ERRATA for
Interventional Radiology Coding Reference
2016 Edition

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

Page 224, Example(s)

*2) Same patient as example #1, however, the patient has a suspected uterine AVM. Via a right transfemoral approach, a catheter is placed into the right internal iliac artery followed by diagnostic pelvic angiography. This demonstrates high flow shunting, requiring glue and larger sized embolic material. Pelvic angiography is an indicated procedure (75736-59). The catheter is advanced into the uterine artery and angiography confirms catheter placement (36247). Embolization is performed with follow-up angiography **(37242)** ~~(37243)~~. The left internal iliac is then selected and imaged (add -50 modifier to 36247; add -50 modifier to 75736-59). The catheter is advanced into the uterine artery with additional imaging confirming catheter position, followed by embolization and follow-up angiography. Abdominal aortography is performed (75625-59). The ovarian arteries are selected bilaterally (36245-5950) and show no additional supply to the AVM (75736-5950). (This treatment of a pelvic AVM allows coding for diagnostic imaging, catheter placements, and the vascular abnormality embolization.)*

Page 451, Coding Instructions

16. Use code 49405 for indwelling catheter drainage of renal, hepatic, or splenic cysts. Use code 10160 if the catheter is not indwelling. If sclerosis of a cyst is performed, add **code 49185** ~~codes 20500 and 76080~~.

Page 479, Coding Instructions

26. Use code 49405 for hepatic cyst drainage when an indwelling catheter is left in place. Imaging for guidance is bundled. Additionally use **code 49185** ~~codes 20500 and 76080~~ for ethanol ablation of the hepatic cyst. These last two codes apply to splenic, hepatic, and renal cysts, as well as lymphocele ablations.

Page 481, Example(s)

*7) Post renal transplant patient with cystic right peri-transplant peritoneal cavity fluid collection seen on ultrasound. Skin is prepped and draped with ultrasound guided placement of a catheter into the cystic lymphocele collection (49406). Aspiration of 1000 cc of milky fluid. Instillation of 200 cc betadine and contrast is performed with four way dependent positioning of the patient. The procedure is monitored fluoroscopically. The betadine is completely aspirated **(49185)** ~~(20500, 76080)~~. The catheter is left in place. Patient is to return next week for ultrasound evaluation.*

*8) A 14 cm right renal cyst causing the patient severe flank pain. Using sterile technique and CT guidance, a needle is placed into the cyst from the skin and 800 cc of yellow fluid removed (50390). This is exchanged for a 4 French pigtail catheter. Cyst injection is performed using fluoroscopy and 50 cc of dilute ionic contrast. Images do not reveal a connection to the collecting system (74470). 200 cc absolute alcohol, a sclerosant, is then injected and the patient placed on his stomach, back, and each side for 15 minutes prior to removal of the alcohol **(49185)** ~~(20500, 76080)~~. This is monitored fluoroscopically. The catheter is removed at the end of the procedure.*

Pages 487-488, Coding Instructions

1. Codes 19081-19086 bundle the breast biopsy, imaging guidance, localization device placement, and imaging 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. Mammography is separately billable if the original biopsy is performed with a **different type of** ~~MRI or ultrasound~~ guidance.

13. Mammography following biopsy, needle localization wire, or other breast procedure is reported separately if the initial procedure was not performed with mammographic ~~or stereotactic~~ guidance. The radiologic guidance codes for the interventions include all imaging by the defined modality used to perform the initial procedure.

14. Do not report imaging the tissue specimen separately **with image-guided percutaneous biopsies**; it is bundled. **Specimen imaging may be reported separately with open biopsies.**

Page 488, Example(s)

*1) Patient with suspicious calcifications in the upper outer quadrant of the right breast. Using stereotactic guidance, a vacuum-assisted biopsy is performed with sterile technique (19081). Three cores are removed. Calcifications are confirmed by specimen mammography (included). A marker clip is placed (included) and confirmed with orthogonal mammographic images ~~(included)~~ **(77055)**.*

Page 546, Coding Instructions

7. ~~If the physician performing an operative procedure or administering anesthesia also performs a nerve block for postoperative pain control, do code separately for the nerve block unless it is through an existing catheter (e.g., existing epidural catheter) or part of the initial anesthesia (e.g., a brachial plexus block for open reduction of a wrist fracture that is also for postoperative pain management).~~ **While the AMA has instructed that a nerve block performed after a surgical procedure for post-operative pain management can be reported separately, CMS has implemented edits preventing this billing. Nerve block procedure codes are "0" edits for physicians with surgical procedures and "1" edits for hospitals. The nerve block should not be reported separately when performed by the same physician who performed the surgical procedure on the same date of service.**

Page 610, Coding Instructions

1. Code 73206 is for unilateral upper extremity CTA. Report codes 73206 and 73206-XS, 73206-RT and 73206-LT, or 73206-50 when bilateral upper extremity imaging is performed. Note: The Medicare physician RVU file indicates that use of -RT and -LT or a -50 modifier with code 73206 will only result in reimbursements for one procedure. However, code 73206 is assigned a ~~line item MUE~~ **date of service MUE** of 2.

2. Code 73706 is for unilateral lower extremity CTA. Report codes 73706 and 73706-XS, 73706-RT and 73706-LT, or 73706-50 when bilateral lower extremity imaging is performed. Note: The Medicare physician RVU file indicates that use of -RT and -LT or a -50 modifier with code 73706 will result in reimbursement for two procedures. Code 73706 is assigned a ~~line item MUE~~ **date of service MUE** of 2.

Page 656, Appendix G

6. If a breast biopsy, needle localization wire, metallic localization clip, or other breast procedure is performed with mammographic ~~or stereotactic~~ guidance (e.g., ~~19081-19082,~~ 19281,19282), the physician should not separately report a post procedure mammography code (e.g., 77051, 77052, 77055-77057, G0202-G0206) for the same patient encounter. The radiologic guidance codes include all imaging by the defined modality required to perform the procedure. (Chapter III - page 12)

Page 668, Appendix G

11. If a breast biopsy, needle localization wire, metallic localization clip, or other breast procedure is performed with mammographic ~~or stereotactic~~ guidance (e.g., ~~19081-19082,~~ 19281, 19282), the physician should not separately report a post procedure mammography code (e.g., 77051, 77052, 77055-77057, G0202-G0206) for the same patient encounter. The radiologic guidance codes include all imaging by the defined modality required to perform the procedure. (Chapter IX - pages 10-11)