2016 Radiology Update
A New Look at Urinary Procedures

Presented by: Melody W. Mulaik

January 2016

Coding Strategies® provides exceptional consulting and educational services designed to improve compliance and ensure appropriate reimbursement for the financial health of your business.
A New Look at Urinary Procedures for 2016

January 6, 2016

• Urinary Procedures
  • Antegrade Imaging
  • Renal Cyst Study
  • Whitaker Test
  • Nephrostomy Catheter
  • Dilation of Nephrostomy Tract
  • Nephroureteral Catheter
  • Ureteral Stents
  • Biopsy of Ureter or Renal Pelvis
  • Ureteral Embolization
  • Ureteral Dilation
  • Ileal Conduit Procedures

• General Changes
  • All new codes include guidance by definition so image guidance is no longer separately reportable
  • Diagnostic studies are included with therapeutic interventions
  • The renal pelvis and associated ureter are considered a single entity for reporting purposes
  • Deleted Codes: 50392, 50393, 50394 & 50398

• Diagnostic Antegrade Imaging
  • 2 new codes for diagnostic imaging, including antegrade pyelogram, nephrostogram, and ureterogram

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50430</td>
<td>Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access</td>
</tr>
<tr>
<td>50431</td>
<td>Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access</td>
</tr>
</tbody>
</table>

• Includes contrast injection, RS&I and all imaging guidance (US, fluoro, CT, etc.)
• **Diagnostic Antegrade Imaging (con’t)**
  - 50430 is for a new access
  - 50431 is for an existing access
  - Codes should be reported once for each “renal pelvis and its associated ureter”
  - Assign 2 separate codes for:
    - Bilateral procedure
    - Duplicated collecting system & 2 procedures are required on the same side
      - Congenital anomaly
      - Single kidney has 2 separate pelvises
  - Codes exist primarily to allow independent reporting of diagnostic services when they are not inherently included as part of the procedure.

• **Duplicated Collecting System**
  - Congenital anomaly
  - Single kidney has 2 separate pelvises

• **Procedure Description - 50430**
  - Ultrasound is used to identify a potential tract to the designated renal pelvis through the mid portion of the kidney
  - Needle is inserted into the renal pelvis and confirmed with contrast and fluoroscopy
  - Diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Needle is removed

• **Procedure description - 50431**
  - Designated side & indwelling prepared
  - Renal pelvis contents are aspirated through the indwelling catheter & contrast injected
  - Diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Nephrostomy catheter is reconnected to a gravity drainage bag

• **Scenario #1**
  A patient presents with a left urinary tract obstruction secondary to a ureteral tumor. Previous imaging studies do not define whether the obstruction is partial or complete. A diagnostic nephrostogram and ureterogram are requested to determine the degree of obstruction.
  
  **CODE:** 50430

• **Scenario #2**
  A patient undergoes left and right antegrade pyelograms through new accesses.
  
  **CODE:** 50430-50

• **Scenario #3**
  A patient presents with a right ureteral tumor that is causing mid-ureteral obstruction. A percutaneous nephrostomy tube was previously placed, and the patient has developed new clinical problems associated with the tube (eg, flank pain, fever, no drainage, urine leak around the tube, question of catheter dislodgement). Diagnostic nephrostogram and ureterogram are requested to access the clinical situation.
  
  **CODE:** 50431
- **Renal cyst study**
  - No new codes for 2016
  - Still assign 50390 & 74470 for this service

- **Whitaker test**
  - Involves taking pressure measurements in the renal pelvis and bladder during an antegrade pyelogram or other urinary tract procedure
  - 50396 is still the code to use
  - If the procedure is performed in conjunction with another intervention the RS&I is included in the other procedure
  - If performed as stand alone procedure can also assign 74425

- **Urinary Drainage Procedures**

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Placement</th>
<th>Exchange</th>
<th>Removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephrostomy catheter (external)</td>
<td>50432</td>
<td>50435</td>
<td>50389 (only if fluoro required)</td>
</tr>
<tr>
<td>Nephroureteral catheter (internal-ext)</td>
<td>50433 (new access) 50434 (conversion)</td>
<td>50387</td>
<td>50389 (if fluoro required)</td>
</tr>
<tr>
<td>Ureteral stent (completely internal)</td>
<td>50693 (existing tract) 50694 (new access) 50695 (new access with separate catheter)</td>
<td>50382 (percutaneous) 50385 (transurethral)</td>
<td>50384 (percutaneous) 50386 (transurethral)</td>
</tr>
</tbody>
</table>

- **Nephrostomy Tube Procedures**

  - **Nephrostomy Catheter Placement**
    - New code for 2016 for placement of PCN

    | CPT® Code | Description |
    |-----------|-------------|
    | 50432     | Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |

    - Includes access, diagnostic imaging & all guidance
    - Codes should be reported once for each “renal pelvis and its associated ureter.”
    - Assign 2 separate codes for:
      - Bilateral procedure
      - Duplicated collecting system & 2 procedures are required on the same side
• **Procedure description - 50432**
  - Ultrasound is used to identify a potential tract to the designated collecting system
  - Needle is inserted into the renal pelvis and confirmed with contrast and fluoroscopy
    - Different approach/access may be required
  - Needle is exchanged over a guidewire for intermediate catheter and diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Appropriate exchanges occur and drainage catheter is placed
    - Dilation may be required

• **Scenario #4**
  A patient undergoes a left antegrade pyelogram, which reveals an obstruction in the left ureter. The physician therefore places a left percutaneous nephrostomy tube.

  **CODE:** 50432

• **Scenario #5**
  A patient presents with a right renal urinary tract obstruction secondary to a ureteropelvic junction obstructing stone. Percutaneous nephrostomy catheter placement is requested to decompress the proximal collecting system.

  **CODE:** 50432

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

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50435</td>
<td>Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

  - Includes access, diagnostic imaging & all guidance
  - Includes a diagnostic nephrostogram, when performed

• **Procedure description - 50435**
  - Designated side & indwelling tube prepared
  - Diagnostic catheter is introduced and diagnostic imaging is acquired using contrast and imaging in multiple projections
  - New nephrostomy tube is placed with pigtail formed in the renal pelvis

• **Scenario #6**
  Output from the patient’s nephrostomy tube has decreased. The radiologist injects contrast into the tube and performs a diagnostic nephrostogram, which reveals partial blockage of the tube. The tube is therefore removed over a wire and replaced with a new one.

  **CODE:** 50435
Scenario #7
A male patient with bladder cancer has ureterovesical junction obstruction. His left kidney is nonfunctional. He has a right nephrostomy tube, initially placed 6 weeks ago that is connected to an external drainage system. The nephrostomy tube stopped draining this morning and a diagnostic nephrostomy with probable tube change is requested.

CODE: 50435

Nephrostomy Catheter Removal
- Existing code still in place for removal requiring imaging guidance

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50389</td>
<td>Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)</td>
</tr>
</tbody>
</table>

- If imaging not required then E/M should be billed if supported by documentation
- Nephrostomy catheter removal
- Code includes all imaging guidance
- Does not include medically necessary diagnostic nephrostogram (50431)
  - Not if referred solely for tube removal and not medically necessary to perform diagnostic imaging
- MUE of 1 with an adjudication indicator (MAI) = 3

Dilation of Nephrostomy Tract
- Existing codes still utilized in 2016 – 50395/74485
- Not assigned for the routine dilation that is performed to accommodate the nephrostomy catheter at the time it is first inserted
- MUE = 1; MAI = 2

Nephroureteral Catheter Placement
- New code for 2016 for placement of nephroureteral catheter – new access

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50433</td>
<td>Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access</td>
</tr>
</tbody>
</table>

- Includes access, diagnostic imaging & all guidance
- Not reported with antegrade imaging codes 50430-50431 unless performed on different collecting systems
- Code should be reported once for each “renal pelvis and its associated ureter.”

Procedure description - 50433
- Ultrasound is used to identify a potential tract to the designated collecting system
- Needle is inserted into the renal pelvis and confirmed with contrast and fluoroscopy
  - Different approach/access may be required
- Needle is exchanged over a guidewire for intermediate catheter and diagnostic imaging is acquired using contrast and imaging in multiple projections
- Appropriate exchanges occur and nephroureteral stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis
  - Dilation may be required
• **Scenario #8**
  A patient undergoes a left antegrade pyelogram, which reveals an obstruction in the left ureter. The physician therefore places a left nephroureteral catheter, which is positioned with one end in the bladder and the other outside the body, connected to a collection bag.

  **CODE:**  50433

• **Scenario #9**
  A patient presents with a left urinary tract obstruction secondary to a stricture at the ureteropelvic junction. Percutaneous nephroureteral stent placement is requested to decompress the proximal collecting system.

  **CODE:**  50433
- **Nephroureteral Catheter Placement**
  - New code for 2016 for placement of nephroureteral catheter – via existing access
  
<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50434</td>
<td>Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract</td>
</tr>
</tbody>
</table>

- Includes access, diagnostic imaging & all guidance

- **Procedure description - 50434**
  - Designated side & indwelling tube prepared
  - Diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Existing indwelling tube is removed and access into the ureter is acquired
  - New externally accessible nephroureteral catheter is placed with pigtail loops formed in the urinary bladder and renal pelvis

- **Scenario #10**
  A patient had a nephrostomy tube placed previously and returns now for evaluation and possible conversion. The physician performs a nephrostogram and then removes the nephrostomy catheter and replaces it with a nephroureteral catheter to allow combined external and internal drainage.

  
  **CODE:** 50434

- **Scenario #11**
  A patient presents with a right urinary tract obstruction secondary to a proximal ureteral tumor for which a percutaneous nephrostomy was initially placed to decompress the proximal collecting system. Radiation therapy is planned and conversion of the nephrostomy tube to a nephroureteral catheter is requested.

  
  **CODE:** 50434
• **Nephroureteral Catheter Exchange**
  - Existing, but revised code still used for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50387</td>
<td>Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

- Includes removal of the old catheter, placement of a new catheter through the same tract, imaging guidance & all RS&I
  - Medically necessary diagnostic imaging may be separately coded
  - I.e. new symptoms related to the tube (NCCI Manual)
- If imaging not required use E/M code if supported by documentation

• **Tube Removal**
  - Existing code still used for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50389</td>
<td>Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)</td>
</tr>
</tbody>
</table>

- Utilized for removal without replacement
- Imaging is required
- If imaging not required use E/M code if supported by documentation

• **Ureteral Stents**
  - 3 new codes for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50693</td>
<td>Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract</td>
</tr>
<tr>
<td>50694</td>
<td>... new access, without separate nephrostomy catheter</td>
</tr>
<tr>
<td>50695</td>
<td>... new access, with separate nephrostomy catheter</td>
</tr>
</tbody>
</table>

- Assignment depends on whether stent is placed via an existing tract or a new access
- 50693 – Existing access is utilized
  - Conversion of a nephrostomy catheter or a nephroureteral catheter to a completely internal ureteral stent
- 50694 & 50695 – requires new access
- 50695 – includes insertion of a separate nephrostomy catheter (usually for short term drainage)
- All 3 codes include diagnostic imaging studies, image guidance and RS&I
- Reported once for each renal collection system/ureter that is accessed
- 2 stent placements should be reported if stents are placed bilaterally or if 2 stents are placed into duplicated collecting systems on the same side
• **Procedure description - 50693**
  - Designated side & indwelling tube prepared
  - Diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Existing tube is removed and access into the ureter is acquired
  - New indwelling catheter is placed with pigtail loops form the urinary bladder and renal pelvis
  - Nephrostomy tube may be placed/replaced

• **Procedure description - 50694**
  - Ultrasound is used to identify a potential tract to the designated collecting system
  - Needle is inserted into the renal pelvis and confirmed with contrast and fluoroscopy
    - Different approach/access may be required
  - Needle is exchanged over a guidewire for intermediate catheter and diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Appropriate exchanges occur and stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis
    - Dilation may be required

• **Procedure description - 50695**
  - Ultrasound is used to identify a potential tract to the designated collecting system
  - Needle is inserted into the renal pelvis and confirmed with contrast and fluoroscopy
    - Different approach/access may be required
  - Needle is exchanged over a guidewire for intermediate catheter and diagnostic imaging is acquired using contrast and imaging in multiple projections
  - Appropriate exchanges occur and stent is inserted with the distal pigtail in the bladder and the proximal pigtail in the renal pelvis.
  - Finally nephrostomy tube is placed.
    - Dilation may be required

• **Scenario #12**

  A patient had a nephrostomy tube placed previously and returns now for evaluation and A patient returns to have his nephroureteral catheter converted to a ureteral stent. The physician performs a nephrostogram, then removes the nephroureteral catheter over a wire and inserts a completely internal ureteral stent.

  **CODE:** 50693

• **Scenario #13**

  A patient presents with a left ureteral tumor that is causing mid-ureteral obstruction. The patient has previously had a nephrostomy tube placed and is referred for conversion to an internal ureteral stent.

  **CODE:** 50693

• **Scenario #14**

  A patient presents with a right ureteral tumor that is causing mid-ureteral obstruction. Percutaneous ureteral stent placement is performed.

  **CODE:** 50694
• Scenario #15
A patient undergoes antegrade pyelogram, which reveals impending obstruction of the ureter due to pressure from a pelvic tumor. The physician places a completely internal ureteral stent across the area of narrowing and also places a nephrostomy tube to allow urine to drain externally until it is clear that there is satisfactory internal drainage via the stent.

CODE: 50695

• Scenario #16
A patient presents with left ureteral stricture secondary to prior radiation therapy for a retroperitoneal tumor. There is mid-ureteral obstruction secondary to this stricture. Percutaneous ureteral stent and nephrostomy catheter placement is performed.

CODE: 50695

• Stent Exchange
  • Existing codes still used for 2016
  • Approach determines code selection & codes include all RS&I

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50382</td>
<td>Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation</td>
</tr>
<tr>
<td>50385</td>
<td>Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• Scenario #17
A patient presents for replacement of bilateral ureteral stents. The physician passes a catheter through the skin of the patient’s lower back into the renal pelvis on each side and performs a contrast exam of the collecting system. The physician then removes each stent over a wire and replaces it with a new one.

