PANCREAS

BIOPSY

48102 Biopsy of pancreas, percutaneous needle

Percutaneous needle biopsy of the pancreas is 48102. Also code the appropriate modality-specific guidance code. Assign 10022 instead of 48102 for an aspiration biopsy.

GENERAL ABDOMEN / PERITONEUM

DRAINAGE

As discussed in a previous chapter, there is some overlap between the abdominal paracentesis and catheter-based fluid-drainage codes.

49083 Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance

49405 Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g., kidney, liver, spleen, lung/mediastinum), percutaneous

49406 Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous

49407 Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

Assign 49083 for image-guided aspiration or temporary catheter placement to drain generalized fluid in the abdominal cavity (ascites). Assign the catheter-based fluid codes 49405–49407 when a collection of fluid is drained by image-guided placement of a catheter that is left in for longer term drainage. These codes all include imaging, so do not also code 75989 or a modality-specific guidance code

49424 Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)

76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation

Problems with a previously placed drainage catheter may be evaluated by injecting contrast through the catheter. These codes are not assigned for contrast injection and imaging during a routine catheter change. Do not assign these codes for vascular catheter exchange or biliary drainage catheter exchange.

49423 Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)

75984 Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., genitourinary system, abscess), radiological supervision and interpretation

If necessary, a previously placed catheter may be exchanged. Codes 49423 and 75984 may be assigned for either a routine catheter change, or a change required because of a complication. When a
routine change is scheduled, diagnostic evaluation (codes 49424 and 76080) is not usually necessary or coded.

According to the AMA, codes 49424, 76080, and 49423, 75984 would also be appropriate for drainage catheter check and change in other body areas.

**BIOPSY**

49180  Biopsy, abdominal or retroperitoneal mass, percutaneous needle

When there is no more specific code, percutaneous biopsy in the abdomen is coded 49180. This includes biopsy of adrenal glands and retroperitoneal lymph nodes. Also assign a modality-specific guidance code as appropriate.

**FIDUCIAL MARKERS**

49411  Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple

55876  Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

Some cancer patients scheduled for stereotactic body radiotherapy (SBRT), imaging-guided radiation therapy (IGRT), or other image-guided procedures may need one or more markers placed into the body near the tumor. When these are placed in the abdomen, pelvis (except for prostate), or retroperitoneum, code 49411 is assigned. When placed into the prostate, code 55876 is assigned.

Both of these codes, as well as 32553 for placement in the chest, should be assigned only once regardless of the number of markers placed.

32553  Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple

If fiducial markers are placed in other locations, assign the unlisted code for the appropriate body area. For hospital billing under OPPS, HCPCS code C9728 would be assigned instead of an unlisted code for locations not listed in CPT.

C9728  Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple

Guidance is not included in the codes for fiducial marker placement; assign the appropriate modality-specific guidance code.

10035  Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion

+10036  Placement of soft tissue localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
Report code 10035 for the placement of soft tissue markers such as clips, pellets, needles/wires, or radioactive seeds. If a second lesion is also marked, report add-on code 10036. Each of these codes may only be reported once per lesion regardless of the number of markers used. Imaging guidance of any kind is included; do not also assign code 76942, 77002, 77012, or 77021.

Do not report 10035/10036 when a more specific code such as the fiducial marker codes above is available.

**PERITONEAL CAVITY EVALUATION AND CATHETERS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49400</td>
<td>Injection of air or contrast into peritoneal cavity (separate procedure)</td>
</tr>
<tr>
<td>74190</td>
<td>Peritoneogram (e.g., after injection of air or contrast), radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

Injection of air or contrast into the peritoneal cavity is coded 49400 and 74190. This may be done as a tube-check for a peritoneal dialysis catheter.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49999</td>
<td>Unlisted procedure, abdomen, peritoneum and omentum</td>
</tr>
</tbody>
</table>

If this tube-check establishes a problem, the catheter may be repositioned or injected with a lytic material such as tPA (tissue plasminogen activator) to break up adhesions. Because there are no codes for either of these procedures, assign unlisted code 49999.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49418</td>
<td>Insertion of tunneled intraperitoneal catheter (e.g., dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous</td>
</tr>
</tbody>
</table>

Percutaneous placement of a tunneled catheter into the peritoneal cavity is coded 49418. These catheters may be used for dialysis or to give medication such as chemotherapy drugs.

