

**INGENIX®**

**Complete Guide for  
Interventional Radiology**

**2011**

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## Visceral Angiography—Celiac, Hepatic, Splenic, Inferior Phrenic, Superior and Inferior Mesenteric Arteries, and Bronchial Arteries

Visceral angiography includes selective catheterization of one of the arteries supplying blood to the viscera and encompasses arteries within the thoracic and abdominal viscera. CPT code 75726 is selective or superselective. Arteries covered by this code include the celiac, hepatic, splenic, gastric, inferior phrenic, superior and inferior mesenteric arteries, and bronchial arteries, as well as other branches. The code includes the performance of an aortogram and as many injections and projections as necessary to image each vessel. Imaging may be obtained via traditional film methods and/or utilizing digital techniques.

### 75726 Angiography, visceral, selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation

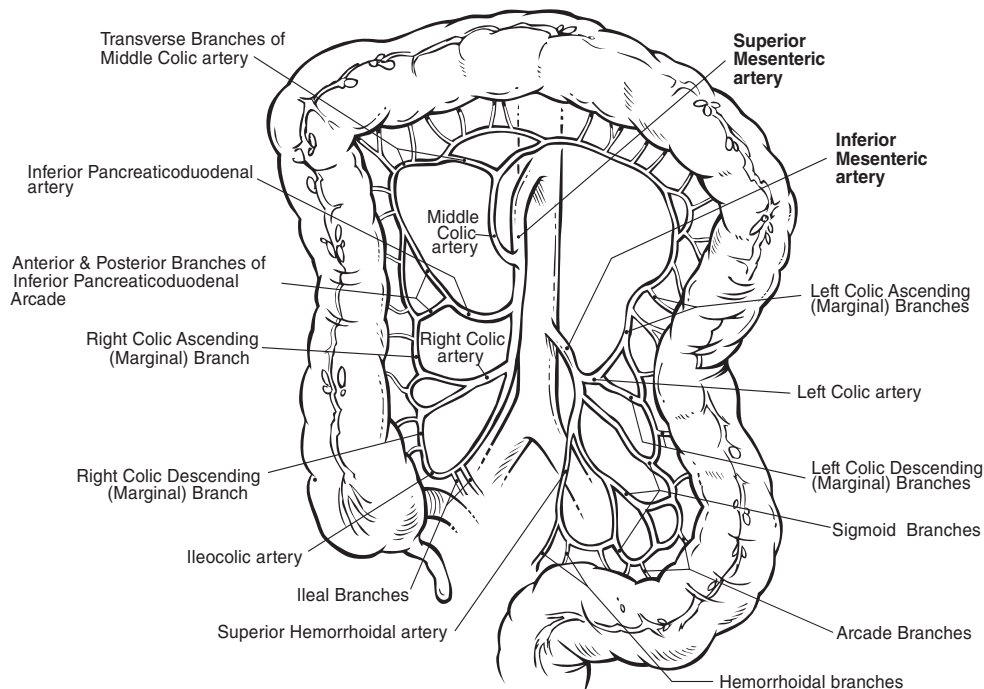
An artery supplying the organ of concern is examined radiologically by injecting contrast material. A local anesthetic is applied over the area of access, usually the common femoral artery. The artery is percutaneously punctured with a needle and a guidewire inserted and fed through the artery to the point of study. A catheter is threaded over the guidewire until it, too, reaches the point of study and the guidewire is removed. Contrast medium is injected through

the catheter and a series of x-rays or fluoroscopic images taken to visualize the vessels and evaluate any abnormalities such as blockages, narrowing, or aneurysms. The catheter is removed and pressure applied to the site. This code reports the radiological supervision and interpretation. Use separately reportable code for the catheterization.

### Coding Tips

1. Report both components of the procedure: the surgical component or catheter placement codes and the technical radiology S&I codes.
2. If multiple vessels are studied during the same session, CPT code 75774 is reported for each vessel after the initial vessel. Catheter placement is coded for each vascular family. Any of the arteries in the group listed can be studied by themselves. CPT code 75726 and one catheter placement code would be reported in this situation. It is more common to study multiple vessels during the same session.
3. Do not report CPT code 75625 in addition to 75726 if the aorta is injected during the exam. The aorta is included as part of this procedure.

## Superior and Inferior Mesenteric Arteries and Branches



## Coronary Thrombectomy

**92973 Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)**

The physician percutaneously removes a blood clot from a native or grafted coronary artery. A double lumen catheter is passed to the area of the clot. A high-pressure saline stream (via a pump) is introduced through a lumen that has multiple jet orifices located at the distal tip. The low-pressure zone created by the jets causes the clot to break-up into small pieces and be pushed through the catheter with a force that drives debris from the thrombus through the other lumen (exhaust) and out of the body. The procedure is useful to clear fatty and degenerated arteries and to modify plaques in preparation for more definitive treatment with adjunctive balloon angioplasty or stenting.

### Coding Tips

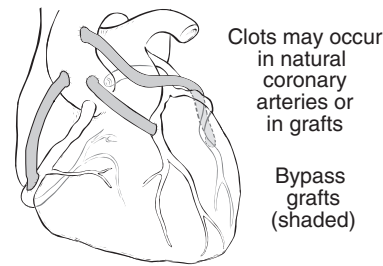
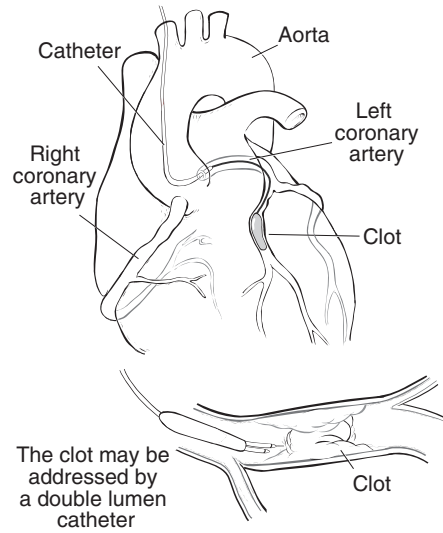
1. CPT code 92973 is an “add-on” code. It is reported in addition to coronary stent placement or coronary angioplasty.
2. For interventional coronary coding guidelines, refer to page 17.

### Facility HCPCS Coding

HCPCS Level II codes are used to report the supplies provided during the procedure. Hospitals should separately report supplies used during cardiac catheterization procedures. Refer to the introduction for more information regarding appropriate billing of supplies. Refer to the list of current codes in appendix B.

### ICD-9-CM Codes

The application of this code is too broad to adequately present ICD-9-CM diagnostic code links here. Refer to your ICD-9-CM book.



### CCI Edits

**92973** 01924-01926, 93000-93010, 93040-93042, 94770, 99143-99150

### Device Edits

There are no device codes required for the CPT code addressed in this section.