Ingenix Learning: Facilities and Ancillary Services
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MRA has many medical applications, including the diagnosis of artery and vein abnormalities (e.g., aneurysms in the brain). MRA is non-invasive, can be performed without catheterization, and does not require the administration of contrast material; however, to enhance the diagnostic capability of MRA, a contrast agent can be injected prior to the MRA scan and that image data must be acquired at the moment the contrast agent flows through the vessels of study.

Some of the codes in the radiology section contain the term, “with contrast.” Those studies include the administration of intravenous contrast materials. Only intra-arterial or intrathecal contrast administration is a separately reportable component of a “with contrast” study.

Note that for Medicare claims, the following HCPCS Level II codes are reported in place of the indicated CPT codes..

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Short Description</th>
<th>HCPCS Level II Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>71555</td>
<td>MRI angio chest w/o dye</td>
<td>C8909–C8911</td>
</tr>
<tr>
<td>72198</td>
<td>MRI angio pelvis w/o dye</td>
<td>C8918–C8920</td>
</tr>
<tr>
<td>73725</td>
<td>MRI ang lwr ext w/o dye</td>
<td>C8912–C8914</td>
</tr>
<tr>
<td>74185</td>
<td>MRI angio, abdom w/o dye</td>
<td>C8900–C8902</td>
</tr>
<tr>
<td>77058</td>
<td>MRI breast w/o dye, unilat</td>
<td>C8903-C8905</td>
</tr>
<tr>
<td>77059</td>
<td>MRI breast w/o dye, bilat</td>
<td>C8906-C8908</td>
</tr>
</tbody>
</table>

These codes are explained further in chapter 10.

**INTERVENTIONAL PROCEDURES**

The development of cross-sectional imaging techniques, such as ultrasound, CT, and MRI, and digital processing of fluoroscopy forced a shift in the use of angiographic studies from purely diagnostic to include therapeutic applications. Thus the name interventional radiology is now used to describe the specialty. The techniques include percutaneous biopsy (obtaining tissue specimens from inside the body without surgery), percutaneous drainage (removing fluid and bypassing obstructions), intravascular therapy (delivery of vasoactive drugs, clot-dissolving drugs, and chemotherapy), angioplasty (intraluminal dilatation of vascular narrowing), and embolization (injection of substances that stop bleeding).

Interventional radiology services involve both an invasive component (such as a biopsy or injection) and a radiological component (radiological supervision and interpretation of the procedure). The invasive component, which may be either a diagnostic or therapeutic service, is reported with codes from the surgery section. Examples of the invasive component include: injection procedure for shoulder arthrography (23350), percutaneous renal biopsy (50200), and transcatheter occlusion of a vascular malformation (61624–61626).

The radiology component for supervision and interpretation is reported with codes from the diagnostic radiology and diagnostic ultrasound subsections. In the diagnostic radiology subsection, codes are found throughout. However, the diagnostic ultrasound subsection organizes interventional services under the heading “Ultrasonic Guidance Procedures.” For example, the radiology component for shoulder arthrography is reported with 73040; the radiology component for the renal
(CMS), recommended that immediate action should be taken to restructure ICD-9-CM accordingly, or replace it with a new system. A prerelease draft of ICD-10-CM was released in June 2003, with an updated version released July 2007. Many of the changes included in the July 2007 update of ICD-10-CM mirrored the changes to the ICD-9-CM classification system that occur annually based on the needs identified by the ICD-9-CM Coordination Committee. Unfortunately, ICD-9-CM is running out of structural space and capacity. As such, it cannot continue to accommodate advances in technology and medical science in order to provide current data in a flexible, expandable format amenable to interoperable electronic health data exchange. Updated 2009 versions of ICD-10-CM and ICD-10-PCS are available; however, the codes are not currently valid for use with implementation anticipated in 2013.

The Critical Access to Health Information Technology Act of 2007 required the secretary of Health and Human Services (HHS) to establish a program to award grants to states to increase access to health care in rural areas by improving health information technology. This act also directs the secretary to promulgate a final rule concerning the replacement of the ICD-9-CM with ICD-10-CM and authorizes the secretary to adopt specified standards for recommended electronic health in relation to such replacements. It also required updating the HIPAA transaction standard. HHS published a proposed rule to adopt ICD-10-CM and ICD-10-PCS to replace ICD-9-CM in HIPAA transactions on August 22, 2008. The comment period for this proposed rule closed October 21, 2008. On January 16, 2009, HHS published the final rule on adoption of ICD-10-CM and ICD-10-PCS. It specified an implementation date of October 1, 2013.

ICD-10-CM STRUCTURE

Similar to ICD-9-CM, the ICD-10-CM is divided into the index, and alphabetical list of terms and their corresponding code, and the tabular list, a chronological list of codes divided into chapters based on the body system or condition. The index is divided into two parts: the Index to Diseases and Injury and the Index to External causes of Injury. The tabular list contains alphanumeric categories, subcategories, and codes. The tabular listing of alphanumeric codes has the same hierarchical organization of ICD-9-CM. All codes with the same first three digits, codes in the same category, have common traits. Each digit beyond three adds more specificity. In ICD-10-CM, valid codes can contain anywhere from three to seven characters. The extension to seven characters stems from the clinical modification. In some instances, the final character may be a lower case letter—known as an alpha extension—and not a number.

An example of a valid three-character code in ICD-10-CM is:

E41 Nutritional marasmus

An example of a valid seven-character code in ICD-10-CM is:

W22.042s Striking against wall of swimming pool causing other injury, sequelae

All codes in ICD-10-CM are alphanumeric. Of the 26 letters available, all but the letter U, which is reserved for future expansion, is employed in the classification. To provide additional flexibility into the code structure, a dummy "x" is used as a fifth character place holder at certain six character codes.