

# Interventional Informer

Spring 2015

## AVIR Leadership Update

### AVIR Valuation through Marketing, Media, and Partnerships: What's it all worth

Rob Sheridan, RT R FAVIR, Izzy Ramaswamy MS RT R CV,



Valuation is the process of determining the current worth of an asset or company. Like all organizations, in order to sustain as a business and to maintain its memberships and partnerships, AVIR must measure and continually test its inherent value. Although the AVIR is a nonprofit organization we do have an annual budget to maintain oversight on cash flow. The board members are working for this purpose; they are not paid a salary but do control the assets, create strategies, and maintain the operations of the organization including our budget. The simple truth is this; AVIR is worth nothing unless it is worth something to you, not only our members, but to all the interventional radiology

technologists out there working in this very specialized field we represent. ARRT told us last year that there was a little over twelve thousand registered technologists that have checked the box upon renewal that they work in an interventional setting across the United States. If you consider how many may not have checked that box and/or those that keep their information private, it is easy to estimate that number to increase upwards of twenty or more percent. In the past two decades, AVIR has grown a database of current and former members that reaches approximately thirty two hundred technologists. We currently have six hundred and sixty four active members which has steadily climbed each year since we first took office in 2011.



- DATABASE TOTAL = 3178
- TOTAL ACTIVE MEMBERS = 664
- TOTAL GUEST/ASSOCIATE MEMBERS = 101
- TOTAL AVERAGE WEBSITE VISITS PER DAY (2014) = 14
- TOTAL AVERAGE WEBSITE VISITS PER DAY (YTD) = 23
- Total number of IR TECHS registered with ARRT in 2012 = 12,253

As we come up on the fifth year working on the administrative branch of AVIR, and look back on some of the accomplishments the leadership team has brought forth, it's encouraging. We hired a new management group led by Spencer Boulter. Spencer has had experience working with AVIR in the past so his company was the clear choice to lead us into the future. With Spencer, we transferred our member database and membership accounts to YourMembership.com. YM is an integrated member engagement platform that is a robust yet user-friendly web based member and manager interface. YM's only down side was a clunky front end user interface. So we redesigned that limitation with the help of Jared Friends who took on the task of building us a new frontend web interface that is functional, intuitive, and without a doubt far more aesthetically pleasing. This was the first significant hurdle and we are proud of that work that truly lives up to our expectations.

We know education is your first priority so we made it ours; therefore our obvious next step was to create a comprehensive education platform which offers both online and onsite resources. Since our membership is primarily interested in meeting their continuing educational needs through us, we wanted to make sure it was easy and accessible. But more importantly, the AVIR feels it is critical

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### Inside Spring 2015 | David S. Douthett, RT(R)(CV), Editor



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that the education we provide is relevant to your unique sub-specialties so we manage the online content diligently and keep it revolving and up to date. With these goals in mind we implemented a new online education platform this year and are also working to tie in access to manage your credits and deliver them to your ARRT account directly.

Along with online education, our mission to educate and collaborate amongst our colleagues comes into fruition at least once a year at our annual meeting. Held in alliance with the SIR meeting each year, we design the meeting around specific goals and work to provide the most current and leading edge topics available to our registrants. This year will prove to be no different with Amanda at the helm as Meeting Chair in Atlanta. Throughout the year we are piloting new educational opportunities in a more regional setting to measure value and interest. For example, earlier this year, our team provided a two day workshop in Washington DC that proved to be a resounding success! Your 2015 VP and President, Alisha and David designed and implemented this program with great enthusiasm and they hope to keep programs like this alive for years to come. Chapter activity has seen the most movement and growth it has seen in many, many years. Crystal has worked diligently with the local community of IR staff to build and propagate local chapters. This has been a core mission for this BOD over the past five years and we are gaining traction. New and active chapters have been working very hard to build a local following and drive the AVIR mission. Thanks to people like Rob, Stephan, and Jim in Albany; Jodie in Orlando; Gloria in Texas; Rennie, Wesley, and David in NYC, and all the others working so hard at the local level, AVIR is becoming better known in each of their labs and in the surrounding community as a leader and educator in our specialized field. We have also partnered with Cook, Covidien, and a few other companies to provide free education to the community through these chapters.

