

**Society of Interventional Radiology Coding Guidance**  
Authored by: Coding and Reimbursement Subcommittee  
Training Session: Annual Coding Webinar  
Date: February 2020

Note: Following up on the questions you had on the 2019 IR Coding Update Webinar. Please find the answers from SIR Advisors.

**1. What would you recommend for disruption fibrin sheath during CVC replacement through the same access? Is it 37799?**

Answer: Yes, report this service with 37799. It is recommended that 36595 and 75901 be used as reference codes when submitting the unlisted code.

**2. Can you bill for the 3D printed model if it is used for ablation planning?**

Answer: Yes, the 3D printing codes may be reported for this service.

**3. What about if in the planning session you see a phrenic and embolize to redistribute. 37242 or 37243?**

Answer: Embolization of non-target vessels to prevent administration of radioactivity to non-target vascular beds is reportable using code 37242. Note that embolization in this setting is considered to take place in one “operative field” so even when more than one vessel is embolized, only a *single embolization* code is reported.

**4. What CPT code would you report for percutaneous tattooing for advanced breast cancer with probable metastasis. Would you recommend 38999 with supporting documentation to include a letter of medical necessity?**

Answer: Unable to provide a detailed response, please refer to the question to ACR or surgical societies.

**5. What is the SIR coding recommendation for Fibrin Sheath Disruption via balloon via the same venous access as the tunneled central line? Previous recommendation by another group (RPA) was 36595 with 52 modifier but has been changed to an unlisted CPT 37799. Does SIR agree with this? Thank you.**

Answer: Yes, report this service with 37799. It is recommended that 36595 and 75901 be used as reference codes when submitting the unlisted code.

**6. There is a new NCCI edit with radioembolization delivery 79445 with the new nuclear med codes for post-procedure Bremsstrahlung scan 78803, 78830 & 78831. Does the SIR have any insight into the rationale for this edit or stance on supporting the unbundling of these scans?**

Answer: Unable to provide a detailed response, please refer to SNMMI.

Note: These were repeated questions from the 2019 webinar and the provided answers are still appropriate.

- 1. What do you report when a wire only access to the kidney is placed for subsequent use by the urologist for stone extraction? I know a PCN or PNU can be reported if done, but what if just a vertebral catheter or wire? Unlisted?**

Answer: Since there is no size or type requirement for catheter placement, report 50432 or 50433 depending on the location of the catheter. Placement of wire for subsequent dilation should be reported with an unlisted code, 53899.

- 2. Can you report venous thrombolysis 37212 when a clotted AV circuit requires overnight thrombolysis?**

Answer: No. According to CPT reporting principles, if there is a more specific code for a service, the more specific code must be reported. AV circuit declot codes 36904, 36905, 36906 must be used.

- 3. Can you report 76937 with 36410 for midline catheter placement if documented appropriately**

Answer: Yes.

- 4. Can you report a KUB with 43762 or 43763?**

Answer: Yes, assuming the KUB is performed/interpreted by a separate provider.

- 5. Unlisted lymph doesn't seem to make sense with a venous vascular procedure**

Answer: 38999 is an unlisted code for "heme or lymphatic." 37799 is an unlisted code for "vascular surgery." Both 38999 and 37799 are unlisted and applicable, so either can be reported. The importance is in reporting an applicable unlisted code with the recommended reference codes, and the latter can be crosswalked to either 38999 or 37799.

- 6. Since new edits with 36595-52 and 36581, what to code for fibrin sheathoplasty via the same access as tunneled catheter exchange? 37799?**

Answer: If clot maceration and/or fibrin sheath disruption with balloon dilatation is performed while placing/exchanging/removing a venous catheter using the venous catheter access site, report 37799 (unlisted code) for the service. It is recommended that 36595 and 75901 be used as reference codes when submitting the unlisted code. If clot maceration and/or fibrin sheath disruption with balloon dilatation is performed from a separate access site, the accurate code to describe the service is 36595 (mechanical removal of pericatheter obstructive material [e.g., fibrin sheath] from the central venous device via separate access). See CPT code 75901 for corresponding RS&I.