2016 Radiology

Mastering Biliary Procedures

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Mastering Biliary Procedures in 2016
January 13, 2016

• Biliary Procedures
  • Cholangiogram
  • Drainage Catheter Placement
  • Biliary Stent Placement
  • Percutaneous Cholecystostomy
  • Drainage Conversion Procedures
  • Catheter Exchange
  • Catheter Removal
  • Rendezvous Procedure
  • Bile Duct Dilation
  • Bile Duct Biopsy
  • Stone Extraction

• Anatomy
• Anatomy (con’t)
  • Consists of the organs and structures that secrete and transport bile
    • Includes the liver, gallbladder and bile ducts
  • Bile is a greenish fluid that helps to digest fats and allows the body to absorb fat-soluble vitamins like Vitamin E.
  • Liver cells secrete bile into many small ducts called intrahepatic biliary radicles which drain into the RT and LT hepatic ducts.
  • The RT and LT hepatic ducts join together to form the common hepatic duct which carries bile away from the liver.
  • Common hepatic duct joins with the cystic duct from the gallbladder to form the common bile duct.
  • Common bile duct joins with the pancreatic duct, which carries digestive enzymes from the pancreas, at the ampulla of Vater.
  • Ampulla of Vater opens into the duodenum but in between meals the opening is held shut by a muscle called the sphincter of Oddi.

• Deleted Codes

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47500</td>
<td>Injection procedure for percutaneous transhepatic cholangiography</td>
</tr>
<tr>
<td>47505</td>
<td>Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)</td>
</tr>
<tr>
<td>47510</td>
<td>Introduction of percutaneous transhepatic catheter for biliary drainage</td>
</tr>
<tr>
<td>47511</td>
<td>Introduction of percutaneous transhepatic stent for internal and external biliary drainage</td>
</tr>
<tr>
<td>47525</td>
<td>Change of percutaneous biliary drainage catheter</td>
</tr>
<tr>
<td>47530</td>
<td>Revision and/or reinsertion of transhepatic tube</td>
</tr>
<tr>
<td>74305</td>
<td>Cholangiography and/or pancreateography; through existing catheter, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74320</td>
<td>Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75980</td>
<td>Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75982</td>
<td>Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• General Changes
  • 14 New Codes for 2016
  • All new codes include guidance by definition so image guidance is no longer separately reportable
  • Diagnostic studies are included with therapeutic interventions

• Modifiers
  • In some situations a biliary procedure can be reported more than once per encounter. For example, placement of an external biliary drainage catheter (47533) can be reported twice if catheters are placed into the left and right hepatic ducts. As a general rule, Medicare contractors do not want providers to apply modifier 59 when reporting a second unit of the same procedure code. Instead, the procedure should be reported to Medicare with 1 line item and 2 units (47533 x 2), or with modifier 76 (47533 and 47533-76). Other payors may accept 47533 and 47533-59, or 47533-50, or 47533-LT and 47533-RT.
Modifiers (con't)

- Modifier 50
  - Bilateral procedure modifier
  - Reports that the procedure was performed on both sides
  - Required by some payors instead of -LT and –RT
- Modifier 59
  - Indicates that a procedure is distinct, or independent from, other services performed on the same day
  - Designates that an ordinarily bundled code represents a service performed on a different anatomic site or at a different session
  - Documentation must support the separate nature of the procedures
  - Do not use HCPCS modifiers for same procedure code
  - Use multiple units or a repeat procedure modifier
  - Use modifiers instead of -59 not in addition to
- X Modifiers
  - XE - Separate Encounter, A Service That Is Distinct Because It Occurred During a Separate Encounter
    - Not for exact same procedure code
    - Applied to lower paying service code
  - XP - Separate Practitioner, A Service That Is Distinct Because It was Performed By a Different Practitioner
    - Applied when 2 services are normally bundled
  - XS - Separate Structure, A Service That is Distinct Because It Was Performed On a Separate Organ/Structure
    - Apply when services that are bundled are performed on 2 separate anatomic sites
    - Not for same procedure code
  - XU - Unusual Non-Overlapping Service, The Use of a Service That is Distinct Because It Does not Overlap Usual Component Of the Main Service
    - For circumstances not described by XE, XP and/or XS
- Modifier 76
  - Physician billing: same procedure same physician
  - Hospital billing: same procedure performed or ordered by the same physician
  - Usually for same day unless other specified by payor guidelines
  - Preferred to modifier 59 but payor driven

