ERRATA for
Interventional Radiology Coding Reference
2015 Edition

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

Pages 160-161, Coding Instructions

3. Code 36147 includes the advancement of the catheter centrally into the SVC, IVC, or right atrium. It does not include selective vein branch procedures (e.g., for branch embolization use codes 36011/36012 **and** 37241 ~~and 75791~~ **in addition to code 36147**).

5. If there are two access sites into the fistula, followed by a diagnostic shuntogram (36147, 36148), and then a venous collateral is selected for embolization, ~~delete code 36148 and~~ add code 36011 or 36012 for this selective catheter placement.

15. Do not report code 36147 more than once for access and evaluation of an AV graft or shunt. Access into the shunt may be single or multiple, but this code may only be used once to describe access and imaging for a diagnostic study. Use code 36148 for additional direct access into an AV graft or shunt **for intervention**.

21. If a graft study via direct access is performed (36147) followed by selection of two branch veins for embolization, ~~delete code 36147 and~~ add codes 36011 **and** 36011-59 **(in addition to 36147)** ~~and 75791~~ to describe this procedure. Add embolization (37241) for venous embolization. ~~This~~ **Code 37241** bundles follow-up angiography.

Page 162, References

SIR *Interventional Radiology Coding Update* 2015, page 110

Page 171, Coding Instructions

7. Use code 75831 for unilateral left renal**/gonadal** venography when performed to evaluate for reflux into the ~~gondal~~ **gonadal** vein or to identify collaterals that contribute to ovarian vein congestion syndrome **or varicocele**. This includes **selective** gonadal venography. Bilateral selective iliac (pelvic) venography is reported with code 75822.

8. ~~Use code 75822 for bilateral selective testicular venography when iliac venography is also performed. Use -52 modifier if selective iliac (pelvic) venography is not performed.~~

9. A specific code does not exist for selective right gonadal venography. This vessel arises directly off the cava and is a first order selective vessel (36011). ~~Imaging should be considered part of lower extremity venography. Add -52 modifier if iliac (pelvic) venography is not performed~~. **There is no corresponding S&I code.**

10. ~~Bilateral testicular vein (for varicocele) or bilateral ovarian vein (for pelvic congestion syndrome) embolization is coded as two separate embolizations (37241, 37241-59). These are considered two surgical fields and require two separate surgical approaches. The surgical procedure may be performed unilaterally. There is some debate concerning ovarian vein embolization at this time. Discuss with your payer to determine if bilateral ovarian/pelvic vein embolization should be coded as one or two embolization procedures.~~

Page 172, Example(s)

*1) Male patient with infertility presents for varicocele evaluation. Via a transjugular route, a catheter is placed into the left renal vein ~~and then is~~ **with imaging showing an enlarged gonadal vein with reflux. The catheter is** advanced ~~into~~ **down***

*the enlarged left gonadal vein **(36012, 75831)**. ~~This is then injected with imaging including the pelvic veins (36012, 75820).~~ Varicocele is identified and collaterals noted. Embolization with boiling contrast and coils is performed (37241). Follow-up venogram (bundled) shows no residual abnormality. (If bilateral varicoceles are treated, add codes 36011-59 and 37241-59 for the right side.)*

Note: Code 36011 is added if right testicular vein is selected and imaged ~~(75820 becomes 75822)~~. ~~Modifier -52 should be added to 75820/75822 if iliac venography not performed. If only left renal venography is performed to evaluate for reflux and collaterals, use code 75831~~.

Page 172, References

SIR *Interventional Radiology Coding Update* 2015, page 115

Pages 217-220, Coding Instructions

3. Code 37241 describes embolization to treat venous vascular abnormalities other than those due to venous insufficiency. This code can be used for treatment of esophageal or visceral varices due to portal hypertension, varicoceles, pelvis venous congestion syndrome, venous malformations (e.g., Klippel-Trenaunay syndrome, hemangiomas) by catheter or direct access technique, and to occlude competitive venous branches of a non-maturing AV dialysis fistula. This code also describes embolization of a venous abnormality (hemangioma) via a transcatheter arterial approach **and percutaneous treatment of lymphatic malformations**.

