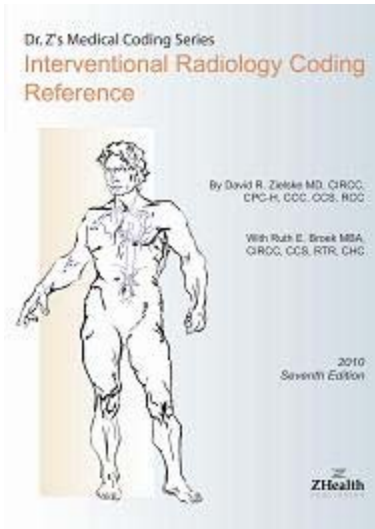# Dr Z's Medical Coding Series:
Interventional Radiology Coding Reference: 2010 Edition

2010 Book Errata

Text to be deleted has been crossed out and new text noted in blue font.

Page 50
Under "Status Indicator C", the third from the last sentence should read:
> **Status indicators may change over time ~~(in 2010 code 37215, *carotid stent placement*, was changed)~~, so check every year for an updated list.**

Removed comment that the status indicator assigned to 37215 changed in 2010, as the change was later rescinded by CMS and it is still an "inpatient-only" procedure.

Page 133
In the anatomical drawing depicting a normal AV shunt, delete code 36145 listed below "Venous Limb".

Page 139
CLINICAL INDICATIONS:
Upper and lower extremity swelling, superior vena cava syndrome, non-functioning central venous catheter, **and** congenital anomalies~~, and vena cava filter placement evaluation (to see if blood clot is in the cava, which may change deployment to the supra-renal location)~~.

Revision is to remove a planned IVC filter placement as providing medical necessity for a diagnostic inferior vena cavagram.

9/13/2010   1

Page 139
CODING INSTRUCTIONS:
3. Do code for a cavagram (75825-59) **only** when performed with IVC filter placement ~~if~~ **and the cavogram is truly** diagnostic in nature, **(e.g., imaging that determines the need to place a filter)**. **This is distinctly uncommon.**

4. ~~Do not~~ code ~~a~~ **an inferior vena** cavagram **when performed in conjunction with placing a filter that has already been determined as medically necessary to place**. **It is also inappropriate to code for a cavogram when** ~~if~~ performed ~~only~~ to measure the caval size, locate the renal veins, or evaluate for variant anatomy. These evaluations are considered guiding shots and are not separately coded.
Revisions are to indicate it is inappropriate to report an inferior vena cavagram when performed during routine IVC filter placement.

Page 140
EXAMPLES:
1) Patient with shortness of breath and suspected pulmonary embolus undergoes selective bilateral pulmonary angiography (36014-50, 75743). Because of clot in the left lower lobe, the catheter is placed in the IVC and inferior vena cavagram is performed (36010-59~~, 75825-59~~). This shows the vena cava to be patent (no clot) and of normal size, so a temporary IVC filter is placed (37620, 75940).

Page 144
CODES:
Delete 3rd row

~~Additional selective renal venography after the basic procedure~~	~~36012~~	~~✧75774~~

Code 75774 should not be utilized with venography procedures. See AMA Knowledge Base for reference. Contact the AMA for subscription information.

Page 145
Delete Coding Instruction number 5 and renumber the subsequent instructions:
~~5. Use code 75774 after initial complete venography is done if additional selective catheter placement and imaging is done after the basic venogram.~~
Code 75774 should not be utilized with venography procedures. See AMA Knowledge Base for reference. Contact the AMA for subscription information.

Page 145
GREY ZONE DISCUSSION
Delete number 1 and remove the number from the second entry

1. ~~Use of CPT code 75774 for additional selective angiography beyond basic.~~
   ~~Angiography includes and refers to imaging of both arteries and veins.~~
   ~~Additional selective imaging of venous structures requires additionally selective~~
   ~~catheter positioning (e.g., code 36012). Code 75774 may be used to describe~~
   ~~these additional selective venous imaging procedures.~~

2. Gonadal venography refers to ovarian venography in women and testicular
   venography in men. The left gonadal vein arises off the left renal vein, and the
   right arises off the IVC. Catheter selection is 1st order selective on the right and
   2nd order selective on the left. Current imaging code recommendations are 75833
   for bilateral ovarian venography and 75822 for bilateral testicular venography.

