ERRATA for
Interventional Radiology Coding Reference
2024 Edition

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

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2024 ~~2023~~ RVU File ~~*(the 2024 RVU file was unavailable when this book went to print)*~~:

HCPCS	MOD	DESCRIPTION	GLOB DAYS	PRE OP	INTRA OP	POST OP	MULT PROC	BILAT SURG	ASST SURG	CO-SURG	TEAM SURG
33875		Thoracic aortic graft	090	0.09	0.84	0.07	2	0	2	2	0
33880		Endovasc taa repr incl subcl	090	0.09	0.84	0.07	2	2	2	2	0
33883		Insert endovasc prosth, taa	090	0.09	0.84	0.07	2	0	2	2	0
33884		Endovasc prosth, taa, add-on	ZZZ	0.09	0.84	0.07	0	0	2	2	0
36200		Place catheter in aorta	000	0.00	0.00	0.00	2	1	1	0	0
36215		Place catheter in artery	000	0.00	0.00	0.00	2	0	1	0	0
36245		Place catheter in artery	XXX	0.00	0.00	0.00	2	1	1	0	0
36248		Place catheter in artery	ZZZ	0.00	0.00	0.00	0	0	1	0	0
37799		Vascular surgery procedure	YYY	0.00	0.00	0.00	2	0	0	1	1
43241		Upper GI endoscopy with tube	000	0.00	0.00	0.00	3	0	1	0	0
61611		Transect artery, sinus	ZZZ	0.00	0.00	0.00	0	0	2	1	2
73525		Contrast x-ray of hip	XXX	0.00	0.00	0.00	0	3	0	0	0
73525	TC	Contrast x-ray of hip	XXX	0.00	0.00	0.00	0	3	0	0	0
73525	26	Contrast x-ray of hip	XXX	0.00	0.00	0.00	0	3	0	0	0
75635		Ct angio abdominal arteries	XXX	0.00	0.00	0.00	4	0	0	0	0
75635	TC	Ct angio abdominal arteries	XXX	0.00	0.00	0.00	4	0	0	0	0
75635	26	Ct angio abdominal arteries	XXX	0.00	0.00	0.00	4	0	0	0	0
75710		Artery x-rays, arm/leg	XXX	0.00	0.00	0.00	6	0	0	0	0
75710	TC	Artery x-rays, arm/leg	XXX	0.00	0.00	0.00	6	0	0	0	0
75710	26	Artery x-rays, arm/leg	XXX	0.00	0.00	0.00	6	0	0	0	0
75716		Artery x-rays, arms/legs	XXX	0.00	0.00	0.00	6	2	0	0	0
75716	TC	Artery x-rays, arms/legs	XXX	0.00	0.00	0.00	6	2	0	0	0
75716	26	Artery x-rays, arms/legs	XXX	0.00	0.00	0.00	6	2	0	0	0

Page 508, Examples

Note: **If a disc biopsy had been performed instead of an aspiration, code 62267 is still appropriate.** If **a** ~~an adjacent~~ vertebral body bone biopsy had been performed **instead of an aspiration, report code 20225 instead (not 62267)** ~~there is no change in coding. Code 20225 is bundled with 62267.~~ Most procedures consist of an aspiration of the disc **or paravertebral soft tissue** only where code 62267 would apply. **If both an aspiration and bone biopsy of a contiguous vertebral body are performed, report only the aspiration with code 62267. If paravertebral aspiration is done, and a vertebral body biopsy is performed at a totally different site away from the aspiration (rare), report both codes 62267 and 20225-59. Each of the two codes (62267 and 20225) allow separate coding of imaging guidance as well when performed and documented.**

Page 534, Coding Instructions

1. ~~Do not~~ **Report** code 10160 for puncture aspiration of a fluid collection when a catheter is not left in place. Imaging guidance code 76942, 77002, or 77012 may be additionally reported as appropriate.

2. **Do not report code 10160 when a catheter is left in place. This is considered an indwelling catheter, which is reported with established CPT codes (e.g., 10030, 49405, 49406, 49407).**

Page 734, Code Table

~~37208~~, **37226**, 37252	C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation