

ERRATA for *Interventional Radiology Coding Reference* 2014 Edition

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

Pages 135 & 649, Anatomy Picture “Lower Extremity Arterial Anatomy”

The artery identified as “Femoral” should be labeled as “**Superficial** Femoral”. This applies to both the left and right sides.

Page 206, Codes

The following should be added to the top of the code table:

Introduction of needle or intracatheter, vein	36000	N/A	0.28	N/A	N/A	N/A
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Page 210, Coding Instructions

29. Use codes 36000 and 37241 to report alcohol or other embolization of a superficial venous malformation of the face direct access (usually by needle) injection. Report unlisted diagnostic radiology code 76499 for any diagnostic imaging performed prior to the embolization.

Page 213, References

Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 3

Page 261, Coding Instructions

8. Code 95958 describes a ~~WADA~~ **Wada** test. This involves infusion of a drug into a portion of the brain via catheter. This includes EEG monitoring. The ~~selective catheter placements and cerebral imaging procedures~~ are separately billable (e.g., **code 36224-50 for bilateral carotid cerebrals**). **Do not** use code 37202 for injection of the sodium amytal or other drug into the cerebral arteries for Wada testing.

Page 284, Example(s)

2) *Patient with clotted left leg dialysis graft undergoes cross catheter technique (36147, 36148) with shuntogram (included) and declot utilizing a thrombectomy catheter (36870). An arterial inflow stenosis in the native iliac artery 8 cm proximal to the arterial anastomosis is ballooned (~~36245~~, 37220), as is a common iliac vein stenosis (35476, 75978).*

Page 382, Coding Instructions

6. If a patient returns two days later for a completely new, but repeat paracentesis, use code ~~49802~~ **49082** or 49083 for this new date of service paracentesis procedure.

Page 387, Example(s)

2) *Patient with intraperitoneal spread of ovarian cancer requires chemotherapy. Ultrasound-guided (~~75989~~ **bundled**) access into the peritoneal space is obtained with placement of a wire and sheath. A pocket is created 5 cm away, and several sutures are placed to anchor a port to the underlying muscles. The port catheter is tunneled from this site and placed through the sheath into the peritoneal space (49419). Both sites are closed with suture. This device is completely subcutaneous.*

Page 410, Coding Instructions

12. FNA code 10022 can be used for needle aspiration to characterize a fluid collection, while code 10160 is used to

perform therapeutic needle aspiration of abscess fluid **using a needle or a catheter when an indwelling catheter is not left in place.**

Page 412, References

Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2

Pages 415-416, Coding Instructions

2. Use code 10160 for needle drainage of fluid collection for therapeutic purposes. **Also use code 10160 when catheter drainage of a fluid collection is performed with the catheter removed prior to the patient leaving the procedure area. The codes specific to fluid drainage (10030, 49405, 49406, and 49407) require that an indwelling catheter be left in place.** If imaging guidance is utilized, report the imaging guidance separately **with code 10160.**
4. Use code 10030 for percutaneous image-guided catheter drainage of a soft tissue fluid collection **when an indwelling catheter for extended drainage is left in place.** Examples include the abdominal anterior wall, the subcutaneous soft tissues, thigh, and neck. Drainages can be performed for abscess, cyst, lymphocele, seroma, hematoma, or other fluid pocket. Image guidance is bundled into code 10030. **Do not** report codes 76942, 77002, 77012, and 77021 separately **with code 10030.**
14. Use code 49405 for image-guided catheter drainage of a fluid collection in a visceral organ **when an indwelling catheter for extended drainage is left in place.** This includes drainage of any organ, to include kidney, liver, pancreas, spleen, lung/mediastinum, etc. Imaging guidance is bundled.
16. Use code 49406 for image-guided catheter drainage of a fluid collection in the peritoneal or retroperitoneal space **when an indwelling catheter for extended drainage is left in place.** Imaging guidance is bundled.
18. Use code 49407 for image-guided catheter drainage of a fluid collection in the peritoneal or retroperitoneal area using a transvaginal or transrectal approach **when an indwelling catheter for extended drainage is left in place.** Imaging guidance is bundled.

Page 417, Example(s)

4) *Thirty year old with fevers and CT scan showing low density in spleen, potentially representing an abscess. Using CT guidance (77012), an 18 gauge needle is placed in the collection, and therapeutic aspiration of 12 cc purulent fluid is obtained (10160). (Use code 49405 if performed with a **an indwelling catheter is placed.** Imaging ~~would be~~ **is** bundled **with code 49405.**)*

5) *A focal collection of low density material was seen posterior to the mid portion of the right thigh on a recent CT scan. This area is localized with the aid of ultrasound (bundled). Using sterile technique, a small catheter is placed into the collection and 35 cc of cloudy yellow fluid aspirated (~~10030~~). **The catheter is secured to the skin (10030).***

Page 417, References

Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2

Page 421, Coding Instructions

3. FNA code 10022 can be used for diagnostic needle aspiration to characterize fluid collection, while code 10160 is used to perform therapeutic needle aspiration of an abscess, cyst, hematoma, or bulla. **Also use code 10160 when catheter drainage of a fluid collection is performed with the catheter removed prior to the patient leaving the procedure area. The codes specific to fluid drainage (10030, 49405, 49406, and 49407) require an indwelling catheter be left in place.**

Page 421, References

[Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2](#)

Page 433, Codes

Puncture aspiration of abscess, hematoma, bulla, or cyst (with needle)	10160	0006	2.72			
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Page 434, Coding Instructions

4. Use code 49405 for catheter drainages of cysts and lymphoceles involving visceral structures **when an indwelling catheter is left in place.**

Page 435, References

[Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2](#)

Page 447, Coding Instructions

7. Use code 49405 for hepatic cyst drainage **when an indwelling catheter is left in place.** Imaging for guidance is bundled. Additionally use codes 20500 and 76080 for ethanol ablation of the hepatic cyst.

