|  |  |   | INDICATIONS FOR  | PRE-PROCEDURE  |   |
|--|--|---|--|--|---|
| STUDY  | CPT DESCRIPTION  | CPT CODE  | PROCEDURE  | REQUIREMENTS   | OUTCOMES/FOLLOW-UP  |
| Abscess Drainage                                     | Drainage of abscess or fluid collection via catheter           | 10030-soft tissue<br>49405-<br>kidney,liver,panc,lung<br>49406-peri/retroperi<br>49407-peri/retro via<br>transvag/transrect | Patient has collection of fluid needing drainage externally  | Conscious sedation, clear liquids after midnight, NPO 6 hrs prior  | Patients will have catheter/drainage bag until collection resolves. Will need to come back for removal                                |
| Alcohol Injection/sclerosing                         | Sclerotherapy of fluid collection                              | 49185   | Ablation of tumor  | Anesthesia for procedure, clear<br>liquids after midnight, NPO 6 hrs<br>prior  | Patient will be admitted post procedure and may need 1 day IV antibiotics   |
| Arteriogram (Angiogram)                              | Injection of intravascular contrast                            | 75710- unilateral<br>75716- bilateral<br>(plus CPT for<br>location)   | Pre-operative procedure to visualize arterial anatomy or emergent procedure to identify source of bleed                                | Clear liquids after midnight, NPO 6<br>hrs prior   | Post procedure recovery up to 6<br>hours, may be required to lay flat<br>with affected extremity held<br>straight                     |
| Aspira Catheter for pleural effusion/pleural ascites | Perc insertion of tunneled pleural drainage catheter w/imaging | 32550   | Pleural effusion, pleural ascites  | Clear liquids after midnight, NPO 6<br>hrs prior   | Patients will have Aspira drainage<br>bag or chest drainage system, need<br>to come back for removal<br>Patients will have            |
| Biliary Drainage                                     | Placement of biliary drainage catheter (internal/external)     | 47534   | Biliary obstruction with pruritus,<br>cholangitis, or need to lower<br>bilirubin for additional treatment                              | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics   | catheter/drainage bag for long<br>time period,possibly permanently,<br>will need to come back for routine<br>change every 10-12 weeks |
| CT Guided Biopsy                                     | Biopsy using CT Guidance                                       | 77012 (plus CPT for location)   | To obtain tissue specimen for diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours                                      |
| US Guided Biopsy                                     | Biopsy using Ultrasound<br>Guidance                            | 76942 (plus CPT for location)   | To obtain tissue specimen for diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours                                      |
| Fluoro Guided Biopsy                                 | Biopsy using Fluoroscopy<br>Guidance                           | 77002 (plus CPT for location)   | To obtain tissue specimen for diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours                                      |
| MRI Guided Biopsy                                    | Biopsy using MRI Guidance                                      | 77021 (plus CPT for location)   | To obtain tissue specimen for diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours                                      |
| Transjugular Liver Biopsy                            | Intravascular biopsy of liver                                  | 75970, 37200  | To obtain tissue specimen and<br>pressure measurements for<br>diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours                                      |
| Catheter Check                                       | Injection of percutaneous<br>catheter with contrast            | 36598 (venous),<br>49465 (gastro, D-or<br>J-tube)   | Check catheter function or assess volume of a collection cavity  | Patients do not need to be NPO unless sedation requested,may need pre-procedure antibiotics  | If catheter is not functioning<br>properly, catheter will be changed.<br>If resolved, catheter will be<br>removed                     |
| Cryoablation   | Cryoablation of a tumor  | CT Guided -77013, US<br>Guided-76940 plus<br>Renal-50593 or Liver-<br>47383 Lung-0304T                                      | Minimally invasive surgical<br>alternative for treatment of tumors<br>or masses. Thermal<br>ablation(freezing) of tumor                | Anesthesia for procedure, clear<br>liquids after midnight, NPO 6 hrs<br>prior, pre-procedure antibiotics, IR<br>consult prior            | Patient may be admitted post procedure  |
| Embolization of tumor                                | Tumor embolization   | 37243   | Pre-operative ablation of tumor to<br>minimize blood loss during surgery,<br>devascularization of tumor resulting in<br>tumor ischemia | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics   | Patient will be admitted post<br>procedure, may experience post<br>embolization syndrome(pain,<br>nausea, vomiting, fever)            |