This is a complete code, no S & I code would be assigned in addition to 49418. The catheter may be described as a PleurX® catheter. Do not assign a pleural drainage code when this catheter is placed into the peritoneal cavity.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>49422</td>
<td>Removal of tunneled intraperitoneal catheter</td>
</tr>
</tbody>
</table>

Removal of a tunneled intraperitoneal catheter is coded 49422.

Removal of a non-tunneled catheter would be covered by an E & M code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49425</td>
<td>Insertion of peritoneal-venous shunt</td>
</tr>
<tr>
<td>49426</td>
<td>Revision of peritoneal-venous shunt</td>
</tr>
</tbody>
</table>

Patients with ascites that continues to reoccur after treatment (refractory ascites) will sometimes have a peritoneal-venous shunt (Denver Shunt®) placed. This type of device is placed through the jugular or subclavian vein, with one catheter going to the atrium and the other into the peritoneal cavity. A pump/valve chamber joins the two catheters. Ascites is pumped from the peritoneal cavity into the venous system.

Placement of the peritoneal-venous shunt is coded 49425. Revision of the shunt is 49426.
49427  Injection procedure (e.g., contrast media) for evaluation of previously placed peritoneal-venous shunt

75809  Shuntogram for investigation of previously placed indwelling nonvascular shunt (e.g., LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation

78291  Peritoneal-venous shunt patency test (e.g., for LeVeen, Denver shunt)

Contrast injection to evaluate a previously placed peritoneal-venous shunt is 49427. Imaging for the shunt study can be radiographic (75809) or a nuclear medicine procedure (78291).

GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, CECOSTOMY AND OTHER COLONIC TUBES

Codes for percutaneous placement of gastrostomy, duodenostomy, jejunostomy, cecostomy and other colonic tubes include fluoroscopic guidance. It is not appropriate to also code 77002, 76000, or 76001 in addition to the following codes. If one of these tubes is placed using guidance other than fluoroscopy, an unlisted code (49999) plus the appropriate modality-specific code would be assigned instead of these codes.

49440  Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

A G-tube is placed percutaneously through the abdomen into the stomach. Prior to placing, an NG tube is placed and air is injected through it into the stomach. Do not assign code 43752 for this as it is considered part of the G-tube placement.

49441  Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

When a tube is placed through the abdomen into the duodenum or the jejunum under fluoroscopic guidance, code 49441 is assigned. This is different than a gastro-jejunostomy (G-J) tube which is placed through the abdomen into the stomach and then through to the jejunum.

Code 49441 is not assigned for placement of a G-J tube code, see 49440 and 49446 instead.

49442  Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Assign 49442 if a tube is placed through the abdomen into the cecum or other part of the colon.

49446  Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

If a G-tube is placed with immediate extension into the jejunum at the same session, assign both 49440 for the gastrostomy and 49446 for conversion to a G-J tube. If a G-tube had been previously placed and the patient now presents for conversion of the G-tube to a G-J tube, code only 49446.

49450  Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
49451 Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

49452 Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

Codes 49450–49452 would be assigned for a routine change of one of these tubes, or when one is pulled out or falls out and a new tube is placed through the same access/tract. If the new tube must be placed through a new access, do not code a replacement; instead, assign a code for new placement (49440–49442).

49460 Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report

Before changing a clogged tube, the physician may try to unlog it. This may be done by trying to put a wire through the tube to open it up or using a device to break up impacted material, or by other methods. Assign 49460 for any and all methods used to remove the blockage. If contrast is injected to find the clogged area, it is included in 49460 and should not be separately coded.

49465 Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report

Assign 49465 for contrast injection to evaluate a previously placed gastrostomy or other tube, other than at the same session as mechanical removal of obstructive material. This code also would not be used for imaging involved in the placement or replacement of a tube.

There is no code for removal of a gastrostomy or other colonic tube. An E & M code may be reported if documentation is sufficient.

SAMPLE CASES: DIGESTIVE SYSTEM, BILIARY SYSTEM, AND GENERAL ABDOMINAL PROCEDURES

CASE 1: CHOLANGIOGRAM, BIOPSY, AND BILIARY DRAINAGE

Procedures:
1. Sonographically- and fluoroscopically-guided percutaneous transhepatic cholangiogram
2. Forceps biopsy common bile duct
3. Placement of percutaneous internal/external biliary drain
4. Completion cholangiogram

Indication: History of biliary obstruction. Percutaneous transhepatic cholangiogram with biopsy and drainage requested.

Technique: Expected benefits, potential risks, and alternatives to the procedure were discussed with the patient and all questions were answered. Discussed risks include, but are not limited to, the