*Code 75774 should not be utilized with venography procedures. See AMA Knowledge
Base for reference. Contact the AMA for subscription information.*

Page 148
CODES:
Delete last row

Additional vessel, selective, after the basic exam	36012	☆75774

*Code 75774 should not be utilized with venography procedures. See AMA Knowledge
Base for reference. Contact the AMA for subscription information.*

Page 150 - 151
EXAMPLES:

1) *Patient with shortness of breath presents for evaluation for pulmonary embolism. Via a
   transfemoral venous access, a catheter is placed in the left and right pulmonary arteries
   with injection of contrast and imaging (75743). A catheter is advanced into both lower
   lobe pulmonary arteries with additional imaging (36015-50, 75774 x 2). Clot is seen, so
   the catheter is retracted into the inferior vena cava and imaging of the inferior vena
   cava is done (36010-59, 75825-59). There is no thrombus in the cava. A vena cava filter is
   placed without difficulty (37620, 75940).*

Note: The catheter placements in both central pulmonary arteries (36014-50) are bundled
into the more selective bilateral lower lobe pulmonary artery catheter placements (36015-
50).
*Revision is to remove the recommendation to report an inferior vena cavagram when
performed as part of filter placement for pulmonary embolus.*

Page 153
CODES:
Delete 9th row

Selective catheterization and imaging of a venous structure off the splenic or portal vein (superior mesenteric vein, inferior mesenteric vein, coronary vein, short gastric veins)	36011 or 36012	☆75774

Code 75774 should not be utilized with venography procedures. See AMA Knowledge Base for reference. Contact the AMA for subscription information.

Page 154
Delete Coding Instruction number 10:
10. Use code 75774 to describe additional selective imaging of the superior or inferior mesenteric veins after a basic portal vein imaging procedure (75885 or 75887) has been performed. Additional angiography code 75774 applies to additional imaging of both arteries and veins.

Revision is to remove instruction that 75774 can be reported with venography procedures.

Page 188
CODING INSTRUCTIONS:
2. Do code separately for diagnostic imaging.

3. **2.** Do code 75825-59 for **only when a truly** diagnostic inferior vena cavagram **is performed and the decision to place an IVC filter is made based on the IVC findings. This is distinctly uncommon.** documenting lack or presence of thrombus within the cava or existing caval filter. This should be documented as medically necessary.

4. **3.** Do not code 75825-**59** for sizing of the cava, location of **locating** the renal veins, or definition of **defining** the venous anatomy**, or when the request is made for vena cava filter placement and a vena cavagram is performed at this setting.**

4. Do not code 75825-59 for determining the presence or absence of clot in the cava if the decision to place the filter has already been made.

5. Use unlisted vascular procedure code 37799 for repositioning of a temporary filter, along with catheter placement (36010) and vena cavagram (75825-59) (if diagnostic study performed to evaluate for thrombus within the cava or the filter). **Vena cavagram (75825) may be performed at the same setting for diagnostic purposes.**

Revisions are to indicate it is inappropriate to report an inferior vena cavagram when performed during routine IVC filter placement.

9/13/2010   4

Page 189
EXAMPLES:
*1) Sixty year old with indeterminate lung scan and dyspnea presents for pulmonary angiography with filter placement if **pulmonary embolus is identified** ~~needed~~. Via a right transfemoral route, a catheter is selectively placed in both pulmonary arteries (36014-50), and angiography (75743) shows blood clot in the left lung. The catheter is pulled back into the inferior vena cava (36010-59), and venography is performed **(no code)** ~~(75825-59)~~, showing clot in the lower IVC, mandating higher placement of the filter. A temporary filter is placed (37620, 75940) below the renal veins. Follow-up venography shows good positioning (no codes).*

Page 199
Replace instruction 10 with the following:

10. The venous angioplasty code applies to all venous structures including portal and mesenteric venous structures. It now applies to venoplasty within ~~zone 1~~ the peripheral zone of an AV dialysis graft, as HCPCS codes G0392 and G0393 were deleted in 2010. Use code 35476 or 35475 for venoplasty or angioplasty within ~~zone 1~~ the peripheral zone of an upper extremity AV dialysis graft or at the arterial anastomosis. Codes 35475 and 35476 may be used on the same patient for multiple procedures in the same extremity, but only if the arterial intervention is in a native extremity artery separate from the arterial anastomosis. If both arterial anastomosis and a venous extremity lesion are treated, only submit codes 35475 and 75962.

Changed zone 1 to peripheral zone.

Page 230
In the left hand anatomical drawing depicting a normal shunt, delete code 36145 listed below "Venous Limb".