Medically Unlikely Edits (MUEs)

- Maximum units of a procedure code that a provider would report under most circumstances for a single patient on a single DOS
- Not all MUEs are published
- May be allowed to bypass with modifiers
- MUE: The “Practitioner Services MUE Values” field indicates the number of units of the procedure that the MUEs allow.
- MAI: The “MUE Adjudication Indicator” field shows you whether that procedure is subject to a line item limit (indicator 1) or a date of service limit (indicators 2 and 3).
- Indicator 1: The edit has not been converted to DOS and still applies only to the individual line item.
• Medically Unlikely Edits (MUEs) (Con’t)
  • Indicator 2: Date of Service Edit: Policy – indicates a DOS edit.
    • Based on the code description and anatomy
    • CMS believes that there are no instances when it is appropriate to report services in excess of the MUE value for a procedure with Adjudication Indicator 2.
    • CMS has instructed the Medicare contractors to deny claims for services in excess of the MUE value, including on redeterminations.
  • Indicator 3: Date of Service Edit: Clinical – is also a DOS edit.
    • It is based on clinical information such as billing patterns; prescribing instructions; or other information
    • Most DOS edits are Indicator 3 (instead of 2)
    • CMS states that exceptions (that is, units in excess of the MUE value) “could occur,” but “would be sufficiently rare that the abnormally high units of service value should be considered to be a billing error.”
    • In the “rare instance” when the provider is positive that the units of service in excess of the MUE value are correctly coded and medically necessary, the provider should submit an appeal.
  • Contractors will sum up all of the units of the code on the current claim and past paid claims for the same DOS.
    • If the total is greater than the MUE limit the contractor will deny all claim lines for that code on the current claim (paid claim will not be reopened)
    • Rule applies regardless of whether the code has a modifier or not
    • Providers may NOT use an ABN to bill the patient for units in excess of the MUE since it is not a medical necessity denial

• Cholangiograms
  • 2 new codes for 2016
    | CPT® Code | Description |
    |-----------|-------------|
    | 47531     | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access |
    | 47532     | . . . new access (eg, percutaneous transhepatic cholangiogram) |

  • Includes contrast injection, RS&I and all imaging guidance (US, fluoro, CT, etc.)
  • Cannot be coded with drainage procedures
  • 47531 – MUE = 2; MAI = 3
  • 47532 – MUE = 1; MAI = 3

• Procedure Description - 47531
  • Existing tube and abdomen are prepped
  • Contrast is injected through the existing tube under fluoroscopic guidance
  • Multiple images are taken are obtained in multiple projections
  • Tube is flushed with saline and left in place

• Procedure Description - 47532
  • Ultrasound is used to identify a potential tract into a peripheral bile duct in the liver
  • Multiple needle passes are made and a needle is placed into a bile duct.
  • Contrast is injected to opacify the bile ducts an diagnostic imaging is acquired using contrast and imaging in multiple projections
  • Needle is removed
• **Scenario #1**
  The physician performs a percutaneous transhepatic cholangiogram, passing a needle into the liver at various points and injecting contrast until the biliary tree is visualized. At that point a catheter is inserted and contrast is injected for diagnostic imaging of the biliary tract.

  CODE: 47532 (new access)

• **Scenario #2**
  The physician injects contrast into the patient’s existing internal-external biliary drainage catheter to evaluate its position and function. No problems are noted, and the catheter is left in place.

  CODE: 47531 (existing access)

• **Biliary Drainage**
  - **External**
    - A catheter placed into a bile duct that does not terminate in the bowel and drains bile externally only
  - **Internal-external**
    - Single, externally accessible catheter that terminates in the small intestine, and may drain bile into the small intestine and/or externally.
  - **Completely internal stent**
    - Positioned within the biliary tree and is completely internal with no portion extending outside the patient
  - **Codes include:**
    - Access
    - Catheter manipulations
    - Diagnostic cholangiography
    - Imaging guidance (US, Fluoro, CT, etc.)
    - All associated RS&I
    - May be reported once for each catheter placement

• **Biliary Catheter Insertion**
  - 2 new codes for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
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</tr>
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<tbody>
<tr>
<td>47533</td>
<td>Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external</td>
</tr>
<tr>
<td>47534</td>
<td>Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external</td>
</tr>
</tbody>
</table>

• Reported once per catheter
  - Separate accesses
  - 47533 – MUE = 1; MAI = 3
  - 47534 – MUE = 1; MAI = 3
- **Procedure description - 47533**
  - Ultrasound is used to identify a potential tract into a peripheral bile duct in the liver
  - Needle is placed into a bile duct and contrast is injected to ensure biliary placement and identify the level of obstruction.
  - Cholangiography is performed with imaging in multiple projections.
  - Guidewire is passed through the needle into the bile ducts and the tract is dilated and an external biliary catheter is placed and connected to a gravity drainage bag.

- **Procedure description - 47534**
  - Ultrasound is used to identify a potential tract into a peripheral bile duct in the liver
  - Needle is placed into a bile duct and contrast is injected to ensure biliary placement and identify the level of obstruction.
  - Cholangiography is performed with imaging in multiple projections.
  - Guidewire is passed through the needle into the bile ducts and the tract is dilated and an internal/external biliary catheter is placed terminating in the small bowel and connected to a gravity drainage bag.

- **Scenario #3**
  A patient undergoes diagnostic percutaneous transhepatic cholangiogram, which reveals obstruction of the common bile duct. For this reason the radiologist inserts an external biliary drainage catheter.

  **CODE**: 47533

  Code 47533 includes the access, the diagnostic cholangiogram, the catheter insertion, and the radiological S&I.

- **Scenario #4**
  A patient undergoes diagnostic percutaneous transhepatic cholangiogram, which reveals obstruction of the common bile duct. The radiologist inserts an internal-external biliary drainage catheter.

  **CODE**: 47534

  Code 47534 includes the access, the diagnostic cholangiogram, the catheter insertion, and the radiological S&I.

- **Scenario #5**
  A patient with cholangiocarcinoma undergoes placement of external biliary drainage catheters in the right and left hepatic ducts.

  **CODES**: 47533 x 2
• **Biliary Stents**
  - 2 new codes for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
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<tbody>
<tr>
<td>47538</td>
<td>Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access</td>
</tr>
<tr>
<td>47539</td>
<td>. . . new access, without placement of separate biliary drainage catheter</td>
</tr>
<tr>
<td>47540</td>
<td>. . . new access, with placement of separate biliary drainage catheter (eg, external or internal-external)</td>
</tr>
</tbody>
</table>

- No MUEs listed
- Placement thru existing access = 47538
- If Int/Ext catheter is place in addition to biliary stent through the same access this is included in 47538
- If new access is used = 47539 or 47540
  - Distinguishing factor is whether or not a separate drainage catheter is placed

<table>
<thead>
<tr>
<th>Access</th>
<th>Without Drainage Catheter</th>
<th>With Drainage Catheter</th>
</tr>
</thead>
<tbody>
<tr>
<td>New access</td>
<td>47539</td>
<td>47540</td>
</tr>
<tr>
<td>Existing access</td>
<td>47538</td>
<td>47538</td>
</tr>
</tbody>
</table>

- Codes include access, catheter manipulation, diagnostic cholangiography, image guidance and all associated RS&I
- Reported only once if single access
- Includes “overlapping or serial” stents or stents “bridging more than 1 ductal segment”
- Codes can be reported more than one in the following scenarios:
  - Placement of double-barrel stents in the same bile duct (Note: generally requires 2 accesses)
  - Placement of 2 or more stents in separate bile ducts through a single access
  - Placement of stents via 2 or more percutaneous access sites
- Would need to apply modifier 59, modifier XS or report 2 units of services – payor driven

**Scenario #6**
Transhepatic cholangiography is performed via a new access and reveals common bile duct obstruction due to an inoperable tumor. Two overlapping common bile duct stents are placed, and an external drainage catheter is also placed for temporary drainage.

**CODE:** 47540

**Scenario #7**
A patient has an internal-external drainage catheter due to occlusion of the common bile duct by pancreatic cancer. The patient presents for stent placement. The physician removes the existing catheter over a wire, inserts a pigtail catheter, and performs a cholangiogram. The physician then places a VIABIL® stent and uses an angioplasty balloon to expand the stent. A new internal-external drainage catheter is then inserted, to be removed at a later encounter.

**CODE:** 47538 (existing access)
• **Percutaneous Cholecystostomy**
  - Existing code 47490 still active for 2016
  - 10 day global period
  - Contrast exam of tube = 47531
  - Tube change = 47536

• **Drainage Conversion**
  - New code for conversion of an external drainage catheter to an int-external catheter

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<tbody>
<tr>
<td>47535</td>
<td>Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• Includes removal of the existing catheter, placement of the new int-ext catheter, diagnostic cholangiograms & RS&I
• Code can be reported once for each catheter conversion
• Modifiers must be applied per payor guidelines
• 76, 59, XS, LT/RT or 2 units of service
• Conversion of an int-ext drainage catheter to an internal stent is reported with the stent placement via existing access code 47538 (previously discussed)

• **Procedure description - 47535**
  - Existing access is prepped
  - Guidewire is placed through the existing external drainage catheter and exchanged for a sheath
  - Cholangiography is performed with imaging in multiple projections
  - Sheath is exchanged for a new internal/external biliary catheter, which terminates in the small bowel and connected to a gravity drainage bag

• **Scenario #8**
  A patient presents with an external biliary drainage catheter inserted at an earlier encounter due to common bile duct obstruction. The physician performs a cholangiogram and determines that the patient can be converted to internal-external drainage. The external drainage catheter is therefore removed over a wire and an internal-external drainage catheter is inserted.

  **CODE:** 47535 (catheter conversion)

• **Catheter Exchange**
  - New code for 2016 for exchange of a biliary catheter

<table>
<thead>
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<tbody>
<tr>
<td>47536</td>
<td>Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• Includes cholangiography when performed and all RS&I
• Catheter Exchange (con’t)
  • 47536 is used for:
    • Removal of an existing external drainage catheter with insertion of a new external drainage catheter via the same access
    • Removal of an existing internal-external drainage catheter with insertion of a new internal-external drainage catheter via the same access
    • Removal of an existing internal-external drainage catheter with insertion of a new external drainage catheter via the same access
    • Code can be reported once for each catheter
    • Modifiers must be applied per payor guidelines
    • 76, 59, XS, LT/RT or 2 units of service
    • May not be reported together with stent placement (47538) via the same access

• Procedure description - 47536
  o Existing access is prepped
  o Guidewire is placed through the existing drainage catheter and exchanged for a sheath
  o Cholangiography is performed with imaging in multiple projections
  o Sheath is exchanged for a new drainage catheter (of the same type)

• Scenario #9
  A patient returns for scheduled replacement of his internal-external biliary drainage catheter, which was placed for biliary obstruction due to a duodenal stricture. Contrast is injected through the catheter for cholangiography, and then the catheter is exchanged for a new one over a guide wire.
  
  CODE: 47536

• Scenario #10
  A patient presents for replacement of his left and right internal-external biliary drainage catheters. Preliminary cholangiograms reveal a left-sided biliary stricture, which is dilated with a balloon catheter. Then new internal-external biliary drainage catheters are placed bilaterally.

  CODES:
  47536 x 2 (catheter exchange)
  47542 (balloon dilation)

• Scenario #11
  A patient with an internal-external drainage catheter returns for follow-up cholangiogram. Based on the results of the cholangiogram, the physician decides to remove the internal-external catheter and replace it with an external catheter.

  CODE: 47536 (catheter exchange)
• Catheter Removal
  • New code when imaging is required for removal

<table>
<thead>
<tr>
<th>CPT® Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>47537</td>
<td>Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• If imaging not required then E/M should be billed if supported by documentation
• Should not be assigned for removal of an external or int-external catheter in conjunction with stent placement via the same access
  o That would be stent placement only
  o Code includes diagnostic cholangiograms (when performed) and all RS&I

• Scenario #12
  A patient has an external drainage catheter that terminates in the common bile duct, as well as a distal common bile duct stent. The external catheter is removed under fluoroscopic guidance.

  CODE: 47537

• Rendezvous Procedure
  • Technique for getting an ERCP scope into the common bile duct
  • Physician (Radiologist) advances a guide wire down through the common bile duct and into the duodenum
  • Endoscopist passes scope through the GI tract into the duodenum and snare the guidewire
  • Guidewire is used for instrumentation
  • New code for 2016 for placement of the guidewire

<table>
<thead>
<tr>
<th>CPT® Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>47541</td>
<td>Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access</td>
</tr>
</tbody>
</table>

• Cannot be reported if there is an existing biliary access
  – Use conversion, exchange or removal codes as appropriate
  – Cannot be reported with cholangiography (47531, 47532) or biliary drainage procedures (47533-47540)

• Scenario #13
  A gastroenterologist requests placement of antegrade biliary access for rendezvous procedure. The interventional radiologist passes a needle into the liver, performs a cholangiogram, and then advances a guide wire into the duodenum under imaging guidance.

  CODE: 47541

New Add-On Codes
• Bile Duct Dilation
• Bile Duct Biopsy
• Stone Extraction
• Add-on codes always performed in conjunction with other procedures
• Do not include access, catheter placement or diagnostic imaging
• **Bile Duct Dilation**
  - New add-on code for percutaneous balloon dilation of a bile duct, the sphincter of Oddi, or the ampulla of Vater
  
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>+47542</td>
<td>Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

  - Includes all imaging guidance and RS&I
  - This code can be reported in conjunction with:
    - Cholangiography (47531-47532)
    - Placement of drainage catheter (47533-47534)
    - Conversion, exchange, or removal of drainage catheter (47535-47537)
    - Rendezvous procedure (47541)
  - Cannot be reported together with the stent placement codes 47538-47540
  - Not used when a balloon catheter is used to remove stones or sludge from the bile duct
  - If multiple ducts are dilated a maximum of 2 units can be reported
    - Regardless of the # of ducts
    - Modifier 59 should be applied
      - Some payors may require 2 units or a different modifier

  **Scenario #14**
  A patient has an internal-external biliary drainage catheter that was placed due to a biliary stricture following liver transplant, and presents for tube change. The physician removes the old catheter over a wire, places a sheath and performs a cholangiogram, and identifies stenosis of the common hepatic duct and right hepatic duct. Both of these ducts are dilated using a balloon catheter, and then a new internal-external drainage catheter is inserted.

  **CODES:**
  - 47536 (catheter change)
  - 47542 x 2 (balloon dilation)

  **Scenario #15**
  A patient undergoes percutaneous transhepatic cholangiography for jaundice. The exam reveals a stricture of the common hepatic duct, which is dilated with a balloon catheter. The physician then places an internal-external drainage catheter.

  **CODES:**
  - 47534 (internal-external drainage)
  - 47542 (balloon dilation)

• **Bile Duct Biopsy**
  - New add-on code for percutaneous endoluminal biopsy of any part of the biliary tree
  
<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+47543</td>
<td>Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

  - Includes all imaging guidance and RS&I
• Bile Duct Biopsy (Con’t)
  • Only 1 unit can be reported regardless of the number of samples taken and/or # of areas
    biopsied.
  • This code can be reported in conjunction with:
    o Cholangiography (47531-47532)
    o Placement of drainage catheter (47533-47534)
    o Conversion, exchange, or removal of drainage catheter (47535-47537)
    o Stent placement (47538-47540)

• Scenario #16
  A patient undergoes percutaneous transhepatic cholangiography for jaundice. The exam
  reveals narrowing of the common bile duct due to an apparent tumor. The physician takes a
  tissue sample from the area of stenosis, then places an external drainage catheter.

  CODES: 47533 (external drainage)
          47543 (biopsy)

• Stone Extraction
  • New add-on code for percutaneous removal of gallstones, or debris from a bile duct or the
    gallbladder

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<tr>
<td>+47544</td>
<td>Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

  • Includes all imaging guidance and RS&I
  • AMA Technical Correction
  • 47544 should only be used for removal of gallstones and/or solid debris, not for sludge
  • Should not be assigned for “incidental removal of sludge and/or debris” during cholangiography
  • Should not be assigned if a device is used in an attempt to remove suspected stones, but no stones or debris are retrieved
  • This code can be reported in conjunction with:
    • Cholangiography (47531-47532)
    • Placement of drainage catheter (47533-47534)
    • Conversion, exchange, or removal of drainage catheter (47535-47537)
    • Stent placement (47538-47540)
  • It should not be reported with 47531-47543 for “incidental removal of debris.”

• Scenario #17
  A patient undergoes transhepatic cholangiography, which reveals partial obstruction of the
  common bile duct due to debris. The physician uses a balloon catheter to sweep the debris
  down into the duodenum.

  CODES: 47532 (cholangiogram)
          47544 (removal of debris)
• Summary
  - Review CCI updates throughout the year
  - Ensure you have your Coding Strategies Navigators with complementary Supplements

Thank You!

Speaker Contact Information

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