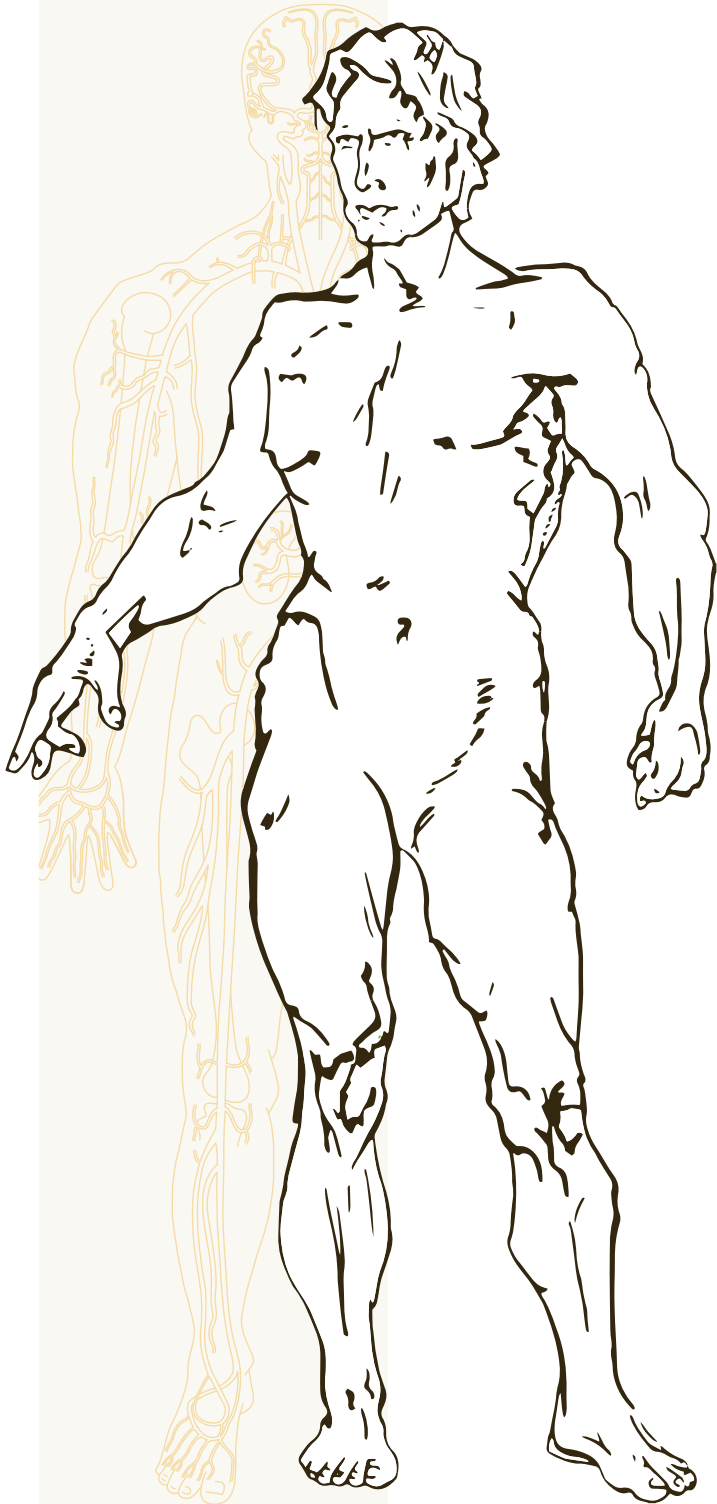


Dr. Z's Medical Coding Series

Interventional Radiology Coding Reference



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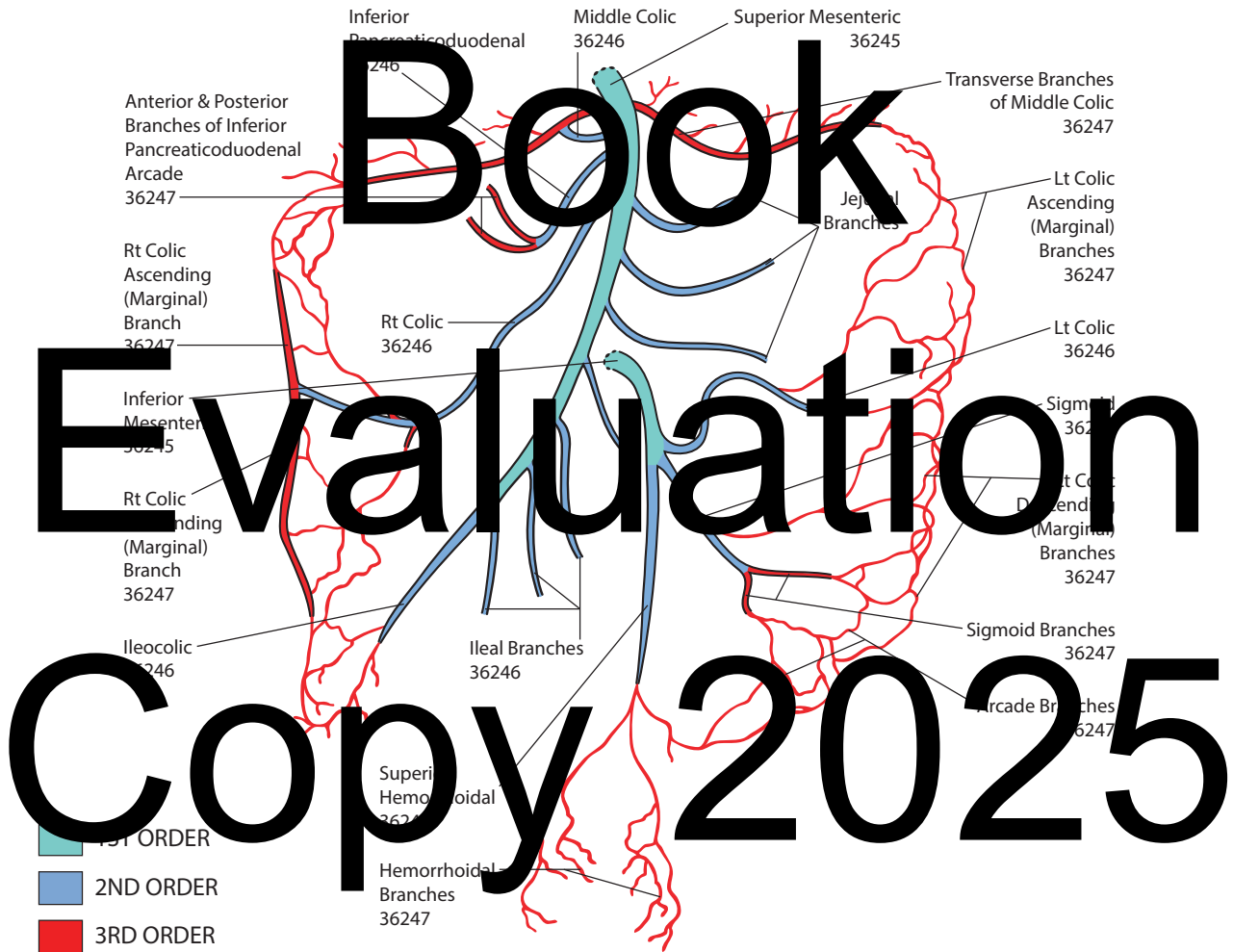
Inferior Mesenteric Artery Angiography

PROCEDURE:

The inferior mesenteric artery (IMA) arises anterolaterally towards the left at the level of the third lumbar vertebra just above the level where the aorta bifurcates into the iliac arteries.

CLINICAL INDICATIONS:

The inferior mesenteric artery is often evaluated in cases of GI bleeding or visceral ischemia. The inferior mesenteric artery collateralizes to the median sacral artery (recto-sigmoid region) and the superior mesenteric artery (at the splenic flexure region of the colon). The inferior mesenteric artery is a small vessel that may dramatically enlarge in cases of superior mesenteric artery occlusion to supply collateral flow to the SMA and celiac distribution. The proximal inferior mesenteric artery may be embolized prior to or after aortic aneurysm endovascular therapy to prevent backflow into the residual aneurysm sac.



