ERRATA for
Diagnostic & Interventional Cardiovascular Coding Reference
2020 Edition

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

Page 163, Code Table

Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	0436T	5724	0.00	N/A		
Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	**0613T**	**N/A**	**0.00**	**N/A**		
Non-randomized, non-blinded procedure for NYHA class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transseptal puncture, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	**C9760**	**1591**	**N/A**	**N/A**		

Page 188, Code Table

Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	**0613T**	**N/A**	**0.00**
Blinded procedure for NYHA class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	C9758	1589	N/A
Non-randomized, non-blinded procedure for NYHA class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transseptal puncture, trans-esophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	**C9760**	**1591**	**N/A**

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8. Report code C9758 for transcatheter implantation of stent-like device to create an interatrial shunt, in patients with class III/IV heart failure **when part of a blinded study**. This is a new HCPCS Level II code for 2020, and it bundles associated heart catheterization and echo/imaging guidance. **This code is for hospital billing only.**

9. **Report code C9760 for transcatheter implantation of stent-like device to create an interatrial shunt, in patients with class II/III/IV heart failure when part of a non-blinded study. This is a new HCPCS Level II code effective July 1, 2020, and it bundles associated heart catheterization and echo/imaging guidance. This code is for hospital billing only.**

10. **Physicians report CPT code 0613T for the implantation of a device to create an interatrial shunt. This is a new Category III CPT code effective July 1, 2020. Hospitals <u>cannot</u> report code 0613T for Medicare billing.**

Page 311, Code Table

~~Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)~~	~~C9754~~	~~5194~~	~~N/A~~	~~Bundled~~	
~~Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed~~	~~C9755~~	~~5194~~	~~N/A~~	~~Bundled~~	
Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	**G2170**	**5194**	**N/A**	**Bundled**	
Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, wen performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	**G2171**	**5194**	**N/A**	**Bundled**	

Page 314, Coding Instructions

29. HCPCS Level II code ~~C9754~~ **G2170** describes percutaneous AV fistula creation by direct approach.

30. HCPCS Level II code ~~C9755~~ **G2171** describes percutaneous AV fistula creation by using magnetized arterial and venous catheters.

31. Procedures described by codes ~~C9754~~ **G2170** and ~~C9755~~ **G2171** include use of RF energy to fuse the artery and vein (without sutures), any imaging to guide access to the vessels (ultrasound), all catheter placements, all contrast venography and angiography, radiologic S&I, balloon dilation of the venous outflow, embolization of branches to facilitate maturation of the fistula, and any other procedures to redirect blood flow.

32. ~~Facilities (hospitals and ASCs)~~ **Providers** report code ~~C9754~~ **G2170** for AV fistula creation using the Ellipsys system. ~~Physicians report unlisted code 37799.~~ **For physician billing, code G2170 is Carrier priced.**

33. ~~Facilities (hospitals and ASCs)~~ **Providers** report code ~~C9755~~ **G2171** for AV fistula creation using the everlinQ system. ~~Physicians report unlisted code 37799.~~ **For physician billing, code G2171 is Carrier priced.**

Page 356, Code Table

Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed	**C9759**	**N/A**	**N/A**	**Bundled**
Chemotherapy administration, intra-arterial; push technique	96420	5694	2.93	

Page 362, Coding Instructions

59. Report HCPCS Level II code C9759 for hospital billing of intravascular microinfusion using a catheter such as the "BullFrog" microinfusion balloon catheter. This code is effective July 1, 2020.

60. Report unlisted CPT code 37799 for physician billing of intravascular microinfusion.

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5. HCPCS Level II codes ~~C9754~~ **G2170** and ~~C9755~~ **G2171** (for percutaneous creation of an AV fistula) bundle all catheter placements and embolization of branches necessary to redirect blood flow to facilitate fistula maturation. Do not report code 37241 or 36909 with these AV fistula creation procedures.

Page 403, Code Table

Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	37224	5192	12.95	N/A
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	**C9764**	**5192**	**N/A**	**N/A**

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13. Do not code angioplasty to treat a segment of the same vessel that has been treated with a lithoplasty balloon for hospital billing. When only lithoplasty and angioplasty are performed, report HCPCS Level II code C9764, beginning July 1, 2020.

