical procedure and/or vascular access and separate codes for the radiological supervision and interpretation (S&I) portion of the service.

Interventional radiologists may provide S&I imaging services when another physician performs the procedure, or they may provide the imaging supervision and interpretation for procedures that they themselves have performed. When uncomplicated diagnostic services are provided, there may often be a one-to-one correlation between a procedural service and an S&I. However, when more complicated services are provided, the relationship of the procedure codes to the S&I codes may not have a one-to-one assignment. In order to code and bill for the S&I portion of the procedure, the physician must be present during its performance (personal supervision) and complete a written report.

Angiographic services involve the placement of a catheter into the arterial or venous system, and this vessel imaging ranks among the most complex coding scenarios. Coding catheter placement is determined by the following:

- The starting point (puncture site)
- The location of the final catheter placement in each vessel or vascular family accessed

Cerebral angiogram