**SUPERIOR AND INFERIOR MESENTERIC ARTERIES
 DETAILED ANATOMY**

CODES:

PROCEDURE DESCRIPTION	PROC CODE	APC	WORK RVU	S&I CODE	APC	WORK RVU
Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	36245	N/A	4.65	75726	5184	2.05
Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	36246	N/A	5.02	75726 vs. ☆75774	5184 N/A	2.05 1.01
Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	36247	N/A	6.04	75726 vs. ☆75774	5184 N/A	2.05 1.01

☆Add-on Code



CODING INSTRUCTIONS:

- Inferior mesenteric artery angiography is often performed at the same time as evaluation of the celiac and superior mesenteric arteries.
- Report code 75774 if additional selective catheter placement and imaging is performed after a basic inferior mesenteric angiogram has been performed.
- Always consider the numerous anatomic variations that exist when coding the visceral vasculature, as well as the extensive collateral network between the celiac, SMA, and IMA vessels.
- Do not** code the non-selective aortogram (75625) when performed in conjunction with a selective visceral angiogram (75726). This is a bundled component of the visceral angiography.

Do not report code 75726 unless the catheter has been selectively placed in the inferior mesenteric artery or in one of its branches. This is a selective code.

The IMA is quite often visualized from non-selective aortic injection with pigtail catheter. This is not selective and is coded as an aortogram (75625). The aortogram (75625) cannot be coded if another visceral or renal artery is selectively injected, as codes 75726 and 36251-36254 include aortography (75625).
- The IMA is often embolized prior to or during an EVAR (endovascular aortic repair) as a “non-target vessel” embolization. Report code 37242 for this type of arterial embolization along with the selective catheter placement. Imaging of the aorta and its branches (including the IMA) is bundled with EVAR cases.
- Code 75726 has an MPE of three.
- Do not** confuse “IMA”, as it can refer to either internal mammary angiography or inferior mesenteric angiography.

EXAMPLE(S):

1) 79-year-old female with lower GI bleed. Both superior mesenteric and inferior mesenteric arteries are selected and imaged (36245, 36245-59, 75726, 75726-59) after an initial aortogram [no codes, as the aortogram imaging (75625) and catheter placement (36200) are included in the selective procedure]. Diverticular bleeding in the left colon is seen. An infusion catheter is placed into the IMA and continuous infusion of vasopressin started (no existing CPT code for catheter-directed infusion of a non-thrombolytic agent; consider unlisted code 37799). One hour follow-up angiography shows continued bleeding, so superselective embolization with a microcoil is done (37244) with occlusion of the bleeding branch of the IMA.

Note: Vasopressin infusion therapy is rarely performed, with embolization more likely to be used as a definitive treatment for arterial bleeding in the gastrointestinal tract.

2) Trauma patient. Abdominal aortogram (bundled) was initially performed with normal findings. Selective SMA (36245-59, 75726), celiac (36245-59, 75726-59), and selective right and left main renal arteriograms (36252) are performed with normal findings. No active hemorrhage. Due to an infrarenal abdominal aortic aneurysm, the IMA cannot be selected, so a pigtail catheter is placed near the IMA origin with contrast injections and imaging performed [no codes, as aortogram (75625) is bundled into 75726; the IMA imaging was not performed selectively]. The IMA and its distal distribution are normal without extravasation of contrast.

3) 70-year-old female with ongoing GI bleed clinically. She has had three visceral angiograms in the past 48 hours that failed to show bleeding; however, a nuclear medicine study appeared to localize bleeding to the RUQ of the abdomen. She agrees to provocative testing, so she is brought back to the angio suite. Via right femoral access, selective SMA angiography (36245, 75726) fails to show a bleeding site, so a catheter is advanced into the middle colic (add 36246, ~~36245~~), and 1 mg tPA is infused over 20 minutes to induce bleeding (no code for this provocative test). Repeat angiography shows active extravasation from the transverse colic artery. This is selected (add 36247, ~~36246~~) and is successfully treated by deployment of coils distal to and proximal to the bleeding site (37244). Follow-up imaging shows cessation of bleeding.

Note: Do not report code 37211 (arterial thrombolysis) for any of these during provocative testing.