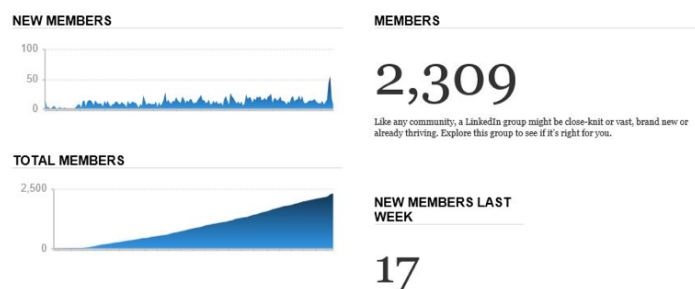
Our second goal in AVIR is collaboration amongst your peers. We need to have a voice, be able to discuss important topics, share our knowledge, and educate each other. To that end we have engaged with the available social media venues to strategically enhance our availability to reach this goal. Among the top performers is our Linked in account. Currently showing a little over twenty three hundred members and growing, its outreach far exceeds that number. As we can share our thoughts, our posts, and advertise with our radiology colleagues spread out over many such groups, through this method we can reach up to and over one hundred and fifty thousand radiology professionals from many scopes; such as leaders, front line, sales, industry, and so on. It is by far the easiest way to get in front of a targeted audience. Facebook has also

proved to be a very useful tool for us; our page can also target radiology professionals and recently enjoyed a small growth spurt. We have nearly five hundred “likes” on there and during a recent promotion we reached almost seven thousand radiology professionals directly, as you can see from the spike in the graphic below. We also have a Twitter account and a blog but tend to use these more as news feeds rather than a media outlet.

## Linked In Groups And Outreach Potential

Association of Vascular and Interventional Radiographers 2,211 members Radiologic Technologist Network 10,933 members American Society of Radiologic Technologists 13,743 members; Diagnostic Imaging 32,088 members Interventional Radiology & Interventional cardiology 5,446 members Interventional Radiology Community a subgroup of Radiology Imaging Community 1,849 members Medical Imaging Network 31,982 members Radiography Network 11,076 members Radiology Imaging Community 6,499 members Radiology Management 3,585 members Radiology Professionals 11,951 members Radiology Technologists 13,513 members Radiology Vendors 2,089 Members Radiolopolis - professional Radiology community for education, research and clinical practice 3,285 members

**Total Reach 150,250**



Our valuation is an interesting question but it is one we must answer. As stated earlier AVIR is a non profit organization. We run it as a business of course. Each year we create a sustainable budget built around reality and strategy. Our revenue sources stem from our memberships to our sponsorships. We can provide you with our net worth and annual P & L statements but you won't find our worth in there. In this equation it is our membership that is the source of our true value. For us and our partners, you are our greatest asset! As with many marketing strategies, our partners are interested in getting in front of all of you and that holds the most value to them so it stands to reason as our membership grows so will our value. As demonstrated in this article have we've shown you, we can reach an extraordinary number of radiology professionals targeted

# Inform



through our combined media outlets. We are continuing to draw them closer to us to better understand the outreach parameters. Dana, Bruce, Lora and the team collectively have worked tirelessly to extend and define this value out to them. Marketing and advertising is a critical component of our revenue stream but times are changing. New laws, i.e. the medical device tax law you heard about in the informer last year, politics, and industry economics all play a role in decreasing our access to these avenues. Strategically speaking we still hold strong inherent value to our partners in the relationships we can provide with their accounts and we need for them to continue to recognize the power and potential we can unleash for them. Companies are interested in ROI, which means in simple terms, what's in it for them? We believe we have a strong answer to that question, if they are willing to sit and listen. Help us to spread the word to your local reps and leaders.

We have deliberated in detail over these strategies for countless hours. We have worked with the AVIR leadership team to create a strong foundation over the past five years. We have a growing leadership team in place that is prepared to take us to the next levels on foundation we have put in place and we are confident they will succeed. Each of them contributing unique skills

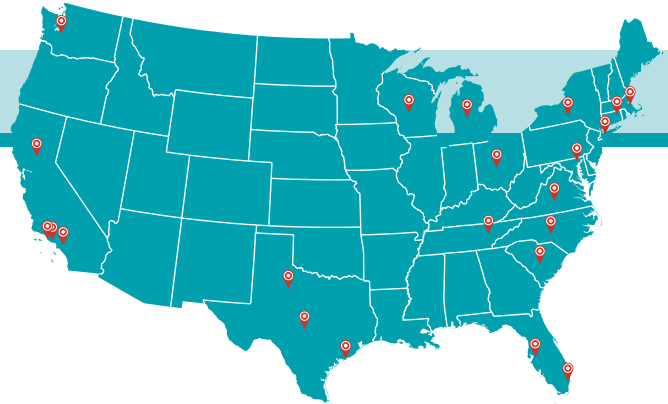
and perspective along with enormous time and energy to this endeavor; David, Amanda Crystal, Lora, Alisha, Dana, Bruce, Spencer, and Dave, thank you for all you do and have done, it's been a pleasure working together. In the coming years, we look to you, our members, for guidance and engagement in fulfilling the AVIR mission. It stands to reason that we can't do it without you, because we wouldn't be here without you. So get involved, join our team, encourage your peers, and participate in our goals. Make our mission your mission, you will benefit from it I assure you. In closing, we'd like to thank you for the opportunity to lead the AVIR through some trying times and assure you that you are in great hands as we succession to new leaders that will bring new ideas and approaches to how we deliver value to you our members!

