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CPT ADVISOR

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Outcomes of open and endovascular repair for ruptured and nonruptured internal iliac artery aneurysms

In April 2010, the American Medical Association/Specialty Society Relative Value Scale Update Committee (or RUC) Relativity Assessment Workgroup reviewed codes that were reported together on the Centers for Medicare and Medicaid Services' (CMS) 75% or more screen. CPT codes 37204 and 75894 were flagged. The Workgroup's recommendation was for a new code change proposal to bundle the embolization surgical CPT code (37204) with the radiological supervision and interpretation CPT code (75894) and follow-up angiography after embolization CPT code (75898).

There are new guidelines and four new CPT codes to report these bundled services effective January 1, 2014. Simultaneous to this, two CPT codes were deleted, and multiple parentheticals were added. All changes are separate from the central nervous system and the head/neck embolization therapies (eg, CPT codes 61624, 61626, 61710, and 75894), do not replace the ablation/sclerotherapy procedures for venous insufficiency/telangiectasia of the extremities/skin (eg, CPT codes 36468, 36470, and 36471), and do not supersede the thrombin injection procedure to treat an extremity arterial pseudoaneurysm after catheterization (eg, CPT code 36002).

In 2013, the code description contained the word "percutaneous." "Open" implies that the access vessel is punctured directly and then repaired by standard suture, whereas "percutaneous" implies that the access vessel is cannulated through the skin and then sealed by manual pressure or deployment of a closure device. In 2014, "open or percutaneous" is now included in all four of the new code descriptions. The specialty societies felt that there was a difference in the physician work associated with embolization based on reason for treatment. As such, the new codes are based on whether or not therapy is rendered in an arterial or venous location for hemorrhage, tissue/organ infarction, or an alternate reason.

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Four new code descriptions were created by bundling the surgical procedure code with both the radiologic supervision and interpretation as well as the follow-up angiography used to assess the adequacy of the vascular occlusion. These services describe placement of thrombogenic material (eg, coils or glue) and include all associated radiological supervision and interpretation, intraprocedural guidance, and road mapping necessary to document completion of the procedure. Excluded and separately reportable are nonselective and/or selective catheterization (unlike in the lower extremity arterial endovascular intervention CPT codes where the catheter is bundled), ultrasound guidance (eg, CPT code 76937) for vascular access, intravascular ultrasound (ie, CPT codes 37250, 37251), and the initial diagnostic angiogram (as defined under "Vascular Procedures" in the CPT manual Radiology section). The CPT codes are reported per surgical field (defined as "*the area immediately surrounding and directly involved in a treatment/procedure*") treated and not per vessel occluded. For example, if three separate venous branches are each selectively catheterized off a hemodialysis access fistula in the arm and each embolized, the embolization CPT code (37241) may only be submitted once and not three times.

CPT code 37241 denotes "*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 (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)*". Examples of this type of treatment include embolization in hemodialysis access branches to promote maturation of the fistula or pelvic congestion syndrome to occlude any reversal of flow in the left ovarian vein. CPT code 37242 describes "*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms).*" Examples of this type of treatment include embolization of a splenic artery

aneurysm to avoid rupture by occluding the vessel or in an abdominal aortic aneurysm sac after infrarenal endograft repair for endoleak using a translumbar approach. CPT code 37243 denotes "*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction*." Examples of this type of treatment include embolization to infarct uterine fibroids or tumor as well as chemoembolization. Please note that uterine fibroid embolization was designated as a completely bundled service in 2013 using only CPT code 37210 and will now be reported in 2014 by both CPT code 37243 and the selective arterial catheterization CPT codes (eg, 36247, 36248) necessary to complete the procedure. CPT code 37244 describes "*Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*." Examples of this type of treatment include embolization for vessel perforation (eg, trauma or an iatrogenic injury) or to stop gastrointestinal bleeding.

Specific advice has been added for the treatment of arterial aneurysms by thrombo-exclusion: when an endovascular stent is deployed as a cage to trap embolization coils, the embolization code is reported and not the stent code. Alternatively, the stent deployment code should be reported and not the embolization code if a covered stent is inserted as the sole treatment of the vascular abnormality. CPT codes 37204 (nonhead and neck embolization) and 37210 (uterine fibroid embolization) were deleted effective January 1, 2014, as part of these changes.

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