Part B Insider (Multispecialty) Coding Alert

Occlusions : Bill For Separate Catherization With Permanent, Not Temporary, Occlusion

One major cause of confusion for coders is the fact that you can't bill for catheterization separately with temporary occlusion, even though you can with permanent occlusion.

With a permanent neuro embolization (**61624**) you can also charge for S&I of embolization (75894), diagnostic angiogram and follow-up angiograms (75898) as often as they're performed. But you must make sure the physician documents all of these services appropriately.

"With the permanent embolization it follows the same guidelines as an angioplasty or a transcatheer stent placement," explains coding expert **Jackie Miller**. Coders often forget to bill for the follow-up angiogram using 75898, but this is separately billable after a permanent occlusion.

Miller offers coding scenarios to help you understand coding for temporary balloon occlusions and permanent neuro embolizations.

Temporary occlusion (61623): the physician advances a catheter into the right internal carotid and performs a diagnostic exam of the right cerebral carotid circulation. Then, after anticoagulation, the physician places the temporary balloon occlusion catheter and performs a baseline neurological exam. After the patient's neuro exams have been stable for 15 minutes, the physician induces systemic hypotension and monitors for 30 more minutes, then deflates the balloon. The physician injects contrast to look for trauma or embolus, then reverses the anticoagulation and removes the catheter.

For this scenario, you'd code 61623 for the test occlusion and 75665 for the cerebral carotid arteriogram.

Permanent embolization (61624): the physician again selectively catheterizes the left external carotid artery and obtains an angiogram. But afterwards, the physician advances the catheter through the maxillary artery into the middle meningeal artery, to perform a second angiogram. At this point, the physician is still in the same vascular family. Then the physician embolizes the middle meningeal artery with PVA particles mixed with Optiray. The physician performs a post-embolization angiogram to make sure the tumor has been obliterated, then reverses heparinization and terminates the procedure.

In this situation, the physician will bill 61624 for the embolization, plus 36217 third order catheter placement (left middle meningeal artery), 75894 for embolization S&I, 75660 for unilateral selective external carotid angiogram, 75774 for left middle meningeal angiogram and 75898 for the follow-up angiogram.

You should code 75774 (angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (list separately in addition to code for primary procedure)) because it's a selective exam in addition to the first angiogram, notes Miller.

Editor's Note: read more about temporary balloon occlusion at
www.findarticles.com/cf_dls/m0BUM/8_81/90869428/p1/article.jhtml