Respectfully,  
Rob and Izzy

## 2015 Winter Chapter Updates



**By: Crystal Hanson, (RT) R  
Director at Large**



### **Arizona Chapter-New**

Contact: Alfredo Yanez

Email: [ayanezavir@gmail.com](mailto:ayanezavir@gmail.com)

Our newest AVIR Chapter is from Phoenix headed by Alfredo Yanez. They have a lot of interest and support from their local hospitals and staff. I have no doubt they will hit the ground running with some great lectures and add to our membership growth.

### **Baltimore Chapter**

Contact: Karen Finnegan

Email: [KFINNEGAN@umm.edu](mailto:KFINNEGAN@umm.edu)

### **Boston Chapter**

Contact: Amanda Popovitch

Contact: Kimberly Mahoney

Email: [Amanda.Popovitch@childrens.harvard.edu](mailto:Amanda.Popovitch@childrens.harvard.edu),  
[KMAHONEY18@partners.org](mailto:KMAHONEY18@partners.org)

### **Buckeye State Chapter (Ohio)**

Contact: Jamie Hiott RT (R) (CV)(M)(CT)(VI)

Email: [jshiott@gmail.com](mailto:jshiott@gmail.com)

### **Connecticut Northeast Chapter of AVIR**

Contact: Meredith Gaiter-Brown BSN, RT (R)(CV)(MR)(M)

Email: [mrcvm@aol.com](mailto:mrcvm@aol.com)

### **Great Lakes Michigan Chapter**

Contact: Michelle Denomme

Email: [mdenomme@beaumont-hospitals.com](mailto:mdenomme@beaumont-hospitals.com)

### **Knoxville, TN-New**

Contact: Dan Bernard

Email: [djbernard@me.com](mailto:djbernard@me.com)

Knoxville is our newest up and coming AVIR Chapter. Dan Bernard a technologist in Knoxville, Tennessee teamed up with his company Covidien Neuro Vascular, and are working on spearheading a fantastic first meeting.

### **Lone Star State Chapter**

Contact: Alan Seeley RT (R) (VI)

Email: [aseeley@petersonrnc.com](mailto:aseeley@petersonrnc.com) or [aseeley61@windstream.net](mailto:aseeley61@windstream.net)

### **Los Angeles Chapter**

Contact: Jeane Rhoten RT(R)(CV)

Email: [jrslife@aol.com](mailto:jrslife@aol.com)

### **South Florida-Broward Chapter-New**

Contact: Jamerson Guillaume

Contact: Hatm Muhammed

Email: [hatm65@hotmail.com](mailto:hatm65@hotmail.com)

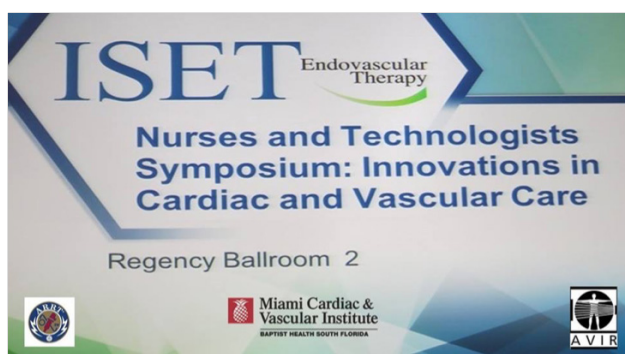
Email: [jguillaume10@gmail.com](mailto:jguillaume10@gmail.com)

This new Chapter in South Florida is excited to get things up and running for 2015. Jamerson is heading their organization and gaining the AVIR some new members. We can't wait to see what their Chapter has to offer.



# Informen

## 2014 Winter Chapter Updates



### South Florida-Miami Chapter

Contact: Roberto Telleria, RT R CV CT

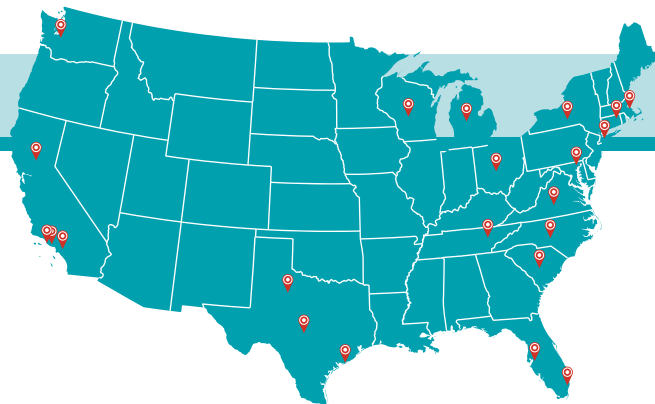
Contact: Izzy Ramaswamy

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Email: izzyavir@gmail.com

AVIR MIAMI was privileged to work with ISET and the Miami Cardiac & Vascular Institute early this year to bring south Florida relevant education on advancements in robotics, comprehensive stroke treatment and imaging techniques in MR and CT. Among our speakers and pictured were Dr. Katzen, Roberto Telleria RT, Milkos Olaniel RT, Carlos Avilla RT, Dr. Dabus, and Dr. Pena. It was a great day in Hollywood Florida at the Diplomat hotel and resort where AVIR members and non members had a chance to spend a day together.

This year our chapter will resume quarterly meetings which will be announced this month. Our next meeting is tentatively scheduled in mid April. Please keep an eye on our website for details.



Co-Chaired by – Stephan Johnson RT (R)(VI), Rob Velez RT (R)(VI), and James Black RT (R)(VI)



The Capital Region Chapter of the AVIR came out of 2015 strong! They hosted a meeting at the Midtown Tap and Tea Room which included dinner and one credit approval. This meeting was supported by their local representatives of Boston Scientific.



### New York City Chapter-New

Contact: Rennie Mohabir RT(R) (CV)

Email: mohabirh@mkscc.org

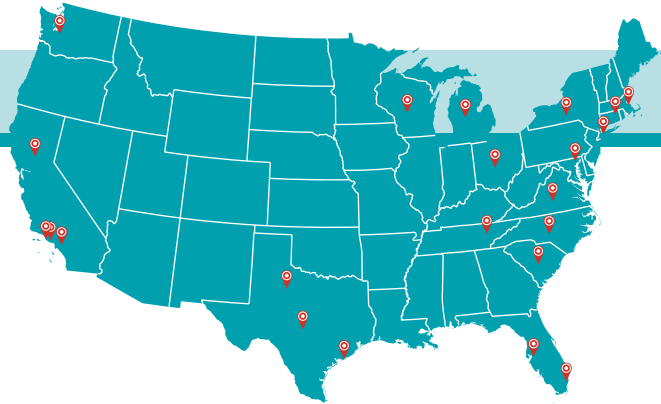
New York kicked their first meeting off on February 25th with a one-credit lecture featuring Concerto coils sponsored by courtesy of Covidien

### Northern California Chapter

Contact: Darlene Crockett RT(CV)

Email: maildarlene@juno.com

## 2014 Winter Chapter Updates



### **North Carolina Chapter of AVIR**

Contact: Diane Koenigshofer MPH, BSRT-R(CV), FAVIR

Email: [dianek@nc.rr.com](mailto:dianek@nc.rr.com)

The NCAVIR held a quaint meeting of 25 at the Hampton Inn Suites in Raleigh NC on Saturday November 8th, 2014. The lectures were incredible. Topics included: Interventional Pediatric Cardiology, Ports and Ascites, New things with IR x-ray, Prepping best practices, emerging trends in IR, clinical adventures in endovascular stroke, Everyone else does it and Fitness and Nutrition for the IR tech. It was a great day with good food and camaraderie.

### **North Texas Chapter**

Contact: Sven Phillips RT (R) VI

Email: [sven427@yahoo.com](mailto:sven427@yahoo.com)

The North Texas Chapter is organizing a 6-credit meeting for July 2015, so look for updates and future Newsletters to continue to get updates regarding this exciting meeting.

### **Orange County California Chapter (OCAVIR)**

Contact: Brett Thiebolt (R)

Email: [thieboltbh@stjoe.org](mailto:thieboltbh@stjoe.org)

Currently the Orange County Chapter activity is a quarterly angio club with multi-vendor support. This is a case presentation open to all Interventionalists, Vascular Surgeons, Cardiologists, RN's and Technologists.

### **Orlando, Florida Chapter-New**

Contact: Jodie Reynolds

Email: [jodieavir@gmail.com](mailto:jodieavir@gmail.com)

Great news central Florida interventional technologists! The Orlando chapter of AVIR is up and running at Nemours Children's Hospital. We have an exciting year ahead of us and will be offering amazing new benefits. In conjunction with physicians and medical supply representatives, we will be hosting meetings to further educate our community on the history and future of AVIR.

### **Seattle Chapter**

Contact: Leona Benson RT (R)(CV) FAVIR

Email: [seattleavir@hotmail.com](mailto:seattleavir@hotmail.com)

[www.seattleavir.com](http://www.seattleavir.com)

### **South Carolina (SCAVIR)**

Contact: John Furtek RT (R)

Email: [jfurtek52@gmail.com](mailto:jfurtek52@gmail.com)

[www.scavir.org](http://www.scavir.org)

The South Carolina Chapter is holding the S.E.T. Symposium in Kiawah Island, South Carolina. It is scheduled for February 19 2015. This symposium is designed to provide vascular surgeons, interventional radiologists, cardiologists, podiatrists and allied health professionals a unique interactive program on the most current information and treatment options available for endovascular disease. It is a great 17-credit symposium.

### **South Coast, Lakewood, CA**

Contact: Joseph Carfagno

email: [irmaster@msn.com](mailto:irmaster@msn.com)

### **Tampa, Florida**

Contact: Pete Stibbs

Email: [pete.stibbs@argonmedical.com](mailto:pete.stibbs@argonmedical.com)

Our Tampa Chapter has been quiet for a while, but Pete is working on bringing everyone back together to make a great come back. We hope to hear about their first meeting soon.

### **Texas Gulf Coast Chapter-New**

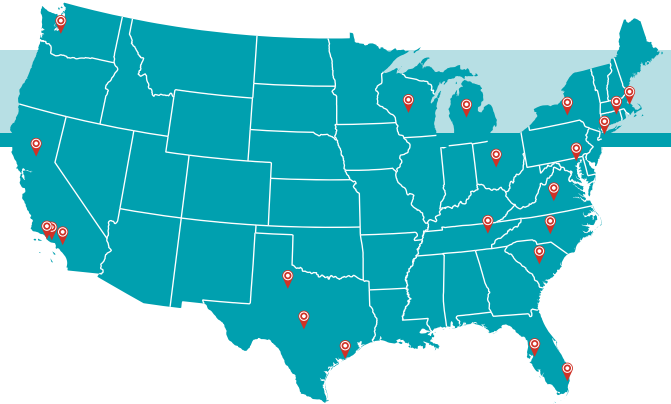
Contact: Gloria Andrews, Anjelica Alvarado

Email: [gloria.avir@outlook.com](mailto:gloria.avir@outlook.com), [ama.avir@gmail.com](mailto:ama.avir@gmail.com)

Lead technologists Angelica Alvarado and Gloria Andrews had their first meeting in the summer of 2014. They have set their Chapter up to welcome new members and recruit non-members in their local regions of Humble and Kingswood, Texas. Their drive to have a voice in the medical field is no doubt going to attract a great crowd.

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## 2014 Winter Chapter Updates



### **Virginia Chapter VAAVIR-**

Contact: Rita Howard RT(R) (CV) rhoward709@aol.com or twilliamson@mcvh-vcu.edu

Contact: Christopher Shaver RT (R) christophershaver@msn.com

The 11th Annual VA AVIR conference was held at the Great Wolf Lodge November 14, and 15 2014.

Tamie Williamson from the Medical College of Virginia was the Program Coordinator, who did an outstanding job. Our Friday session, Alisha Hawrylack from the University of Virginia presented the VI Board review. On Saturday November 15th, there were eight sessions with different topics presented by physicians. The conference was a great success. The participation was outstanding. There were approximately 60 participant and 15 vendors. We are now looking forward to next year's event.

Riverside Regional Medical Center in Newport News, Virginia has combined departments of Interventional Radiology, Cath Lab, EP and Neuro Intervention. Each month their manager attempts to provide continuing education giving their staff members updates on new procedures, continued procedures, new equipment, and various other topics. In August 2014, Dr. Eric Chou lectured on Right and left heart hemodynamics. September, Dr. Leesch spoke on cerebral anatomy. October, Dr. Janice Newsome lectured on treatments for vascular diseases and anatomy. November, Dr. Janice Newsome lectured on Malpractice issues in interventional radiology. We reach out to the staff to brainstorm ideas for our lectures to meet educational needs of the staff. The lectures have been well attended as well as very informative. The questions post lecture are well received.

And last but not least...from the Badger State...

### **Wisconsin Chapter**

Contact: Jen Eklund.

Email: daisymay1210@yahoo.com

On December 11th, 2014 the SEW-AVIR held our second evening meeting at our new location, Saz's State House Restaurant. We offered paired lectures for a total of two Category A CEUs. These talks were given by Dr. Parag Patel and our own Debra Barnes Co-Chair of the SEW Chapter. Dr. Patel discussed complex Aortic Interventions including many different types of Stent Grafts available. Debra talked about the role of the Interventional Technologist during these procedures. We had a nice attendance of 29 people.

Our Spring Symposium is around the corner. Saturday, March 21st 2015. The location remains the same at the Clarion Hotel in Milwaukee by the Airport. Some interesting topics we will have this year include; Interventional Veterinary Medicine, stroke, DES, an Interactive Tumor Board, Islet Cell Transplantation and Percutaneous Fetal Intervention



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The AVIR enjoyed hosting its first annual V.I. Workshop in D.C. in January.

By: Alisha Hawrylack RT (R) VI



Thank You!

The meeting was a huge success and more importantly, an incredible opportunity for us to network with members and non-members alike.