ACR, *Clinical Examples in Radiology*, Jan/Feb 03:2-4, Summer 08:1-3, Spring 19:2, Fall 21:16, Winter 23:8

AMA, *CPT Assistant*, Fall 93:11, Aug 96:1, Sep 98:3, Oct 00:1, Jan 01:14, Nov 03:14, Sep 07:14, Sep 22:17, May 03:1

AMA, *CPT Changes: An Insider's View*, 2012, 2014, 2015, 2017, 2025

SIR, *Interventional Radiology Coding Users' Guide*, 2009, pages 48-52, 194, 248:A9

SIR, *IR Quarterly*, Fall 18:33

Central Venous Coding – Vena Cava

PROCEDURE:

Vena cava angiography can be performed from a peripheral injection at the time of extremity venography (36005) or by placing the catheter centrally into the vena cava (36010).

CLINICAL INDICATIONS:

Upper and lower extremity swelling, superior vena cava syndrome, non-functioning central venous catheter, congenital anomalies, and intravascular tumor.

CODES:

PROCEDURE DESCRIPTION	PROC CODE	APC	WORK RVU	S&I CODE	APC	WORK RVU
Introduction of catheter, superior or inferior vena cava (inferior vena cavagram)	36010	N/A	2.18	75825	5183	1.14
Introduction of catheter, superior or inferior vena cava (superior vena cavagram)	36010	N/A	2.18	75827	5182	1.14
Unlisted procedure, vascular injection (imaging of venous structure other than extremity with catheter is not placed in the cava (not via central venous sheath), non-selective]	36000	N/A	0.74			
Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	36598	5693	0.74			
Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart, list separately in addition to code for primary procedure	☆93584	N/A	1.20			

☆ Add-on Code



CODING INSTRUCTIONS:

1. Imaging of the vena cava (75825) is not a component of selective renal venous imaging (75825), so it can be separately coded. This differs from the arterial coding rules, which bundle arteriography (75825) into selective renal angiography (36251-36254).

Code for a separate diagnostic cavagram when performed with pulmonary angiography (unless a vena cava filter is placed at the same session).

3. Do not code for an inferior vena cavagram (75825) when performed with vena cava filter placement (37191), repositioning (37192), or retrieval (37193), as imaging guidance and all radiological supervision and interpretation are included with these procedures. Catheter placements (e.g., 36011, 36011) and all ultrasound guidance (e.g., 37252, 37253, 76937) are also bundled with codes 37191-37193.

4. **Do not** code a cavagram if performed to measure the caval size, locate the renal veins, or evaluate for variant anatomy or thrombus in the cava at the time of cava filter procedures. These evaluations are considered guiding shots and are not separately coded. The cavagram (SVC or IVC) is bundled with cava filter and cava “valve” (0805T) interventions. The catheter placements in, and imaging of, the cava, renal veins, and iliac veins related to cava filter procedures are bundled and are not reported.
5. **Do not** include separate S&I codes for cavagram when imaged as part of a dialysis fistulogram. The cavagram (75825 or 75827) is considered part of the central venous evaluation and is included in code 36901 for lower and upper extremity dialysis circuits respectively.
6. **Do not** include a separate S&I code for cavagram when imaged as part of a venous sampling study. The cavagram, as well as selective venography of the sampled organ, is included in code 75893. Catheter placements are bundled with code 36500.
7. If the findings only describe a fibrin sheath or patency of the catheter with flow into or through the cava, **do not** report code 75825 (inferior vena cavagram) or 75827 (superior vena cavagram) for imaging at the time of lower or upper extremity dialysis catheter check respectively. The cavagram must be a full and complete diagnostic study to report code 75825 or 75827. Report code 36598 for this limited imaging. If mechanical removal of obstructive material from the catheter is subsequently done (36591 or 36592), **do not** report code 36598 either, as it is bundled with codes 36595/75901 and 36596/75902. If fibrin sheath disruption with a balloon is performed (via an existing CVC access), report unlisted code 37799.
8. Consider code 36299 for the non-selective injection code for imaging of a venous structure, other than an extremity, when the catheter is not placed in the vena cava (e.g., catheter placement in the jugular vein via jugular vein access). Report code 36598 if injection is done through a central venous access device or catheter to evaluate the device and venous outflow. If a full complete superior vena cava study is indicated, performed and documented, report code 75827 instead of 36598.
9. If two vena cavas are selected and imaged, report the appropriate caval imaging code twice. During congenital heart procedures, if venography of a persistent or anomalous SVC is performed, report code 75827 for the first SVC selected and imaged and code 93584 for the second SVC selected and imaged. Code 93584 is an add-on code to congenital cardiac catheterization codes 93593, 93594, 93596, and 93597.
10. Venous codes 93584–93588 include catheter placement during congenital heart catheterizations.