14. For physician billing, lithoplasty is coded the same as a POBA.

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43. Cryoplasty is considered by CMS to be a PTA. To avoid confusion, it should be documented by the physician as a *balloon angioplasty* utilizing a Polar cath balloon. The lower extremity and coronary revascularization codes allow use of cryoplasty and cutting balloons as angioplasty balloons (per CPT code description). ~~Similarly, lithoplasty utilizes an angioplasty device that also disrupts arterial wall calcification to facilitate better results in patients with calcified stenoses, and is reported with the existing angioplasty codes.~~

45. ~~Lithoplasty (angioplasty with a catheter that also disrupts vessel wall calcification) is coded the same as POBA.~~

Page 410, Coding Instructions

58. Do not report venoplasty during percutaneous AV fistula creation procedures described by codes ~~C9754~~ **G2170** and ~~C9755~~ **G2171**, as any balloon dilation is bundled. Embolization of branches during this procedure is also bundled. ~~Physicians report unlisted code 37799.~~

Page 413, Code Table

Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	0238T	5194	0.00	0238T	5194	0.00
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	**C9766**	**5193**	**N/A**	**C9766**	**5193**	**N/A**
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	**C9767**	**5194**	**N/A**	**C9767**	**5194**	**N/A**

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8. For hospital billing to Medicare, atherectomy and balloon lithoplasty are not reported separately. Report code C9766 for lithoplasty and atherectomy or C9767 for lithoplasty, atherectomy, and stent placement in the same vessel. Angioplasty is bundled, if performed. Codes C9766 and C9767 are effective July 1, 2020, for hospital billing.

9. **For physician billing, lithoplasty is coded the same as a POBA.**

Page 419, Code Table

Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	♦34718	N/A	36.08	Bundled
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	**C9765**	**5193**	**N/A**	**Bundled**
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	**C9767**	**5194**	**N/A**	**Bundled**

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26. **Do not report stent placement, atherectomy, or angioplasty in the same vessel that is treated with balloon lithoplasty for hospital billing. Report HCPCS Level II code C9765 when lithoplasty and stent placement are performed, or code C9767 when lithoplasty, atherectomy, and stent placement are performed in the same vessel. Angioplasty is bundled, if performed. Codes C9765 and C9767 are effective July l, 2020, for hospital billing.**

27. **For physician billing, lithoplasty is coded the same as a POBA.**

Page 430, Code Table

Lithoplasty				
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	**C9764**	**5192**	**N/A**	**Bundled**
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	**C9765**	**5193**	**N/A**	**Bundled**
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	**C9766**	**5193**	**N/A**	**Bundled**
Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	**C9767**	**5194**	**N/A**	**Bundled**

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7. **Effective July 1, 2020, for hospital Medicare billing, HCPCS Level II codes C9764 – C9767 are used to report revascularization procedures that include intravascular lithoplasty. Report only one of these codes per vessel/vascular territory based on the types of revascularization performed:**
   - **Report code C9764 when only lithoplasty is performed in a vessel. Angioplasty, if performed, is included.**

   - **Report code C9765 when lithoplasty and stent placement are performed in a vessel. Angioplasty, if performed, is included.**

   - **Report code C9766 when lithoplasty and atherectomy are performed in a vessel. Angioplasty, if per-**

formed, is included.

- **Report code C9767 when lithoplasty, stent placement, and atherectomy are all performed in a vessel. Angioplasty, if performed, is included.**

- **Follow the same reporting rules by territory as for other lower extremity revascularization procedures.**

8. **For physician billing, lithoplasty is coded the same as a POBA.**

Page 468, Code Table

~~Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)~~	~~C9754~~	~~5194~~	~~N/A~~	~~Bundled~~		
~~Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed~~	~~C9755~~	~~5194~~	~~N/A~~	~~Bundled~~		
Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	**G2170**	**5194**	**N/A**	**Bundled**		
Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, wen performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	**G2171**	**5194**	**N/A**	**Bundled**		

Page 469, Coding Instructions

4. A new approach to dialysis circuit creation involves percutaneously accessing a peripheral artery and vein and creating a fistula. Two unique systems received FDA ~~approved~~ **approval** in June 2018.