We enjoyed a weekend of networking, lectures, V.I. Board prep, and hands on simulator experience provided by Medtronic and Boston Scientific.

The time we had to meet, talk, and learn from each of you was invaluable to us. As the AVIR continues its partnership with you, it is our goal to continue to provide you with unique and relevant educational workshops and conferences.

For those of you who participated in our survey, your honest feedback is helping us to shape those educational offerings to ensure we are providing you with what you need in your continued pursuit of higher education. We appreciate all of your comments, and are working hard to make sure our next conference incorporates your suggestions.

If you were not able to attend D.C., but have any suggestions about conferences, CEs, or workshops you would like to see featured in the future, please let us know!

Any questions, concerns, or feedback, please feel free to email me at [ahawrylack.avir@gmail.com](mailto:ahawrylack.avir@gmail.com).

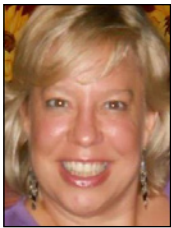
Thank you for the opportunity to participate in your professional development, and I look forward to hearing from you.

## C R Bard is a proud sponsor of the AVIR Organization and Meeting



## The Amazing Benefit of Combined Continuing Education

By: Lora Cheek, RN, CNRN  
Clinical Associate Representative



The count down to the AVIR annual meeting has begun and I am getting more and more excited each passing day. This event is a spectacular way to blast away any winter blues and stimulate the brain with amazing new quality information. I truly believe that “Knowledge has to be improved,

challenged, and increased constantly, or it vanishes”, one of my favorite quotes by Peter Drucker. Those of us in Interventional Radiology are so very fortunate to be working in an environment that fosters teamwork by holding the annual SIR, AVIR and ARIN conferences together at the same site. Research has shown that teams get more done and most people are smarter, make fewer mistakes, and are more effective together than they are alone. As an RN working in a very busy academic Interventional Radiology department, the unification of the team I am paired with in the lab has a big impact on my perception of the outcome of our day and working to improve communication, recognize different perspectives and knowledge bases is an ongoing process. I am very lucky that my MD’s and Techs are very receptive to my peppering them with questions about the case between the fluoro runs and my patient response to sedation assessments. That is one of the reasons I so look forward to the national annual conference where I am able to go to a variety of lectures with some of the MD’s, Techs and RN’s I work with at SIR, AVIR and ARIN to meet our diverse educational needs. Can you guess which day is my absolute favorite? You got it the AVIR/ARIN combined day is my most favorite day of lectures. It is a remarkable day of lectures spent with many of my coworkers together listening to outstanding topics pertinent to our practice.

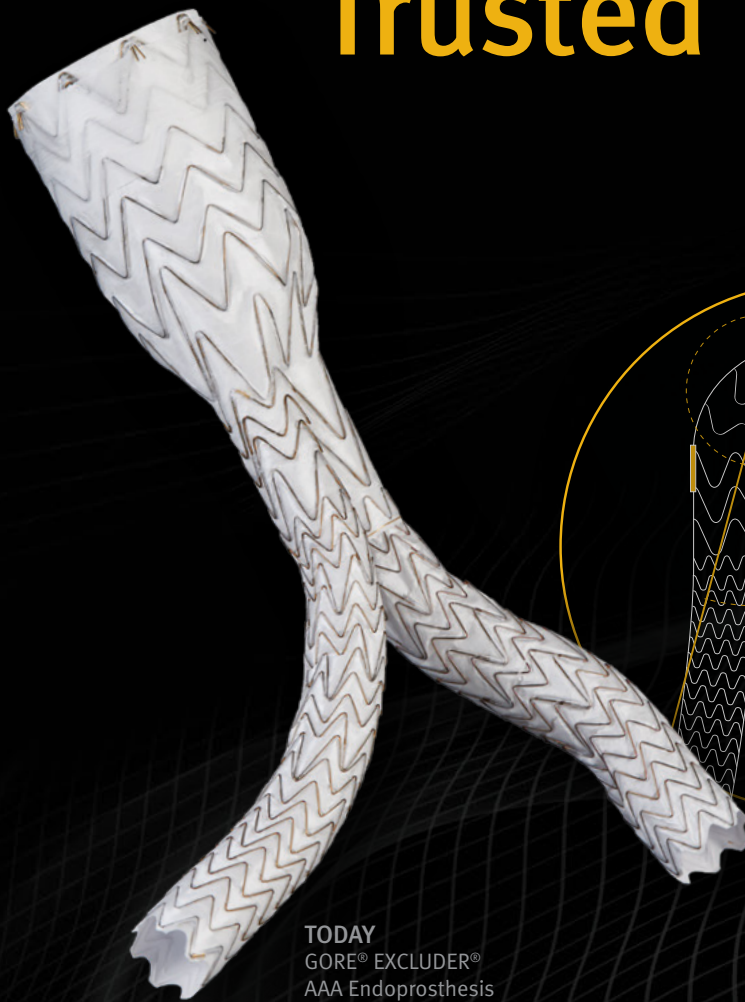
The combined day has sparked discussions with my coworkers that continue for weeks to months back at home surrounding ideas to facilitate improved practice in our department. One of the many concepts we brought home was the fun and feasibility of a combined education day. We had already created and run a one day Interventional Radiology course for RN’s supported by lectures from the MD’s and IR staff at the University of Maryland Medical Center but thanks to input from our Radiology Techs we obtained both CEU’s and ARRT credits for the last years course and had a great turnout of local RN’s, IR Techs as well as CT, MRI and Nuclear Med Techs. This year we are going to go for statewide participation!! Laura Moody one of our IR Techs created a super fun annual skills day and invited our RN staff to participate. She has industry Reps come to our IR and bring all the latest and greatest catheters, wires, devices, drains and technology. The Reps set up tables and allow our Fellows, Techs and RN’s to do simulation training on the devices, test out new products, access devices, cryo ablate liver or utilize the latest vein finding technology. We do sneak in required documentation poster boards, airway management stations and code, stroke or vasospasm simulations in our lab but keep them short, fun and mixed group participant oriented so we go through the stations just as we would work together in the lab. Collaboration in continuing education has made a great difference in our department bringing together our teams for educational offerings we look forward to each year, believe me no one misses skills day and schedule requests for the IR conference is made months in advance. So yes, our combined day of AVIR/ARIN is my most favorite day of the conference. I’m so excited to see what discussion and ideas stem from this year’s day of lectures and how our department grows from the experience and knowledge my coworkers and I have gain from this annual conference.