Page 232
In "CODES", the 6th item on page 232 should be as follows:

Venoplasty within AV graft, at venous anastomosis, fistula, and remainder of ~~zone 1~~ the peripheral zone (use once for ~~zone 1~~ peripheral zone stenoses)	35476	75978

The revision is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Page 232
In "CODES", the 10th item on page 232 should be as follows:

Venoplasty, percutaneous (for stenoses in ~~zone 2 or 3~~ the central zone)	**35476**	**75978**

The revision is to change the instruction from indicating there are 3 zones to only 2, peripheral and central.

Page 232
1. **HCPCS codes G0392 and G0393 are deleted in 2010. Use appropriate codes 35473, 35474, 35475, and 35476 to describe angioplasty at the arterial anastomosis or within ~~"zone 1"~~ the peripheral zone of a fistula/graft.**

The revision to instruction 1 is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Page 233
6. **Previously we have recommended coding interventions per zone and there were 3 zones to consider. This has changed for 2010 as now there is a "bundling" of zones 2 and 3 into a single zone called the "central zone" for intervention. The peripheral zone as described below is the same as the previous zone 1.**

   Upper Extremity
   a) **Peripheral zone: arterial anastomosis, intragraft, venous anastomosis, and outflow veins up to and including the axillary vein (peripheral veins)**
   b) **Central zone: subclavian vein, brachiocephalic vein and superior vena cava (central veins)**

   Lower Extremity
   a) **Peripheral zone: arterial anastomosis, intragraft, venous anastomosis and outflow veins up to and including the common femoral/external iliac veins (peripheral veins)**
   b) **Central zone: common iliac vein and inferior vena cava (central veins)**

There are now 2 zones for performing interventions related to an AV dialysis graft, the peripheral and the central zones. Instruction 6 has been totally revised.

7. Code 35476 applies to ~~all of zone 1~~ the entire peripheral zone, except the arterial anastomosis. If the only stenosis treated with venoplasty is in the native cephalic or ~~basillic~~ basilic vein, use 35476 along with 75978.

The revision of instruction 7 is to remove references to numerical zones. Peripheral and central zones will now be the designations. In addition, "basilic" was misspelled.

14. If venoplasty in the shunt or outflow is done, and arterial anastomotic or juxta-anastomotic angioplasty is performed, do not code venoplasty in the AV fistula graft or extremity veins. Central vein interventions are separately coded. Do not code 35475 and 35476 together at the same session if they are both performed in ~~zone 1~~ the peripheral zone.

Changed zone 1 to peripheral zone.

Hospital Families – When multiple procedures are performed, the Medicare reimbursement is at the composite APC amount instead of the individual APC reimbursement for each procedure performed. When procedures are performed from both subsections, the **"**with contrast**"** composite APC will be paid. If a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging service from the same family, CMS considers these procedures as performed in the same encounter. ~~Modifier -59 should not be used by hospitals in this situation~~.

Delete reference to modifier -59 as it has no impact in this situation and can be used when necessary.

Page 497 – Magnetic Resonance Angiography (MRA)
First sentence should read:

MRA is the imaging of the ~~atrial~~ arterial inflow and/or the arterial outflow of vascular structures utilizing magnetic resonance imaging.

Page 501

Hospital Families – When multiple procedures are performed, the Medicare reimbursement is at the composite APC amount instead of the individual APC reimbursement for each procedure performed. When procedures are performed from both subsections, the **"**with contrast**"** composite APC will be paid. If a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging service from the same family, CMS considers these procedures as performed in the same encounter. ~~Modifier -59 should not be used by hospitals in this situation~~.

Delete reference to modifier -59 as it has no impact in this situation and can be used when necessary.

Page 522

Appendix D – 2010 Inpatient Only Procedures

> **Add code 37215**

In the HOPPS final rule 37215 was indicated as being changed from a C status indicator to a T. On December 31, 2009, CMS announced that the instruction was an error in the Federal Register and it is remaining status indicator C.

Page 579

Venous Procedures – 2010

Under "Percutaneous AV Shunt Interventions", the 4th entry should be:

Venoplasty, ~~zone 1~~ peripheral zone		**35476**	**75978**

The revision is to remove references to numerical zones. Peripheral and central zones will now be the designations.

Page 585

Spinal Procedures – Additional - 2010

Under "Spinal Neurostimulators" the 3rd entry should be deleted.

~~**Revision or removal of electrode, percutaneous array(s) or plate/paddle(s)**~~		~~**63660**~~	*****

The revision is to remove deleted code 63660.   Use codes 63661 – 63664 instead.

Page 610

In the anatomical drawing depicting a normal AV shunt, delete code 36145 listed below "Venous Limb".