5. The Ellipsys® Vascular Access System utilizes a single percutaneous venous access (with direct access into the adjacent artery) and thermal energy to fuse a sutureless, permanent AV anastomosis for this percutaneous AV fistula creation. As there are no implants or sutures, many of the risks of open surgical creation are negated. ~~Hospitals~~ **Effective July 1, 2020, hospitals and physicians** report HCPCS Level II code ~~C9754~~ **G2170** for the entire ~~Ellipysis~~ **Ellipsys** procedure. ~~Physicians report unlisted code 37799.~~

6. The everlinQ® endoAVF System utilizes percutaneously placed magnetized catheters to localize and facilitate AV fistula creation using RF energy. ~~Hospitals~~ **Effective July 1, 2020, hospitals and physicians** report HCPCS Level II code ~~C9755~~ **G2171** for the entire everlinQ procedure. ~~Physicians report unlisted code 37799.~~

7. Procedures described by ~~hospital~~ codes ~~C9754~~ **G2170** and ~~C9755~~ **G2171** include use of RF energy to fuse the artery and vein (without sutures), any imaging to guide access to the vessels (ultrasound), all catheter placements, all contrast venography and angiography, radiologic S&I, balloon dilation of the venous outflow, embolization of branches to facilitate maturation of the fistula, and any other procedures to redirect blood flow. ~~Physicians report unlisted code 37799.~~

Page 471, Coding Instructions

19. Do not use codes 37241 and 37244 for embolization of dialysis circuit vessels. This procedure is described by add-on code 36909, which includes the catheter placement and embolization of one or more venous branches. When embolization of branches is done at the time of AV fistula creation (~~C9754~~ **G2170**, ~~C9755~~ **G2171**), the catheter placements and embolization are bundled and not reported.

Page 475, Coding Instructions

64. ~~Percutaneous AV fistula creation can be performed using the Eliipsys or everlinQ vascular access systems. Both devices are FDA approved.~~

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60. If an arterial exposure is performed to create a conduit for delivery of an endovascular prosthesis, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported with codes 33880-33886, 34701-34708, 34841-34848, and 34718 (EVAR, FEVAR, TEVAR, and iliac endograft procedures).

Page 510, Coding Instructions

26. If an arterial exposure is performed to create a conduit for delivery of an endovascular prosthesis, it may be additionally reported with code 34714 (femoral), 34716 ~~(iliac)~~ **(axillary/subclavian)**, or 34833 ~~(axillary/subclavian)~~ **(iliac)**. These codes may be reported with codes 33880-33886, 34701-34708, 34718, and 34841-34848 (EVAR, FEVAR, TEVAR, and iliac endograft procedures).

Page 518, Coding Instructions

8. Code 93656 (atrial fibrillation by pulmonary vein isolation technique) includes the diagnostic study (93619 or 93620), left atrial study (93621), and transseptal approach (93462); however, mapping (93609 or 93613), left ventricular study (93622), programmed stimulation and pacing after intravenous drug infusion (93623), and intracardiac echo guidance (93662) can be additionally reported if performed. After pulmonary vein isolation technique (ablation), if atrial fibrillation persists or there are complex fractionated atrial electrograms (CFAEs) documented, and an additional linear or focal ablation in the right or left atrium is necessary to treat the atrial fibrillation or CFAEs, use add-on code 93657 **(MUE of two)**. If a different type of arrhythmia (such as atrial flutter) is noted after pulmonary vein isolation, and this other arrhythmia is ablated at the same session, use add-on code 93655 (MUE of two).

11. Do not report add-on code 93655 for treatment of continued atrial fibrillation by another mechanism after successful pulmonary vein isolation (93656). Use add-on code 93657 instead. Note that code 93657 can ~~only~~ be reported ~~once~~ **up to two times** per session.

14. Codes 93653, 93654, and 93656 cannot be submitted together. Use add-on code 93655 or 93657 if separate mechanisms of arrhythmia are ablated at the same session **or if continued atrial fibrillation remains after PVI or CFAEs are treated**.

Page 552, Code Table

Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	0574T	N/A	0.00
Removal and replacement of substernal implantable defibrillator pulse generator	**0614T**	**5231**	**0.00**

Page 553, Coding Instructions

16. **Report code 0614T for exchange of a substernal defibrillator generator, which is new on July 1, 2020. Code 0614T includes removal of the existing defibrillator generator and placement of the new defibrillator generator. Imaging guidance is included.**

Page 579, Coding Instructions

10. Do not report code G2066 (technical acquisition with distribution of results) in conjunction with 93290 (face-to-face interrogation), **or** 93291 (face-to-face interrogation of a loop recorder), or 93296 (remote interrogation of a pacemaker or ICD).

