

Navigator® for Interventional Radiology/Procedures Errata

NV21_IP and NV21.2_IP Editions

Page 87

The table of codes related to nonselective venous catheterization has been corrected. The code listed for the definition, *Introduction of catheter, superior or inferior vena cava* has been changed from CPT® 36015 to CPT® 36010.

Page 141

The table related to Coding Guidelines for thrombolytic infusions has been adjusted to identify the items in the right column as “Included Services” within the initial, subsequent, and final phases of treatment instead of listed as “Potentially Reportable Services”.

Page 186

A correction has been made to the definition for CPT® 47533, related to placement of biliary drainage catheters in the table provided. The definition originally listed stated, *“Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access”*. The definition has been changed to reflect the correct definition for CPT® 47533, *Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external*.

Page 221

The table of codes for Joint Injections, the fifth row listed the CPT® code as 210610. The extra digit has been removed to correctly display a 5-digit code for the definition provided, CPT® 20610, *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance*.