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Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 37241-37244: Update Your Vascular Embolization/Occlusion Coding

Drop 37204 and 37210 from your repertoire.

Four new codes and an entire new introductory section are here to help you overhaul your coding for vascular embolization/occlusion as of Jan. 1, 2014.

Your surgeon might perform these procedures for a variety of clinical conditions in a wide range of and vascular regions. That's important, because knowing the vessel type and reason for the treatment will help you choose the right code.

See What's Deleted

CPT® 2014 removes the following two codes that you used to use to describe vascular embolization or occlusion:

- 37204 Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
- 37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure.

New text notes in CPT® 2014 tell you that the codes are deleted, and direct you to your new coding options. According to the note, you should use one of the four new codes instead of 37204 (depending on vessel type and purpose), or just one of the new codes (37243) instead of 37210.

Learn What's New

Here are the four new codes you'll have to choose from in 2014:

- 37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (e.g., congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
- 37242 ...arterial, other than hemorrhage or tumor (e.g., congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
- 37243 ...for tumors, organ ischemia, or infarction
- 37244 ...for arterial or venous hemorrhage or lymphatic extravasation.

You can see from the code definitions that you'll choose 37241 for venous embolization/occlusion other than for hemorrhage, and 37242 for arterial embolization/occlusion other than for hemorrhage.

For instance: You should select 37241 for embolization of venous malformations, capillary hemangiomas, varicoceles, visceral varices, or side branch(es) of an outflow vein from a hemodialysis arteriovenous fistula. Use 37242 for conditions such as arteriovenous malformations or fistulas, and aneurysms or pseudoaneurysms.

Reserve 37243 for tissue ablation for tumors and for organ ischemia or infarction. You can see that UFE fits this category,

which is why 37243 replaces deleted code 37210.

"For embolization to treat hemorrhage or vascular or lymphatic extravasation, report 37244, whether the location is a vein or an artery," says **Marcella Bucknam, CPC, CCS-P, CPC-H, CCS, CPC-P, CPC-I, CCC, COBGC**, internal audit manager at CHAN Healthcare in Vancouver, Wash.

Know What's Included

You'll notice in the code definitions that these codes include all radiological supervision and interpretation (RS&I), guidance, and imaging needed to complete the intervention.

That means you shouldn't additionally report 75894 (Transcatheter therapy, embolization, any method, radiological supervision and interpretation) or 75898 (Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis) with 37241-37244, according to Katharine L. Krol, MD, FSIR, FACR, AMA CPT® editorial panel member, in her presentation at the CPT® and RBRVS 2014 Annual Symposium.

Recognize What's Excluded

Not every service you might perform with vascular embolization/occlusion is included in the procedure. Codes 37241-37244 don't include the following, according to Krol in her symposium presentation:

- Vessel selection and catheter placement
- Ultrasound guidance for vascular access
- Diagnostic studies such as diagnostic angiography (note that this is only separately billable when no previous diagnostic study exists or there has been a change in the patient's condition, according to Bucknam.)
- Chemotherapy administration, such as 96420 (Chemotherapy administration, intra-arterial; push technique)
- Radioisotope injection, such as 79445 (Radiopharmaceutical therapy, by intra-arterial particulate administration).

That means you can report those services in addition to a code in the range 37241-37244 when the surgeon documents any of these additional services.

Choose more specific code, when available: Despite the wide range of clinical indications that might lead your surgeon to 37241-37244, those aren't the only embolization/occlusion codes in CPT®. There are other, more specific codes for certain locations and circumstances, and you'll need to turn to those codes, when appropriate.

Specifically: Don't use 37241-37244 when your surgeon's work is better described by one of the following codes for head, central nervous system, extremities, and superficial spider veins:

- 36002 (Injection procedures (e.g., thrombin) for percutaneous treatment of extremity pseudoaneurysm)
- Injection of sclerosing solution in veins (36468-36471)
- Endovenous ablation therapy of extremity veins (36475-36479)
- Head, neck or central nervous system percutaneous transcatheter occlusion or embolization (61624-61626)
- 61710 (Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter).

CPT® 2014 adds text notes following the above codes and instruction in the new vascular embolization and occlusion guidelines to ensure you don't choose a less specific vascular embolization/occlusion code when one of these other codes is more descriptive. The text notes also direct you not to report the more specific codes "in conjunction with 37241-37244 in the same surgical field."

Follow What's Appropriate for Stent and Embolization

Your surgeon might use an intravascular stent as part of an embolization procedure how should you code that

scenario?

"Look to the CPT® 2014 guidelines for 37241-37244, which instruct you how to choose between an embolization or stent code to accurately convey your surgeon's work," Bucknam says.

Do this: According to CPT® instruction, "When a stent is placed for the purpose of providing a latticework for deployment of embolization coils, such as for embolization of an aneurysm, the embolization code is reported and not the stent code. If a stent is deployed as the sole management of an aneurysm, pseudoaneurysm, or vascular extravasation, then the stent deployment code should be reported and not the embolization code."