7. ~~Do not~~ **Use** venous embolization code 37241 for micro- or macrocytic lymphatic malformation treatment with direct access technique and alcohol or other medication injection. Per the ~~AMA (2014)~~ **SIR (2015)** this is best described by ~~unlisted code 38999~~ **code 37241 and was the original intent of the code**.

8. When a stent is used as a lattice to facilitate a peripheral or visceral embolization procedure (e.g., wide-mouthed aneurysm), only report the CPT code for the embolization (e.g., 37242). When a **covered** stent is used as the sole treatment (e.g., stent for venous rupture, covered stent for gunshot wound to subclavian artery), report the appropriate stent code (37238 or 37236, respectively) instead of code 37244. If both coils and a stent are placed to embolize a single site, only submit the appropriate embolization code (37241-37244), not a stent code.

12. Do code ~~at least one~~ **for two** embolization procedure**s** (37241 **x 2**) if **both the pelvic veins and the central veins (proximal ovarian veins near the level of the renal veins) are embolized** ~~bilateral ovarian vein/pelvic vein embolizations~~ for complex pelvic venous congestion syndrome ~~are performed in the female~~. **This is new guidance from the SIR (2015).** ~~This remains a grey zone that is under discussion. It may be appropriate to code two embolizations in the case of truly bilateral embolizations. Discuss with payer.~~

13. If only one side is ~~treated for~~ **embolized for treatment of** varicocele or pelvic venous congestion syndrome, only code one embolization procedure (37241). Do code all diagnostic venography and catheter placements as documented.

23. Use code 37243 to describe embolization for treatment of benign prostatic hypertrophy (BPH). This is similar to fibroid embolization and is used to "shrink" the overall size of the prostate in men with urinary retention symptoms secondary to BPH. ~~This procedure may be considered experimental.~~ Discuss with your payer.

Pages 222-223, Example(s)

4) Patient with clotted AV dialysis fistula. Two punctures: one for diagnostic imaging and the other for therapeutic intervention (36147, 36148); shuntogram including all imaging necessary to evaluate the arterial inflow, the AV fistula, and venous outflow to the right atrium (included in 36147); and thrombectomy of the fistula (36870) show no evidence of stenosis, but a poorly developed fistula due to two large collaterals. Both collaterals are selected (~~add~~ 36011, 36011-59 ~~delete 36148~~) and embolized with coils (37241). Follow-up angiography (bundled) shows improved flow in the shunt.

6) Thirty-eight year old female with severe symptoms of pelvic venous congestion syndrome. From a right femoral vein approach, a catheter is advanced into the right ovarian (36011-59), left renal, and the left ovarian veins (36012). Contrast is injected and imaging performed (75833-59). These images show renal vein reflux into massively dilated venous structures supplying numerous pelvic varicosities on the left side. Embolization with foam and coils is performed ~~on the left side~~ ***bilaterally in the pelvis*** *(37241). The catheter is then used to select the right (36011-59) and left internal iliac veins with venography performed (75822-59). Three enlarged branches off the left internal iliac (36012-59 x 3) are selected and embolized (no additional codes). Follow-up imaging (bundled) shows marked improvement. (If the ~~right pelvic branches and~~* ***central*** *ovarian vein**(s) is**/are embolized, add ~~-50 modifier to~~ code 37241**-59**.)*

Page 224, References

SIR *Interventional Radiology Coding Update*, pages 110 & 115

Page 252, Coding Instructions

The following should be added as a brand new coding instruction following instruction #14:

15. If both a stenosis (occlusive disease) and an aneurysm (non-occlusive disease) are treated with stents in a single vessel, only submit a code for the primary indicated procedure (e.g., only one stent in the femoral/popliteal territory can be submitted, either code 37226 for stenosis or 37236 for aneurysm).

Page 253, Coding Instructions

The following should be added as a brand new coding instruction following instruction #4:

5. Code 37236 describes stent placement in the right brachiocephalic artery when placed via a right retrograde brachial approach.

