

ERRATA for *Interventional Radiology Coding Reference* 2020 Edition

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

Page 187, 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)	€9754	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	€9755	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, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	G2171	5194	N/A	Bundled		

Page 190, Coding Instructions

29. HCPCS Level II code ~~€9754~~ **G2170** describes percutaneous AV fistula creation by direct approach.
30. HCPCS Level II code ~~€9755~~ **G2171** describes percutaneous AV fistula creation by using magnetized arterial and venous catheters.
31. Procedures described by codes ~~€9754~~ **G2170** and ~~€9755~~ **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 ~~€9754~~ **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 ~~€9755~~ **G2171** for AV fistula creation using the everlinQ system. Physicians report ~~unlisted code 37799~~. **For physician billing, code G2171 is Carrier priced.**

Page 232, 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 238, 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.

Page 254, Coding Instructions

5. HCPCS Level II codes E9754 G2170 and E9755 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 279, 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

Page 282, Coding Instructions

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.

Page 285, Coding Instructions

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 286, Coding Instructions

58. Do not report venoplasty during percutaneous AV fistula creation procedures described by codes E9754 G2170 and E9755 G2171, as any balloon dilation is bundled. Embolization of branches during this procedure is also bundled. Physicians report unlisted code 37799.

Page 289, 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

Page 289, Coding Instructions

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 295, 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

Page 297, Coding Instructions

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 1, 2020, for hospital billing.
27. For physician billing, lithoplasty is coded the same as a POBA.

Page 306, 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	

Page 306, Coding Instructions

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 performed, 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 344, 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, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	G2171	5194	N/A	Bundled		
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Page 345, 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 ~~E9754~~ **G2170** for the entire Ellipsys **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 ~~E9755~~ **G2171** for the entire everlinQ procedure. Physicians report ~~unlisted code 37799~~.
7. Procedures described by hospital codes ~~E9754~~ **G2170** and ~~E9755~~ **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 347, 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 (~~E9754~~ **G2170**, ~~E9755~~ **G2171**), the catheter placements and embolization are bundled and not reported.

Page 351, Coding Instructions

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

Page 374, Coding Instructions

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 388, 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 547, Code Table

Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	0442T	5432	0.00	Bundled
Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	0600T	5361	0.00	Bundled
Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	0601T	5361	0.00	Bundled

Page 550, Coding Instructions

38. Category III CPT codes 0600T and 0601T are effective July 1, 2020, for reporting tumor ablation using irreversible electroporation. Report code 0600T when performed percutaneously or code 0601T when performed with an open access.

39. Report codes 0600T and 0601T once for all tumors treated in a single organ.

40. Code 0600T and 0601T include all imaging guidance. Do not report codes 76940, 77002, 77013, or 77022 in addition to these codes.

Page 596, Code Table

Spinal puncture, lumbar, diagnostic;	62270	5442	1.79
Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	62272	5442	2.54
Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	62328	5442	2.59
Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	62329	5442	3.26

Page 708, 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 710, 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 C9763 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 751, 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 752, 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 753, 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)	E9759 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 756, Charge Sheet - Aortic Stent Grafts

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

Atherectomy with lithoplasty, w/wo angioplasty (hospital only)	C9766	N/A
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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
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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
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Page 758, Charge Sheet - Biopsy & Ablation Procedures

Add the following codes to the bottom of “Ablation Procedures”:

Ablation, irreversible electroporation, percutaneous	0600T	N/A
Ablation, irreversible electroporation, open	0601T	N/A