CODE: 50382-50
• **Stent Removal**
  - Existing codes still used for 2016

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50384</td>
<td>Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation</td>
</tr>
<tr>
<td>50386</td>
<td>Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

• Approach determines code selection & codes include all RS&I

• **Scenario #18**
  A patient presents for removal of his right ureteral stent, which is no longer needed. The physician inserts a sheath in the urethra and passes a snare through the sheath into the bladder. The snare is used to grasp the lower end of the stent and pull it from the body through the sheath.

  **CODE:** 50386

• **3 New Add-On Codes (Repeated Info is Summarized Here)**
  - Biopsy performed during other urinary tract procedures
  - Non-endoscopic image-guided ureteral embolization or occlusion
  - Balloon dilation of the ureter
  - Codes do not include:
    - Access
    - Diagnostic pyelography or ureterography
    - Other interventions
    - Catheter placements
  - Access & diagnostic imaging may be included in other procedures being billed so make sure not to double bill
  - Codes can be reported with:
    - Ureteral stent exchange or removal
    - Nephroureteral catheter exchange
    - Nephrostomy tube removal
    - Antegrade pyelogram, nephrostogram, or ureterogram
    - Placement of nephrostomy catheter or nephroureteral catheter
    - Conversion of nephrostomy to nephroureteral catheter
    - Nephrostomy catheter exchange
    - Contrast injection via ureterostomy or indwelling ureteral catheter
    - Ureterostomy tube or ureteral stent change via ileal conduit
    - Ileal conduit injection
    - Placement of ureteral stent
    - Retrograde urethrocystography
• **Biopsy of Ureter or Renal Pelvis**
  - New add-on code for biopsy performed during other urinary tract procedures

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+50606</td>
<td>Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

- Includes all RS&I
- Also includes biopsies performed through a new transrenal access, an existing renal or ureteral access
- If excluded services are performed on a different collecting system and/or ureter then these services may be separately reported.
- Apply modifier 59 or other payor designated modifier.
- Only 1 unit can be reported per ureter per day
- 2 biopsies can be reported if bilateral or 2 ureters on the same side in a duplicated collecting system

• **Scenario #19**
  A patient undergoes antegrade pyelogram, which reveals obstruction of the ureter due to possible tumor. The physician performs a brush biopsy of the ureter, then places a nephroureteral catheter for internal-external drainage.

  **CODE:**
  - 50433 (nephroureteral catheter)
  - 50606 (biopsy)

• **Scenario #20**
  A patient presents with a right mid-ureteral obstruction caused by an ulcerating tumor of uncertain etiology that appears to be invading the ureter on CT imaging. Patient has a previously placed nephrostomy tube. A brush biopsy with a tube change will be performed to determine the etiology of the tumor.

  **CODE:**
  - 50435 (nephrostomy tube change)
  - 50606 (biopsy)
• **Ureteral Embolization**
  - Performed in ureteral fistulas that have not responded to other treatments
  - After embolization patient will require a permanent percutaneous nephrostomy for external collection of urine
  - New add-on code for non-endoscopic image-guided ureteral embolization or occlusion

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+50705</td>
<td>Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

- Includes all image guidance and RS&I
- Can be reported once per ureter per day
- Access doesn’t matter – all covered by this code

• **Scenario #21**
  A patient presents for treatment of a ureterocolic fistula. The physician performs an antegrade pyelogram, then embolizes the ureter above the level of the fistula by using an Amplatzer plug and Gelfoam. The physician then places a percutaneous nephrostomy tube to allow external drainage of the urine.

  **CODE:**
  50432 (percutaneous nephrostomy)
  50705 (ureteral embolization)

• **Ureteral Dilation**
  - New add-on code for balloon dilation of the ureter

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+50706</td>
<td>Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

- Includes all image guidance and RS&I
- Can be reported once per ureter per day
- Access doesn’t matter – all covered by this code

• **Scenario #22**
  A patient presents for treatment of ureteral stenosis. The physician performs an antegrade pyelogram, then uses a balloon catheter to dilate the area of narrowing. Finally, the physician places a nephroureteral catheter for temporary internal-external drainage.

  **CODE:**
  50433 (nephroureteral catheter)
  50706 (ureteral dilation)

• **Ileal Conduit Procedures**
  - No new codes for 2016
  - Loopogram – 50690/74425
  - Stent placement via conduit – 50688/75984
  - Still unlisted for initial placement
• **Summary**
  - Review CCI updates throughout the year
  - Ensure you have your **Coding Strategies Navigators** with complementary Supplements

Thank You!

Speaker Contact Information

Melody W. Mulaik  
President, Coding Strategies, Inc.  
1.877.626.3464  
[mailto:melody.mulaik@codingstrategies.com](mailto:melody.mulaik@codingstrategies.com)