

## Part B Insider (Multispecialty) Coding Alert

### RADIOLOGY: Don't Make A Mess Of Stent Placement Coding

#### Count on vessels to determine the correct number of units

If you're reporting multiple stents using the code 75960 (Transcatheter introduction of intravascular stent[s] ... each vessel), you're not reporting the procedure properly. Use our examples to help you ascertain the right way to report the procedure and ensure you account for each vessel and each stent.

#### The codes you need to know:

- 36246--Selective catheter placement, arterial system; initial second-order abdominal, pelvic, or lower-extremity artery branch, within a vascular family
- 37205--Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
- +37206--Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel

**Example, one vessel:** The physician places two stents in the contralateral external iliac (with no diagnostic angiography, concomitant angioplasty, or other therapeutic procedure). Your claim should include the following codes, along with any modifiers your payor requires, such as for multiple procedures: 36246, 37205 and 75960.

**Example, two vessels:** The physician places one stent in the right common iliac artery and one stent that isn't contiguous with the common iliac stent in the right external iliac artery (meaning two separate and distinct lesions), again by a contralateral approach without diagnostic angiography or angioplasty. Your claim should include the following codes, along with any applicable modifiers: 36246, 37205, +37206 and 75960 x 2.

**Be careful:** The codes for stent placement include a number of services that you should not code separately. These include follow-up angiography and codes representing angioplasty for deploying and placing the stent.