HEPATIC ARTERIAL INFUSION SYSTEMS

PHYSICIAN SERVICES – CODING

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Note: When performing multiple procedures, review current correct coding guidelines carefully. Services that are considered a component of another procedure cannot always be coded and billed separately. Medicare's Correct Coding Initiative is reviewed and updated several times a year. Commercial payer policies vary and should be consulted and reviewed thoroughly.

Code	Code Description
CT Scan (Diagnostic Workup)	
74150- 26[a]	Computed tomography, abdomen; without contrast material
74160-26[a]	Computed tomography, abdomen; with contrast material(s)
74170-26[a]	Computed tomography, abdomen; w/o contrast material, followed by contrast material(s) & further sections
PET Scan – Note: If billing for global services, payment will be carrier determined (Diagnostic Workup)	
78811-26[a]	Positron emission tomography (PET); limited area (eg, chest, head/neck)
78812-26[a]	Positron emission tomography (PET); skull base to mid-thigh
TC99- MAA HAA Study (Diagnostic Workup)	
78803-26[a]	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
Laparoscopic Cholecystectomy (*does not* include Exploratory Laparotomy code 49000)	
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy w/ cholangiography
47564	Laparoscopy, surgical; cholecystectomy w/ expl. of common duct
Open Cholecystectomy (*does* include Exploratory Laparotomy code 49000)	
47600	Cholecystectomy;
47605	Cholecystectomy; w/ cholangiography
47610	Cholecystectomy w/ exploration of common duct;
47612	Cholecystectomy w/ exploration of common duct; w/ choledochoenterostomy
47620	Cholecystectomy w/ exploration of common duct; w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography
Liver Resection	
47120	Hepatectomy, resection of liver; partial lobectomy
47122	Hepatectomy, resection of liver; trisegmentectomy
Pump Implantation	
36260	Insertion of implantable intra-arterial infusion pump (e.g., for chemotherapy of liver)

[a] Modifier -26 (aka –PC) should be used when billing for the professional component of a service.

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Code	Code Description
Post-Implant Imaging	
78201-26[a]	Liver imaging; static only
78202-26[a]	Liver imaging; with vascular flow
78803-26[a]	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
Chemotherapy Administration Refill and Maintenance	
96522[1]	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96420[1]	Chemotherapy administration, intra-arterial; push technique *[use for bolus injection into pump]*
96422[1]	Chemotherapy administration, intra-arterial; infusion technique, up to one hour
96423[1]	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425[1]	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
A4220[2]	Refill kit for implantable infusion pump
J1644 -KD[3]	Injection, heparin sodium, per 1,000 units
J3490 -KD[3]	Unclassified Drug [use for Glycerin Injection]
Pump Revision or Removal	
36261	Revision of implanted intra-arterial infusion pump
36262	Removal of implanted intra-arterial infusion pump

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OUTPATIENT FACILITIES
OUTPATIENT HOSPITAL AND ASC CODING

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Code	Code Description
CT Scan (Diagnostic Workup)	
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74160	Computed tomography, abdomen; with contrast material(s)
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
PET Scan (Diagnostic Workup)	
78811	Positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Positron emission tomography (PET); skull base to mid-thigh
TC99- MAA HAA Study (Diagnostic Workup)	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
Cholecystectomy and Liver Resection Procedure CPT 47120-47122 (Liver Resection) will not be paid by Medicare if performed in the outpatient setting CPT codes 47600-47620 (open surgical cholecystectomy) will not be paid by Medicare if performed in the outpatient setting.	
Laparoscopic Cholecystectomy	
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
Pump Implantation	
36260	Insertion of implantable intra-arterial infusion pump (chemotherapy of liver)
E0782-KF[4]	Infusion pump, implantable, non-programmable (includes all components)

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Code	Code Description
(C1891 if OPPS/ASC)	
Post-Implant Imaging	
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78202	Liver imaging; with vascular flow
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
Chemotherapy Administration Refill and Maintenance	
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96420	Chemotherapy administration, intra-arterial; push technique [*use for bolus injection into pump*]
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
A4220	Refill kit for implantable infusion pump
J1644-KD[3]	Injection, heparin sodium, per 1,000 units
C9399 or J3490-KD[3]	Unclassified Drug [use for Glycerin Injection]
Pump Revision or Removal	
36261	Revision of implanted intra-arterial infusion pump
36262	Removal of implanted intra-arterial infusion pump

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INPATIENT HOSPITAL – MEDICARE REIMBURSEMENT*

*Note: MS-DRG assignment is based on patient specific medical conditions and any procedures performed.

Common MS-DRGs Associated with Implantation of Hepatic Artery Infusion Pump for Liver Cancer Chemotherapy

MS-DRG	MS-DRG Description MCC= Major Complication/Comorbidity CC= Complication/Comorbidity
Hepatic Arterial Infusion Pump Implant with Liver Resection	
405	Pancreas, Liver and Shunt Procedures with MCC
406	Pancreas, Liver and Shunt Procedure with CC
407	Pancreas, Liver and Shunt Procedures without CC/MCC
Hepatic Arterial Infusion Pump Implant	
423	Other hepatobiliary or pancreas O.R. procedures with MCC
424	Other hepatobiliary or pancreas O.R. procedures with CC
425	Other hepatobiliary or pancreas O.R. procedures without CC/MCC
Hepatic Arterial Infusion Pump Implant with Cholecystectomy **Hepatic Arterial Infusion Pump Implant with Cholecystectomy & Exploratory Laparotomy**	
414	Cholecystectomy except by laparoscope w/o common duct exploration w/MCC
415	Cholecystectomy except by laparoscope w/o common duct exploration w/CC
416	Cholecystectomy except by laparoscope w/o common duct exploration. w/o CC/MCC
417	Laparoscopic Cholecystectomy w/o common duct exploration w/MCC
418	Laparoscopic Cholecystectomy w/o common duct exploration w/CC
419	Laparoscopic Cholecystectomy w/o common duct exploration. w/o CC/MCC
Hepatic Arterial Infusion Pump Implant with Exploratory Laparotomy without Cholecystectomy	
420	Hepatobiliary diagnostic procedures with MCC
421	Hepatobiliary diagnostic procedures with CC
422	Hepatobiliary diagnostic procedures without CC/MCC

ICD-10-PCS[5] (Procedure) Codes Associated with Hepatic Artery Infusion Pump Implantation

ICD-10-PCS Procedure Code	Description
Hepatic Arterial Infusion Pump Implant	
04H333Z	Insertion of Infusion Device into Hepatic Artery, Percutaneous Approach
0JH[6,8,T]0VZ	Insertion of Infusion Pump into [Chest, Abdomen, Trunk] Subcutaneous Tissue and Fascia, Open Approach
Cholecystectomy	
0FT40ZZ	Resection of Gallbladder, Open Approach
0FT44ZZ	Resection of Gallbladder, Percutaneous Endoscopic Approach

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ICD-10-PCS Procedure Code	Description
Liver Resection	
0FB[1,3]0ZZ	Excision of [Right, Left] Lobe Liver, Open Approach
Exploratory Laparotomy	
0FJ00ZZ	Inspection of Liver, Open Approach

REFERENCES

[1] Medicare considers these procedures "incident to" codes. This means these services are typically performed by, "personnel employed by the physician and working under his or her direct supervision. Payment may not be made by carriers [Medicare Administrative Contractor] for these services when they are provided to hospital inpatients or patients in a hospital outpatient department." Source: National Physician Fee Schedule Relative Value File Calendar Year 2020 https://www.cms.gov/files/zip/rvu20a-updated-01222020.zip

[2] Many Medicare policies state that a refill kit for the refill of an implanted infusion pump (HCPCS code A4220) is not separately payable to any provider in any place of service. Payment for A4220 is bundled into payment for CPT 96522. Patients may not be billed for this service, even with a properly completed advance beneficiary notice (ABN). Third party payers should be contacted for their rules.

[3] The "KD" modifier should be added to codes for drugs that are infused through Durable Medical Equipment (DME). Drugs (e.g. heparin) provided by provider must represent a cost to the provider and be incident to the services provided to be considered for reimbursement. If provided to a Medicare beneficiary in the hospital setting, the hospital must be the entity to bill Medicare.

[4] The –KF Modifier indicates an item designated by FDA as Class III Device and must be used, if appropriate, on all Medicare claims with dates of service on or after January 1, 2004. For additional information see CMS One-Time Notification R35OTN, dated December 24, 2003 with an implementation date of April 1, 2004.

[5] 2020 ICD-10 Procedure Coding System (ICD-10-PCS); https://www.cms.gov/index.php/Medicare/Coding/ICD10/2020-ICD-10-PCS

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