## 2015 Meetings Around the World

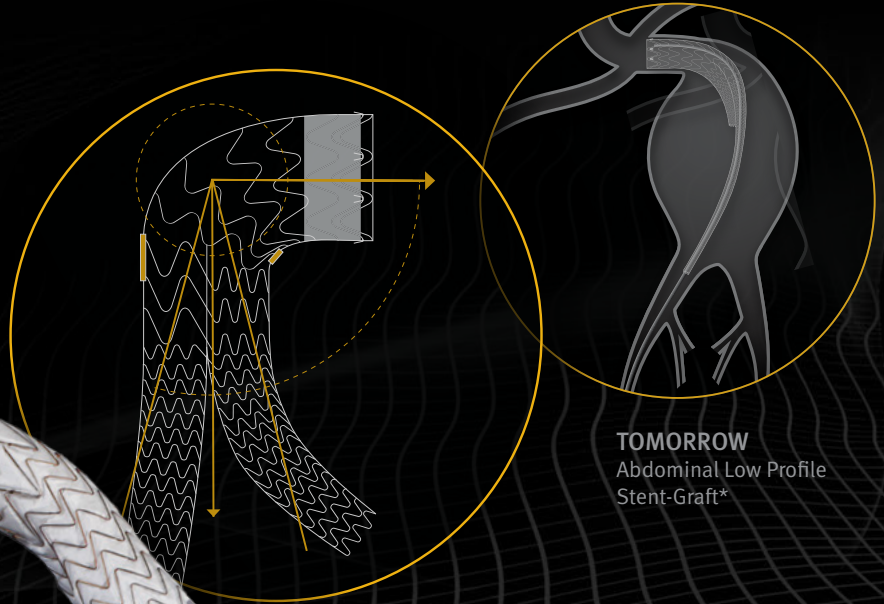
Date	Meeting	acynr	Web site/ Phone	Location
February 28 - March 4, 2015	Association of Vascular Interventional Radiographer 24th Annual Scientific Symposium	AVIR	AVIR.org	Atlanta, GA
February 28 - March 4, 2015	ARIN 2015 Convention & Imaging Review Course	AIRN	www.arinursing.org	Atlanta, GA
February 28 - March 5, 2015	Society of Interventional Radiology 40th Annual Scientific Meeting	SIR	sirmeeting.org	Atlanta, GA
March 9 - 13, 2015	University of Michigan 16th Radiology at the Seashore		uofm.edusymp.com	Captiva Island, Florida
March 13 - 14, 2015	Critical Issues America 2015		www.criticalissuesamerica.com	New Orleans, LA
April 10 - 12, 2015	Outpatient Endovascular and Interventional Society 2nd Annual Meeting	OEIS	www.oeisociety.org/meeting/	Chicago, IL
April 19 - 24, 2015	American Roentgen Ray Society Annual Meeting	ARRS	www.arrs.org	Toronto, Canada
April 24 - 26, 2015	Current Concepts in Vascular Therapies; 2015 Mid Atlantic Conference		www.evms.edu/cmc	Hilton VB Oceanfront, Va Beach, VA
April 28 - May 1, 2015	Charing Cross International Symposium	CXS	www.cxsymposium.com	London, UK
May 6 - 9 2015	SCAI 2015 Scientific Sessions	SCAI	www.scai.org/SCAI2015	San Diego, CA
May 14 - 16, 2015	Hands-On Practicum on Hemodialysis Access	VASA	www.vasamd.org	Duke University; Durham, NC
May 21, 2015	Pacific Northwest Endovasucalar Conference 2015	PNEC	www.pnec-seattle.org	Seatl, Washington
May 27 - 29 2015	New Cardiovascular Horizons 15th Annual	NCVH	www.ncvh.org/2015	Roosevelt Hotel; New Orleans, LA
May 28 - 30 2015	Society For Imaging Informatics in Medicine Annual Meeting	SIIM	www.siim.org	Washington, DC
June 8 - 10 2015	MEET Congress(Multidisciplinary European Endovascular Therapy	MEET	www.meetcongress.com	Nice, France
June 11 - 13, 2015	SVM 25th Scientific Sessions	SVM	www.vascularmed.org	Hilton LaJolla Torrey Pines, La Jolla CA
June 14 - 18, 2015	Complex Cardiovascular Catheter Therapeutic 10th Annual Conference (C3)	C3	www.c3conference.net	Hilton Bonnet Creek; Orlando, FL
June 17 - 20, 2015	Society Vascular Surgery Annual Meeting 2015	SVS	www.vascularweb.org	Mccormick Center; Chicago, IL
June 22 - 26, 2015	Preceptorship in Carotid Ultrasound Interpretation	CCF	www.ccfmc.org/carotid15	Cleveland Clinic Cleveland, Ohio
June 24 - 27, 2015	SITE: International Symposium on Endovascular Therapies	SITE	www.sitesymposium.org/site-2015	Barcelona, Spain
June 24 - 27, 2015	GEST2015 Global Embolization Symposium and Technologies	GEST	www.gestweb.org	Seville, Spain
July 19 - 22, 2015	AHRA 43rd Annual Conference	AHRA	www.ahraonline.org	Washington, DC
July 27 - 30, 2015	SNIS 12th Annual Meeting	SNIS	www.snisonline.org	San Francisco, CA
July 8 - 10, 2015	Chicago EndoVascular Conference (CVC) 2015	CVC	www.cvcpcvd.com	Swissotel; Chicago, IL
August 12 - 15, 2015	Save a Leg, Save a Life Foundation 2015 Annual National Conference		www.savealegsavealife.org	Palmer Hotel Chicago, IL
August 12 - 15, 2015	AMP 5th Annual Amputation Prevention Symposium	AMP	www.AMPtheCLImeeting.com	Palmer Hotel Chicago, IL
September 26 - 30, 2015	CIRSE 2015	CIRSE	www.cirse.org	Lisbon, Portugal

