

Interventional Radiology Coding & Compliance Quick Reference

A one-page teaser covering bundled imaging-guidance codes and same-session multiple procedures — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Imaging guidance documented as integral to (and not separately billed from) a procedure code that already bundles it, per current NCCI edits.
- Access site, catheter/device details, and findings documented distinctly for each vessel or lesion treated in multi-site procedures.
- Medical necessity for the procedure tied to a referring provider's order and prior diagnostic imaging findings.
- Radiation dose and contrast use documented per facility/payer safety-reporting requirements.

Common Denial Triggers

- Guidance codes billed separately from a primary procedure that already includes imaging guidance by NCCI definition.
- Multiple same-session procedures billed without modifier 59/X{EPSU} support and distinct site documentation.
- Diagnostic angiography billed alongside an interventional procedure without meeting the payer's "separate diagnostic workup" criteria.

Modifier Watch-Outs

Modifier 59 and its X{EPSU} subset for distinct procedural services, plus RT/LT for paired-vessel work, carry the highest audit risk in IR — each additional billed procedure needs its own clearly separated documentation.

Want the full picture? HCi Learning Portal members get in-depth, always-current interventional radiology coding courses, live Q&A with certified coding experts, and downloadable audit tools as part of their membership. Explore courses and membership tiers at healthcareinspiredllc.com/membership.