Page 448, References

[Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2](#)

Page 449, Codes

Puncture aspiration of abscess, hematoma, bulla, or cyst (with needle)	10160	0006	2.72			
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Page 450, Coding Instructions

1. Use code 49405 for hepatic cyst drainage (includes contrast study of cyst) **when an indwelling catheter is left in place.** Additionally use codes 20500 and 76080 for ethanol ablation of the hepatic cyst with imaging guidance.
2. Use codes 50390 and 74470 for renal cyst drainage and imaging by needle or **when an indwelling catheter is not left in place.** Use code 49405 if by catheter **an indwelling catheter is left in place.** Use codes 20500 and 76080 for ablation of the cyst with alcohol.
3. Use code 49406 for peritoneal or retroperitoneal drainage catheter placement **when an indwelling catheter is left in place.**
4. Use code 10030 for inguinal lymphocele drainage catheter placement **when an indwelling catheter is left in place.**
5. Use code 49406 with imaging (49424, 76080) and alcohol ablation (20500) for abdominal cavity lymphocele ablation. Change code 49406 to 32557 for percutaneous intra-thoracic lymphocele catheter drainage, and to code 10030 for extrathoracic/non-peritoneal lymphocele catheter drainage (e.g., inguinal region). **Note: Codes 49406 and 10030 require indwelling catheter placement.**

Page 451, References

[Society of Interventional Radiology, Questions Log – 2014 SIR Coding Update Webinar, page 2](#)

Pages 453-454, Coding Instructions

1. The new CPT codes in 2014 bundle the breast biopsy, imaging guidance, localization device placement, and imag-

ing of the biopsy specimen, when performed. The mammogram to verify the clip placement is also bundled **when mammographic or stereotactic imaging guidance is used for the biopsy.**

4. Needle biopsies are coded per lesion. **The “first lesion” codes (19081, 19083, 19085) are unilateral. If lesions are biopsied in both breasts, use the initial lesion code with modifier -50 (bilateral) appended. Code each additional lesion biopsied separately (do not append modifier -50 to the “each additional lesion” code). Do not** code based on the number of cores obtained or passes with the needle. The codes are differentiated between first lesion **in each breast** and each additional lesion.
5. Use codes 19081 and 19082 for stereotactic-guided breast needle biopsy. Report code 19081 for the initial lesion biopsied, **appending modifier -50 if lesions in both breasts are biopsied**, and report code 19082 for any additional lesions biopsied when utilizing the same guidance.
6. Use codes 19083 and 19084 for ultrasound-guided breast needle biopsy. Report code 19083 for the initial lesion biopsied, **appending modifier -50 if lesions in both breasts are biopsied**, and report code 19084 for any additional lesions biopsied when utilizing the same guidance.
7. Use codes 19085 and 19086 for MR-guided breast needle biopsy. Report code 19085 for the initial lesion biopsied, **appending modifier -50 if lesions in both breasts are biopsied**, and report code 19086 for any additional lesions biopsied when utilizing the same guidance.
10. Report each first lesion code only one time per session; it is not per breast. Lesions in the other breast are additional lesions when performed with the same type of imaging guidance. **The “first lesion” codes are unilateral. Append modifier -50 when lesions in both breasts are biopsied with the same type of imaging guidance. Do not append modifier -50 to the each additional lesion codes.**

Pages 458-459, Coding Instructions

8. Code only one initial placement of a localization device **per breast** with the “first lesion” code (**append modifier -50 if localization is performed in both breasts with the same imaging guidance**). Use using the “each additional lesion” code for each separate and distinct lesion localized in the same setting using the same type of imaging guidance. If a second **an additional** lesion is localized with a different type of imaging guidance, report a second **the “initial”** placement of a localization device **with that imaging guidance modality** code as appropriate.

Page 476, Codes

SI joint injection of medication (for Medicare)	G0260	0207	0.00	77003	N/A	0.86
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Page 551, Coding Instructions

5. Venous duplex requires the use of spectral Doppler. If not performed or documented, **do not** report code 93970 or 93971. Report code 76880 **76881** or 76882.

Page 576, Codes

The following should be added to the bottom of the code table:

Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	0042T	N/A	0.00
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Page 576, Coding Instructions

3. **Do not** code CTA of the head (70496) in addition to code 0042T. **The CTA is not included in the perfusion analysis and is usually performed following the perfusion study.**

Page 576, References

CPT Changes: An Insider's View 2001, [2003](#), 2008