

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: 93458 Requires Coronary Angiography

**Question:** My doctor performed LHC, aortic root arteriography with runoff, and a bilateral renal arteriogram. Should I code 93458-26, 93567, 36252-59, and 75724-26-59? Or should I bill 93458-26, 93567, and G0275-59?

**Answer:** To choose the final codes, you'll need to take a careful look at the medical necessity and intent of the arteriography. You also need to look at catheter placement and whether coronary imaging was performed.

**LHC:** Assuming the physician performed coronary angiography and left heart catheterization (LHC), then apply 93458-26 (Catheter placement in coronary artery[s] for coronary angiography, including intraprocedural injection[s] for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection[s] for left ventriculography, when performed; Professional component).

In the rare instance when the physician performs LHC alone, check 93452-26 (Left heart catheterization including intraprocedural injection[s] for left ventriculography, imaging supervision and interpretation, when performed).

**Aortography:** Before coding +93567 (Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography [List separately in addition to code for primary procedure]), verify the root arteriography wasn't just for roadmapping. That wouldn't be separately billable. Code +93567 applies to medically necessary evaluation of the aortic root or ascending aorta.

**Renal:** The most likely code for the bilateral renal is nonselective code G0275 (Renal angiography, non-selective, one or both kidneys, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins [ostia] of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation [List separately in addition to primary procedure]).

**Reminder:** Some payers do not accept or pay separately for G0275. Depending on the documentation and payer policy, another code such as 75625-26 (Aortography, abdominal, by serialography, radiological supervision and interpretation) may be appropriate to capture a non-selective renal angiogram performed with LHC. Check with the individual payer to see if it has any specific coding preference for that service.

You mentioned 36252 (Selective catheter placement [first-order], main renal artery and any accessory renal artery[s] for renal angiography ...). As indicated, G0275 is nonselective. Code 36252 instead requires selective catheter placement, so it wouldn't apply for non-selective contrast injection within the aorta to view the renals. In those cases where 36252 is appropriate, payers may bundle in +93567 and 75625 depending on medical necessity. RS&I is included in 36252, so note that 75724 (Angiography, renal, bilateral, selective [including flush aortogram], radiological supervision and interpretation) has been deleted and is no longer a valid code.