EXAMPLE(S):

1) Patient with shortness of breath and suspected pulmonary embolus undergoes selective bilateral pulmonary angiography (36014-50, 75743). Because of clot in the left lower lobe, the catheter is placed in the IVC, and inferior vena cavagram is performed (bundled with filter placement). This shows the vena cava to be patent (no clot) and of normal size, so a temporary vena cava filter is placed (37191).

2) Patient with neck, head, and arm swelling. Bilateral catheter placements in the basilic veins with injection of contrast simultaneously for imaging of both upper extremity venous systems and the superior vena cava. This shows severe stenosis of the SVC due to compression by a lung mass. Arm veins are patent with collaterals noted in the mediastinum (36005-50, 75822, 75827).

3) Chest port is accessed using sterile technique and a Huber needle. Contrast injection shows the tip of the catheter in the right atrium without obstruction (36598).

4) Chest port is accessed with a Huber needle. Contrast injection shows a patent catheter. Further complete imaging of the SVC is performed due to bilateral arm swelling. There is 90% stenosis and adherent clot in the SVC (75827-59). Overnight infusion of thrombolytic agent (37242) is started. Continued thrombolytic infusion into the morning with follow-up angiography (37214) showing clearing of clot, but residual stenosis of 80%. The port is removed (36590). From a femoral vein approach, a catheter is placed into the SVC (36010), and venoplasty with a 16 mm balloon is performed (37248) for 60 seconds. Follow-up shows recoil with 60% residual. For this reason, a 20 mm self-expanding stent is successfully deployed (add 37238, ~~delete 37248~~).

5) During congenital right and left heart catheterization with normal connections (93596), duplicated SVC is seen. Both SVCs are then selected and imaged (75827, 93584), along with three veno-venous collaterals above the heart (93587 x 1).

REFERENCES:

ACR, *Clinical Examples in Radiology*, Spring 07:1, Spring 08:8-10, Spring 08:7, Winter 12:3, Summer 12:4, Winter 16:2

AMA, *CPT Assistant*, May 01:10, Feb 17:14, Apr 24:1

AMA, *CPT Changes: An Insider's View*, 2006, 2013, 2014, 2017, 2024

APC, *International Radiology Coding Users' Guide*, 2009, pages 54-54, 50-51:V1, V3

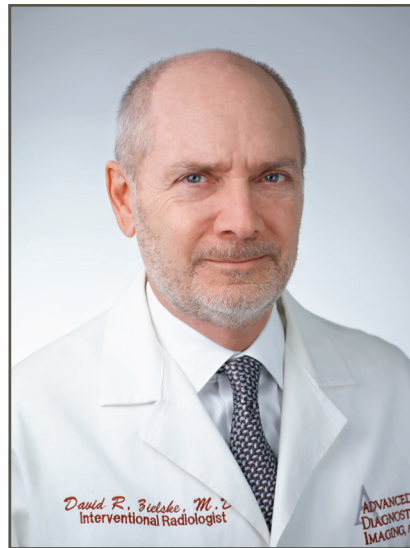
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Appendix B - Add-On Procedure Codes

10004	34715	37233	64421	93585
10006	34716	37234	64462	93586
10008	34717	37235	64480	93587
10010	34808	37237	64484	93588
10012	34812	37239	64491	93896
10036	34813	37247	64492	93897
19001	34820	37249	64494	93898
19082	34833	37252	64495	99153
19084	34834	37253	64597	99157
19086	35400	38900	64629	0076T
19282	36248	47001	64634	0214T
19284	36247	47542	64636	0215T
19286	36224	47543	64633	0217T
19288	36248	47544	64645	0218T
19294	36474	47550	75774	0560T
19297	36476	49412	76937	0562T
22512	36479	49435	77000	0628T
22515	36483	50646	77000	0630T
22517	36407	50645	77000	0639T
33277	36908	50706	78835	0900T
33884	36909	60661	92998	C9756
33904	37185	61641	93569	C9757
34705	37186	61642	93570	G0278
34711	37212	61651	93571	
34713	37223	61864	93575	
34714	37232	61868	93584	

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David R. Zielske, MD

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