Facility Guide for Interventional Radiology
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.

Facility Coding Tips
1. Facilities 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
**Chapter 9: Diagnostic Cardiac Catheterization**

**Left Heart Catheterization Combined Transseptal and Retrograde Approach**

**93524 Combined transseptal and retrograde left heart catheterization**

The physician threads a catheter to the heart using combined retrograde and transseptal techniques to evaluate left heart function. The retrograde portion is performed through an introducing sheath placed percutaneously into the femoral, brachial, or axillary artery. The catheter is then passed through the aortic valve into the left ventricle. Transseptal catheterization involves passing a catheter from the right femoral vein to the right atrium. The interatrial wall or septum is punctured and the catheter is passed into the left atrium through the mitral valve and into the left ventricle. Blood samples, pressure, electrical recordings, and/or other measurements are made.

**Facility Coding Tips**

1. CPT code 93524 does not include injection of contrast media. Report the appropriate code from range 93539-93545.
2. Imaging supervision is reported separately with 93555 and 93556.
3. Fluoroscopy is considered to be part of cardiac catheterization and is not reported separately.
4. Pulse oximetry is not reported separately.
5. Report separately the placement of a flow-directed catheter (Swan-Ganz) for the purpose of hemodynamic monitoring when performed during cardiac catheterization.
6. If angiography of the renal or iliac arteries is performed, for Medicare patients, report HCPCS Level II code G0275 for unilateral or bilateral renal angiography. Refer to individual payer guidelines for non-Medicare patients.
7. While physicians may not separately report the placement of a mechanical arterial sealing device after the cardiac catheterization, hospitals should separately report both the supply and the procedure. Medicare has assigned a specific HCPCS Level II code for this procedure (G0269). The corresponding supply code is C1760 Closure device, vascular (implantable/insertable). Other third-party payers will likely not accept this code and hospitals should verify with each payer on their policy regarding this service. Medicare does not provide separate payment, but the costs and charges should still be reported separately.
8. Do not report CPT codes from the 70000 series for test angiograms done prior to placement of a vascular closure device. This is considered to be part of the cardiac catheterization procedure.
9. Hospitals should separately report supplies and contrast used during cardiac catheterization procedures.

**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 chapter 1 for more information regarding appropriate billing of supplies. Refer to the list of current codes in appendix II.

**Procedure HCPCS Codes**

G0269 Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure.

G0275 Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (List separately in addition to primary procedure).

G0278 Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (List separately in addition to primary procedure).

**ICD-9-CM Codes**

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

**CCI Edits**