Page 256, Example(s)

5) Patient with right carotid bifurcation stenosis on MRI. Via a right transfemoral approach, a catheter is placed in the right common carotid artery, and a diagnostic angiogram is performed (catheter placement imaging and follow-up are bundled into the carotid stent code). The stenosis is confirmed, and a filter wire/stent deployment device successfully crosses the lesion. The filter is deployed, followed by the stent (37215) and subsequent dilation with a balloon. Both the filter and balloon are removed. Follow-up angiography shows excellent placement.

Note: Ipsilateral imaging, catheter placement, angioplasty, stenting, and follow-up angiography are bundled into the carotid stenting codes. **Cervicocerebral arch imaging (36221) may be submitted if diagnostic and not previously performed.**

Page 265, Coding Instructions

The following should be added as a brand new coding instruction following instruction #53:

54. If stent grafts are placed for treatment of both stenosis and aneurysm in the same vessel, only submit the code for the primary indication (e.g., either code 37226 for fem-pop stenosis or code 37236 for fem-pop aneurysm, but not both).

Page 275, Coding Instructions

24. Use code 37236 for percutaneous or open stent placement in the right subclavian or left subclavian arteries **or the brachiocephalic artery via a retrograde right brachial approach**. Use code 37217 for retrograde right brachiocephalic or common carotid artery stent placement via carotid cutdown. Use code 37218 for antegrade right brachiocephalic or common carotid artery stent placement (usually femoral or **left** brachial approach). Do not use these codes for cervical carotid, vertebral, coronary, or intracranial stents.

Page 276, Coding Instructions

The following should be added as a brand new coding instruction following instruction #31:

32. Use code 37236 for percutaneous or open retrograde stent placement in the right brachiocephalic artery via a right brachial access. Do code the imaging and catheter placement in addition to code 37236.

35. The Pipeline, Surpass, and FRED embolization devices are used for transcatheter permanent occlusion to treat similar wide-mouthed intracranial aneurysms. We have recommended using code 61624, even though they are similar in appearance to a stent. **These devices are considered flow diverters, not covered stents.** The Pipeline device is FDA-approved as a new class of embolization devices. The Surpass and FRED devices are not FDA-approved at the time of writing this book. See updates on the web. ~~Due to new verbiage in the CPT Codebook regarding codes 37241-37244 and the use of "stents" to occlude an aneurysm, a grey zone has developed. If one considers these devices to be "embolization devices", use code 61624. If considered "stents", consider use of code 61635. This issue should be discussed with your payer.~~

Page 279, Example(s)

8) Patient with bilateral proximal vertebral and left common carotid origin stenosis on recent angiogram presents for multiple stenting. Preliminary angiography confirms these lesions (no code). Stents are then placed successfully in all three vessels via a transfemoral percutaneous route (0075T, 0076T, 37218) without complication.

Note: All preliminary angiography, catheter placements, angioplasty, stent deployment, and follow-up imaging are bundled. These are still inpatient-only status indicator C procedures. Use code 37217 when common carotid stent procedure is performed via open carotid retrograde access**, and use code 37236 when brachiocephalic stent procedure is performed via open or percutaneous retrograde right brachial access**.

Page 282, Example(s)

*21) Patient with dural AV fistula. Via a transfemoral approach, selective bilateral vertebral (36226-50) and bilateral CCA injections with cervical and cerebral imaging (36223-50) are performed. A catheter is advanced into the meningohypophyseal trunk off the left ICA (36228) and left (PCOM) posterior communicating artery (36228) with imaging. The left thyrocervical trunk (36218, 75774), two branches off this vessel (36218, 75774 x 2), and the **left** costocervical trunk (36218, 75774) are selected with imaging to further evaluate the fistula. The fistula is then embolized with coils and glue (61624, 75894). Follow-up shows occlusion (75898).*

Page 295, Coding Instructions

17. Report two AV shunt access codes (36147 and 36148) when access for diagnostic and therapeutic intervention performed. Code 36147 includes the access for diagnostic imaging while code 36148 is used to describe a second graft puncture for therapy. Code 36148 may be used more than once, although this would be uncommon. If a collateral vein is selected **for embolization**, ~~change~~ **add** code ~~36148 to~~ 36011 **for each collateral selected and embolized**. If the SVC is reached with a catheter, there is no change in catheter placement codes. ~~If a collateral vein is selected with only one original access into the graft, delete code 36147 and add codes 36011/75791 (see the following coding instruction).~~