| Venous Embolization                                  | Embolization venous  | 37241   | Venous malformations,<br>hemangioma, varicosities  | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics   | Patient may be admitted post procedure  |
| Arterial Embolization                                | Embolization arterial  | 37242   | AVM/fistula, aneurysms,<br>devascularization of tumor to<br>minimize blood loss during surgery   | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics   | Patient may be admitted post procedure  |
| Embolization for hemorrhage                          | Embolization arterial or venous for bleed                      | 37244   | GI, trauma, ruptured aneurysm,<br>lymphatic extravisation,<br>postpartum hemorrhage  | Generally urgent/emergent  | Patient may experience post<br>embolization syndrome(pain,<br>nausea, vomiting, fever)  |
| Gastrostomy Tube                                     | Placement/removal of gastrostomy tube                          | 49440-placement,<br>49465-removal,<br>49450-change  | For feeding or decompression   | NPO after midnight, oral contrast<br>ingested night prior, Notify IR if<br>patient receiving steroids,need pre-<br>procedure antibiotics | Patient always admitted post procedure. Tube feeds cannot be given for 24 hrs post placement  |
| IVC Filter Placement/Removal                         | Placement/Removal of<br>Inferior Vena Cava Filter              | 37191-placement,<br>37193-removal   | Presence of DVT or PE,<br>contraindication to anticoagulation,<br>active emboli, prolonged<br>immobilization                           | Clear liquids after midnight, NPO 6<br>hrs prior   | Recovery in short stay 2-4 hrs  |
| Kyphoplasty  | Lumbar or Thoracic<br>Kyphoplasty                              | 22513-Thoracic<br>22514 - Lumbar<br>add'l levels 22515  | Pain caused by vertebral compression fracture  | Clear liquids after midnight, NPO 6<br>hrs prior   | Patient must lie flat for 4 hours<br>post procedure, can go home same<br>day if procedure done in am                                  |
| Lumbar Puncture                                      | Lumbar Puncture performed with fluoroscopy guidance            | 62270, 77003-<br>Diagnostic<br>62272, 77003-<br>Therapeutic   | Need for CSF analysis,<br>administration of intrathecal<br>chemotherapy  | Patients do not need to be NPO unless sedation requested   | Patient must lie flat for 1 hour post procedure   |
| Nephrostomy  | Nephrostomy tube insertion                                     | 50432   | Urinary obstruction w/goal to improve or preserve renal function, urinary diversion for fistula/leak                                   | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics   | If seen for consult prior, do not<br>need to be admitted post-<br>procedure, recover in short stay 2-3<br>hrs                         |
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## DIAGNOSTIC RADIOLOGISTS, PC INTERVENTIONAL RADIOLOGY CPT CODE REFERENCE

| STUDY  | CPT DESCRIPTION   | CPT CODE   | INDICATIONS FOR PROCEDURE  | PRE-PROCEDURE<br>REQUIREMENTS   | OUTCOMES/FOLLOW-UP   |
|--|---|--|--|---|--|
|  |   |  |  |   |  |
| Nephroureterostomy                                 | Nephroureterostomy (NUT) placement                                  | 50433  | Urinary obstruction w/goal to improve or preserve renal function, urinary diversion for fistula/leak   | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics  | If seen for consult prior, do not<br>need to be admitted post-<br>procedure, recover in short stay 2-3<br>hrs  |
| Pleurx Catheter                                    | Placement of a Pleurx<br>catheter to relieve a pleural<br>effusion  | 48418  | Pleural Effusion   | Clear liquids after midnight, NPO 6<br>hrs prior, IR consult pre-procedure  | Amount of drainage to be managed by IR or referring physician  |
| Portal Vein Embolization                           | Venous embolization   | 37241  | Pre-operatively performed approx 3<br>weeks prior to liver resection to<br>allow atrophy of diseased part of<br>liver and allow for regeneration of<br>remaining liver | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics  | Patient will be admitted post procedure  |
| Radiofrequency/ Microwave<br>Ablation              | Ablation of a tumor utilizing radiofrequency waves, or microwave    | CT -77013, US-<br>76940, Renal-<br>50592, Liver-47382                            | Ablation of tumor  | Anesthesia for procedure, clear<br>liquids after midnight, NPO 6 hrs<br>prior, pre-procedure antibiotics, IR<br>consult prior | Patient may be admitted post procedure   |
