ERRATA for
Diagnostic & Interventional Cardiovascular Coding Reference
2016 Edition

Text deletions are ~~crossed out~~. New text is **blue and bolded**. Ordered by appearance in text.

Page 164, Codes

PROCEDURE DESCRIPTION	PROC CODE	APC	TOTAL RVU	GUIDANCE CODE	APC	TOTAL RVU
Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation	♦0281T	N/A	0.00			
~~Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)~~				~~☆93662~~	~~N/A~~	~~4.05~~
Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,TAVR, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D				93355	N/A	6.44

Page 165, Coding Instructions
1. ~~Use code 93662 for ICE guidance during procedure.~~

Page 332, Example(s)
*2) Same patient as example #1, however, the patient has a suspected uterine AVM. Via a right transfemoral approach, a catheter is placed into the right internal iliac artery followed by diagnostic pelvic angiography. This demonstrates high flow shunting, requiring glue and larger sized embolic material. Pelvic angiography is an indicated procedure (75736-59). The catheter is advanced into the uterine artery and angiography confirms catheter placement (36247). Embolization is performed with follow-up angiography **(37242)** ~~(37243)~~. The left internal iliac is then selected and imaged (add -50 modifier to 36247; add -50 modifier to 75736-59). The catheter is advanced into the uterine artery with additional imaging confirming catheter position, followed by embolization and follow-up angiography. Abdominal aortography is performed (75625-59). The ovarian arteries are selected bilaterally (36245-5950) and show no additional supply to the AVM (75736-5950). (This treatment of a pelvic AVM allows coding for diagnostic imaging, catheter placements, and the vascular abnormality embolization.)*

Page 441, Coding Instructions
46. Code 93619 is for complete electrophysiology study <u>without</u> induction **or attempted induction** of arrhythmia such as a patient with known Mobitz II heart block. This procedure includes codes 93600, 93602, 93603, 93610, and 93612. Do not unbundle these complete (or near complete) studies. If an ablation is performed, submit code 93563 instead (along with mapping if done).