18. Do report embolization of collateral vein(s) (e.g., with coils) as one surgical site with codes 36011 x _ and 37241. **Selective venous catheter placements (36011) are reported in addition to** code 36147 ~~(if the only access) would become 75791~~. ~~If two accesses, keep code 36147 and delete code 36148. This is different from advancement of~~ **If you place** a catheter into the native artery substantially away from the peri-anastomic region, ~~where you are allowed to~~ report code 36215 in addition to 36147. (If the catheter is advanced further centrally into the aorta, catheter placement code 36215 remains the same and does not change to 36200.) ~~In the case of~~ **Similarly, when** venous branch selections **are made**, code 36011 ~~replaces~~ **is added to** 36147 or 36148 ~~(and AV shunt imaging may need to be described by code 75791 when only one AV access is used)~~.

Page 297, Example(s)

4) Patient with slow maturation of an AV fistula. Single wall puncture of the venous outflow near the anastomosis is performed (36147). Fistulogram shows three collateral channels, preventing enlargement of the primary venous outflow. An 80% stenosis is seen in the basillac vein. Each collateral is selected (~~add 75791,~~ 36011, 36011-59, 36011-59 ~~delete 36147~~) and embolized with a combination of 4-6 mm fiber coils (37241). Follow-up angiography (bundled) shows occlusion of the collaterals. Basilic venoplasty (35476, 75978) with a 6 mm balloon gives a good result. The existing tunneled central dialysis catheter is exchanged over a guide wire (36581) using fluoroscopic guidance (77001).

Page 298, References

SIR *Interventional Radiology Coding Update* 2015, page 110

Page 316, Procedure

Another common location for arterial aneurysm is the popliteal artery. Code **37236 (arterial stent placement)** ~~37226 (femoral/popliteal stent placement)~~ is recommended to describe placement of a stent graft across a popliteal aneurysm. Codes for treatment of an iliac bifurcation aneurysm with a bifurcated iliac stent graft device are available.

Page 413, Example(s)

*2) Same patient as example #1, however, T10 and L2 levels are treated (22513, ~~22514~~ **22515**).*

Page 475, Example(s)

*1) A patient with a mass seen by mammography in the right breast is scheduled for ultrasound-guided needle localization. The right breast is prepped and draped in the usual fashion. Using sterile ultrasound guidance through an anesthetized skin site, a 7 cm needle/wire set is advanced under direct ultrasound guidance into the lesion (19285). 1 cc of methylene blue dye is injected intraoperatively to help localize the ~~mass~~ sentinel lymph node (38900). **Lumpectomy and removal of the axillary lymph node are performed by the surgeon (19301, 38525).***

*2) A patient with two sets of microcalcifications in the left breast for surgical excision of the abnormalities. Using sterile technique and stereotactic guidance, individual hookwires are placed into each area (12 and 4 o'clock) of suspicious microcalcifications (19283, 19284). Orthogonal films are obtained to document needle position. 1 cc of methylene blue dye is injected intraoperatively to localize the sentinel lymph node (38900). **The patient is taken to the operating room where a partial breast mastectomy, including surgical removal of the sentinel lymph node, is performed (19301, 38525).***

Page 482, Example(s)

*1) Patient with a suspicious mass in the right breast has a surgical excision. Sentinel node study is performed using six doses of activity injected in a sterile fashion subcutaneously around the areola. Imaging is performed (after 15 minutes) of the breast and axilla (78195). Films are reviewed with the surgeon prior to lymph node sampling. The surgeon is unable to localize the sentinel node, so he hand injects methylene blue dye into the mass and localizes the sentinel lymph node with this technique (38900). **A deep axillary lymph node excision is performed (38525).***

Page 499, Coding Instructions

11. The 2015 *CPT Codebook* recommends use of code 77003 for fluoroscopic imaging guidance and localization with code 62284 or 61055 when a formal contrast ~~radiographic myelogram~~ **study** is not performed. Code 77003 is bundled with **all imaging codes that utilize contrast (70000 series)** ~~codes 72240-72270 and~~ **as well as codes** 62302-62305.