

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Reader Question--Ace Abdominal Aortic Aneurysm Coding

Question: I am having trouble coding percutaneous abdominal aortic aneurysm (AAA). Could you help me understand when and how to report the procedure?

" Georgia Subscriber

Answer: Codes 34800-34900 (plus a few supervision and interpretation and several Category III codes) represent a family of component procedures to report the placement of an endovascular graft for AAA repair.

Key: "You must understand the anatomy involved. For example, two thirds of AAA repairs are not limited to the aorta, but can extend into one or both of the iliac arteries," explains Roseanne R. Wholey, president of Roseanne R. Wholey and Associates in Oakmont, PA. Also, reporting percutaneous AAA requires you to code for associated radiologic S&I, assuming your physician provides and documents image guidance and interpretation services.

Remember: When you code for AAA, the operating physician must first perform an incision. The codes that describe surgical exposure are:

- 34812 " Open femoral artery exposure...
- 34820 " Open iliac artery exposure...
- 34833 " Open iliac artery exposure with creation of conduit...
- 34834 " Open brachial artery exposure...

Important: Payors include arteriotomy closure in these procedures, so be sure not to code it separately.

In many cases, AAA repair will involve the work of two physicians, each performing distinct parts of the procedure. For example, a surgeon may perform the surgical exposure (cutdown), while an interventional radiologist performs the catheter placement and the imaging. In such situations, each physician should report his distinct operative work. Append modifier 62 (Two surgeons) to AAA endograft repairs performed by both physicians. Each physician should report the cosurgery once using the same procedure code.

Example: A surgeon performs bilateral femoral cutdowns. A radiologist places the catheters bilaterally into the aorta and performs the supervision and interpretation. Both physicians place the modular bifurcated prosthesis. The surgeon's work would be reported as 34812-50 and 34802-62, while the radiologist's work would be reported as 36200-50, 34802-62 and 75952-26. Note: Modifier 50 indicates a bilateral procedure, and modifier 26 represents the professional component to the surgery.