| Routine Catheter Change-<br>biliary or nephrostomy | Routine scheduled change of<br>biliary or nephrostomy<br>catheter   | Biliary-47536<br>Neph- 50435   | Routine every 10-12 week catheter change   | Patients do not need to be NPO<br>unless sedation requested,need pre-<br>procedure antibiotics                                | none   |
| Y90 Spheres  | Selective Internal Radiation<br>Therapy (SIRT)                      | Please contact dept<br>directly. Multiple<br>codes over days                     | Treatment for liver metastasis or primary cancer   | Please contact IR Department  | Please contact IR Department   |
| Spine Biopsy                                       | Biopsy of the spine   | Bone -77012, 20220<br>Bone Marrow-77012,<br>38221,20220                          | To obtain tissue specimen for diagnosis  | Clear liquids after midnight, NPO 6<br>hrs prior  | Recovery in short stay 2-3 hours,<br>results available to requesting<br>physician in 24-72 hours   |
| SVC Stent  | Placement of a metallic stent in the superior vena cava             | 37238  | SVC Syndrome   | Clear liquids after midnight, NPO 6<br>hrs prior  | Patient will be admitted post procedure  |
| Aspira Pleurx Catheter<br>Placement                | Placement of Tenckhoff catheter                                     | 49418  | Recurrent ascites  | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics  | Amount of drainage to be managed by IR or referring physician  |
| Ureteral Stent                                     | Placement of a ureteral stent percutaneously or via the urethra     | new access w/o cath=50694,<br>new access w/neph<br>cath=50695,existing=50693     | Ureteral obstruction   | Clear liquids after midnight, NPO 6<br>hrs prior  | Patient will return to Department to<br>check for stent function 1-2 weeks<br>after placement. After initial<br>placement, can be changed by Urology   |
| Venous Access Device                               | Placement of a Venous<br>Access Device (non-tunneled)               | w/o port-36556<br>PICC-36569<br>PICC w/port-36571                                | Medical need for central venous access   | Clear liquids after midnight, NPO 6<br>hrs prior  | Device may be used immediately after placement, recovery up to 3 hours   |
| Venous Access Device                               | Placement of a Venous<br>Access Device (tunneled)                   | w/o port-36558,<br>with port-36561   | Medical need for central venous access   | Clear liquids after midnight, NPO 6<br>hrs prior  | Device may be used immediately after placement, recovery up to 3 hours   |
| Venous Access Device                               | Placement of Venous Access<br>Device (powerport)                    | 36561  | Medical need for central venous access   | Clear liquids after midnight, NPO 6<br>hrs prior  | Device may be used immediately<br>after placement, recovery up to 3<br>hours   |
| Venous Catheter Removal                            | Remove a tunneled Venous<br>Access Catheter                         | 36590  | Completion of treatment, infection or malfunction  | none  | Patient must remain upright for 3 hours post removal   |
| Biliary Stent                                      | Placement of an internal biliary stent                              | 47538  | A Wallstent is a self-expanding<br>metal device that restores patency<br>to obstructed bile ducts  | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics  | Patient may be admitted post procedure   |
| Thrombolysis                                       | Breaking down blood clot by<br>pharmacologic or mechanical<br>means | 37211-arterial,<br>37212-venous,<br>37213-subsequent,<br>37214-last<br>w/removal | Pulmonary embolism, acute limb<br>ischemia, iliofemoral DVT,<br>symptomatic deep vein thrombosis,<br>thrombosed graft or fistula                                       | Clear liquids after midnight, NPO 6<br>hrs prior  | patient could be admitted or<br>discharged same day. May need<br>treatment spread over few days<br>involving intravenous or<br>intraarterial infusions |
| Dialysis Catheter Placement                        | Placement of a dialysis<br>catheter                                 | 36558, 77001,<br>76937   | Need for dialysis  | Clear liquids after midnight, NPO 6<br>hrs prior  | Device may be used immediately<br>after placement, recovery up to 3<br>hours   |
| AV Dialysis Shunt and<br>Angiography               |   | 36901  | Need for long term , lifelong dialysis access  | Clear liquids after midnight, NPO 6<br>hrs prior  | Cannot be used immediately. Can take up to one month before used.  |
| Venography and IVUS                                | Injection of intravenous contrast                                   | 37252-unilateral<br>37253-bilateral ,<br>37238,37239                             | To visualize venous anatomy and treat venous insufficiency   | Clear liquids after midnight, NPO 6 hrs prior, pre-procedure antibiotics  | Post procedure recovery up to 6<br>hours, may be required to lay flat<br>with affected extremity held<br>straight<br>Revision 1.14.19                  |