

ERRATA for *Vascular & Endovascular Surgery Coding Reference* 2014 Edition

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

Pages 135 & 621, 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 257, 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 280, 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 400, Coding Instructions

3. Codes 33212, 33213, and 33221 are for insertion of a generator only when there are existing leads in place or at time of epicardial lead placement. **These codes are also used when a defibrillator generator is removed and replaced with a pacemaker generator with no new leads placed. The removal of the defibrillator generator is reported separately with code 33241.** These codes will be used infrequently.
4. This range of codes uses the following nomenclature: single lead system equates to lead(s) in one chamber only - atrial or **right** ventricular, dual lead system equates to leads in ~~two chambers~~ **the atrium and right ventricle**, and multiple lead system equates to leads in ~~three or more chambers~~ **a device that includes a lead in the left ventricle, usually for resynchronization therapy and biventricular pacing.**
5. For elective replacement indicator status where an existing pacemaker generator is removed and a new generator only is placed, use code 33227 for a single lead system, code 33228 for a dual lead system, and code 33229 for a

multiple lead system. **Do not use these codes if the generator removed was not a pacemaker generator (e.g., defibrillator generator removed and replaced with a pacemaker generator). These codes describe a replacement with the same type of device.**

Page 415, Coding Instructions

4. This range of codes uses the following nomenclature: single lead system equates to lead(s) in one chamber only - atrial or **right** ventricular, dual lead system equates to leads in ~~two chambers~~ **the atrium and right ventricle**, and multiple lead system equates to leads in ~~three or more chambers~~ **a device that includes a lead in the left ventricle, usually for resynchronization therapy and biventricular pacing.**
5. For elective replacement indicator status where an existing defibrillator generator is removed and a new generator only is placed, use code 33262 for existing single lead system, 33263 with existing dual leads, or 33264 with existing multiple leads. **Do not use these codes if the generator removed was not a defibrillator generator (e.g., pacemaker generator removed and replaced with a defibrillator generator). These codes describe a replacement with the same type of device.**
6. For placement of a defibrillator generator when an existing generator is NOT in place but only existing leads, report code 33240 for existing single lead, code 33230 for existing dual leads, and code 33231 for existing multiple leads. **These codes are also used when a pacemaker generator is removed and replaced with a defibrillator generator with no new leads placed. The removal of the pacemaker generator is reported separately with code 33233.** These codes will be used infrequently.

Page 419, Example(s)

1) Patient for upgrade from dual chamber biventricular pacemaker to a dual chamber biventricular ICD, requiring replacement of the right ventricular lead and repair of the left ventricular lead. The chronic right atrial lead was satisfactory. The removal of the pacemaker generator (~~33233~~ **no code, as removal of pacemaker generator is a "0" NCCI edit with the subsequent lead repair since the generator has to be removed to repair the lead**), capping of the old right ventricular lead (no code), and placement of a new defibrillator generator and right ventricular lead (33249-**59**) are followed by repair of the existing left ventricular lead (33218).

Page 450, 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 493, 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 518, 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 518, Coding Instructions

3. **Do 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 518, References

CPT Changes: An Insider's View 2001, **2003**, 2008