A few hints can keep your urinary tract coding on track. For example, don't let the term "pyelography" confuse you. Some of the variations of the exam you'll see may include "urography," "intravenous urography" (IVU), and "intravenous pyelography" (IVP). You'll also need to watch the documentation for indications of whether the exam is antegrade or retrograde because the answer will change your coding. Bonus: The information below will help your coding accuracy whether the radiologist works alone or with another physician, such as an urologist.

Tip: For information on IVP, see "Separate Codes for IVP and CT IVP" in Chapter 3.

Size Up These 74450 Scenarios

These sample procedures help you understand proper coding for services 74450 (Urethrocystography, retrograde, radiological supervision and interpretation) describes.

Distinguish 74420 and 74450

Scenario: The physician performed a retrograde urethrogram that showed a stricture in the membranous urethra and a distal pendulous urethra stricture.

Answer: You should report radiology code 74450 rather than 74420 (Urography, retrograde, with or without KUB) for the retrograde urethrogram.

Code 74420 is for the interpretation of a retrograde pyelogram, a radiological study of the kidney pelvis and ureter (tube from kidney to bladder), not of the urethra (tube from bladder to exterior of body).

Take the Cystogram Challenge

Scenario: The physician performed a limited cystogram for a patient status post prostatectomy to determine whether the Foley catheter was in the bladder. She documented that "contrast was injected through the patient's indwelling Foley catheter. This showed partial filling of the urinary bladder. After approximately 25 percent filling of the bladder, contrast was seen to pass around the Foley catheter balloon into the urethra. Extensive spillage of contrast from the urethra into the surgical bed was seen, with contrast opacification of the patient's surgical drain seen."

Answer: You should report 51610 (Injection procedure for retrograde urethrocystography) and 74450 for the procedure.

Don't miss: Experts suggest appending modifier 52 (Reduced services) to 51610.

Reason: Code 51610 includes putting the catheter into the bladder, but this patient already has a catheter in place.

Term tip: An urethrocystography is a radiographic examination of the urethra and bladder. The physician performs the procedure by filling the bladder during retrograde urethrography.

You can tell that the service was retrograde (against the flow) because the injection was through the Foley.

Capture All Cyst Aspiration Codes

The radiologist may perform a CT-guided renal cyst aspiration (acquired cyst) with contrast injection via an existing drainage catheter. She may perform cyst cavity alcohol sclerotherapy, also.

The diagnosis code for an acquired cyst is 593.2 (Acquired cyst of kidney).

For renal cyst aspiration, you should report 50390 (Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous). A note with 50390 instructs you to look to the following codes for radiological supervision and guidance:
So for CT guidance, you should report 77012.

Report the cyst cavity sclerotherapy using 53899 (Unlisted procedure, urinary system). As always with an unlisted procedure code, provide adequate documentation to tell the insurer what the doctor did, why you should get paid, and what fair reimbursement would be.

**Tackle Coding Single Approach for 2 Tubes**

Consider the example of a radiologist using a single percutaneous approach to the kidney for two separate tubes: a percutaneous nephrostomy tube and completely internal ureteral stent.

Unless your payer tells you otherwise in writing, you may report both 50392 (Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous) and 50393 (Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous).

**Reason:** The procedures are separate services in different anatomic sites, although the radiologist uses a single percutaneous approach, according to the AMA’s October 2005 CPT® Assistant.

Report the nephrostomy (renal pelvis) access with 50392 and the indwelling ureteral stent (such as a double-J stent) placement with 50393. Depending on your payer, you may need to append modifier 59 (Distinct procedural services) to 50392.

**Don’t forget:** You may report the appropriate radiological guidance codes for the procedures as well, such as 74475 (Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation) for 50392 and 74480 (Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation) for 50393.

**Watch out:** When the physician inserts an internal-external ureteral stent (one end protruding outside the body and one end down in the ureter), the patient doesn't have a separate nephrostomy tube, so you would report only the ureteral stent codes.

**Case Study:**

**Pass the PCNL Coding Test**

Coding interventional procedures may be less painful than kidney stones, but deciphering the report is no easy task. Try your skills at this real-life example.

**Report:** Existing percutaneous nephroureteral stent is removed and a catheter is advanced into the right renal collecting system under fluoro. Contrast is injected and filmed over the kidneys, ureter and bladder. Antegrade pyelogram demonstrates occlusive stone burden involving the entire renal pelvis lower and mid calyceal systems of the right kidney. A catheter was successfully advanced into the ureter and subsequently into the urinary bladder. A guidewire was positioned for working sheath placement.

Following serial dilatation, a 30F working sheath was placed for PCNL. Following successful PCNL, the working sheath is removed and a 24F anteater nephroureteral stent was placed without difficulty. The ureteral stent component is positioned in the distal ureter, and the ureteral stent was positioned in the renal pelvis.

**Answer:** You should report at least four separate aspects of the procedure, depending on which services your physician
provides:

1. Creating the PCNL (percutaneous nephrostolithotomy) tract for the lithotripsy applicator introduction: 50395 (Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous) and 74485 (Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation).

2. Exchanging the stent: 50387 (Removal and replacement of externally accessible transnephric ureteral stent [e.g., external/ internal stent] requiring fluoroscopic guidance, including radiological supervision and interpretation).

3. Performing the antegrade pyelogram: 50394 (Injection procedure for pyelography [as nephrostogram, pyelostogram, antegrade pyeloureterograms] through nephrostomy or pyelostomy tube, or indwelling ureteral catheter) and 74425 (Urography, antegrade [pyelogram, nephrostogram, loopogram], radiological supervision and interpretation).

4. Performing the lithotripsy: Use either 50080 (Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm) or 50081 (…over 2 cm). Ensure the physician documents the stone's size.

**Note**: If a physician team performs this portion of the service (such as an interventionalist and an urologist), determine in advance how to file the claim (whether you're coding for co-surgeons, surgical assistant, etc.).

**Earmark These 8 Diagnosis Codes**

Diagnoses resulting from tests ordered by urologists may include the following:

- Renal mass: 593.9 (Unspecified disorder of kidney and ureter)
- Renal cancer: 189.0 (Malignant neoplasm of kidney, except pelvis)
- Renal neoplasm, benign: 223.0 (Benign neoplasm of kidney, except pelvis)
- Adrenal disorders: 255.x (Disorders of adrenal glands)
- Renal stone: 592.0 (Calcium of kidney)
- Ureteral calculus: 592.1 (Calcus of ureter)
- Renal cyst: 593.2 (cyst of kidney, acquired)

**Remember**: Your payer may cover additional diagnoses depending on the patient's signs and symptoms. You should choose the diagnosis code based on the documentation.

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