Page 671, Code Table

Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging (Hospital only)	**C9762**	**5524**	**N/A**
Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging (Hospital only)	**C9763**	**5524**	**N/A**
Injection, gatoterate meglumine, 0.1 ml	A9575	N/A	N/A

Page 673, Coding Instructions

14. **HCPCS codes C9762 and C9763 are effective July 1, 2020, to describe strain imaging and stress imaging associated with strain-encoded cardiac MRI. These codes may only be used for hospital billing.**

15. **Report code C9762 for cardiac MRI with strain imaging. All components of the procedure are included.**

16. **Report code C9762 for cardiac MRI with stress imaging. All components of the procedure are included.**

17. **There are no codes for physician billing of these services.**

Page 772, Charge Sheet - Other Cardiac Procedures

Revise the following under "Cardiac Interventions":

~~Transcatheter implantation of stent-like device to create an interatrial shunt in patients with class III/IV heart failure~~ **Transcatheter implantation of stent-like device to create an interatrial shunt in patients with class III/IV heart failure, blinded procedure (hospital only**	C9758	N/A
Transcatheter implantation of stent-like device to create an interatrial shunt in patients with class II/III/IV heart failure, non-blinded/non-randomized procedure (hospital only)	**C9760**	**N/A**
Transcatheter implantation of stent-like device to create an interatrial shunt (physician only)	**0613T**	**0.00**

Page 774, Charge Sheet - Pacemakers & ICDs

Add the following codes to the bottom of "Implantable Cardiac Defibrillator - *Substernal ICD*":

Removal and replacement of substernal ICD generator	**0614T**	**0.00**

Page 775, Charge Sheet - Arteriography & Revascularization

Add the following codes to the bottom of "Percutaneous Angioplasty":

Lithoplasty, w/wo angioplasty (hospital only)	C9764	N/A
Stent placement with lithoplasty, w/wo angioplasty (hospital only)	C9765	N/A
Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A
Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A

Add the following codes to the bottom of "Endovascular Lower Extremity Revascularization":

Lithoplasty, w/wo angioplasty (hospital only)	C9764	N/A
Stent placement with lithoplasty, w/wo angioplasty (hospital only)	C9765	N/A
Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A
Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A

Add the following codes to the bottom of "Atherectomy":

Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A
Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A

Add the following codes to the bottom of "Percutaneous Stent Placement - Not Lower Extremity":

Stent placement with lithoplasty, w/wo angioplasty (hospital only)	C9765	N/A
Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A

Page 776, Charge Sheet - Other Arterial Interventional Procedures

Add the following codes to the bottom of "Infusion Therapy":

Transcatheter microinfusion (hospital only)	C9759	N/A
Transcatheter microinfusion (physician only)	37799	N/A

Page 777, Charge Sheet - Venous Procedures

Revise the following under "Percutaneous AV Shunt Interventions":

Creation of AV fistula, percutaneous, direct, any site, with RS&I (includes other flow-directing procedures) ~~(hospital use only; MDs report 37799)~~	~~C9759~~ G2170	N/A
Creation of AV fistula, percutaneous, using magnetic-guided arterial and venous catheter and radiofrequency, with RS&I (includes other flow-directing procedures) ~~(hospital use only; MDs report 37799)~~	~~37799~~ G2171	N/A

Page 778, Charge Sheet - Aortic Stent Grafts & Open Endovascular Procedures

Add the following codes to the bottom of "Endovascular Procedures":

Lithoplasty, w/wo angioplasty (hospital only)	C9764	N/A
Stent placement with lithoplasty, w/wo angioplasty (hospital only)	C9765	N/A
Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A
Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A

Add the following codes to the bottom of "Lower Extremity Revascularization Procedures - *Angioplasty Only*":

Lithoplasty, w/wo angioplasty (hospital only)	C9764	N/A

Add the following codes to the bottom of "Lower Extremity Revascularization Procedures - *Atherectomy*":

Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A

Add the following codes to the bottom of "Lower Extremity Revascularization Procedures - *Stent Placement with or Without Angioplasty*":

Stent placement with lithoplasty, w/wo angioplasty (hospital only)	C9765	N/A

Add the following codes to the bottom of "Lower Extremity Revascularization Procedures - *Stent Placement with Atherectomy*":

Stent placement, atherectomy, and lithoplasty, w/wo angioplasty (hospital only)	C9767	N/A