# Trusted Performance

TODAY and TOMORROW



TODAY  
GORE® EXCLUDER®  
AAA Endoprosthesis



TOMORROW  
Abdominal Conformable  
Stent-Graft\*

TOMORROW  
Abdominal Low Profile  
Stent-Graft\*

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AAA ENDOPROSTHESIS

**PERFORMANCE**  
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## ARRT Update

**By: Alisha Hawrylack RT(R)(VI)**  
**AVIR Secretary Treasurer**



As healthcare continues to bring cost effective, patient driven care into focus, Interventional Radiology Departments have been provided a national platform to showcase our unique way of caring for patients.

IR technologists play a crucial role as part of an interdisciplinary team perfectly designed to deliver innovative care that is less invasive than traditional methods and treatments.

Our clinical expertise, mastery of imaging equipment, procedural, and inventory knowledge, make us an invaluable asset in providing care that can result in happier patients through less patient risks, shorter hospital stays, and less discomfort.

As experts in our field, we desire access to world class education and resources that enable us to continue to be able to efficiently, safely, and effectively care for our patients, as well as advance our field through research and understanding.

The ARRT works to ensure that the content and educational requirements of the Vascular-Interventional Radiography Examination reflect our unique skillset.

Effective January 2016, the ARRT will be implementing Structured Education Requirements requiring candidates who wish to obtain post primary certification obtain one hour of structured education in each of the major content areas; Equipment and Instrumentation, Patient Care, and Vascular-Interventional Procedures.

Looking ahead to 2016, the AVIR is preparing to both educate our technologists regarding the changes affecting our field and credentialing, as well as provide them resources to meet those challenges and excel in our profession.

As we adapt to these changes, I encourage you to partner with the AVIR through membership. In addition to relevant continuing education credits, resources for the VI Board review, conference exposure, and networking opportunities, you will be provided current information regarding ARRT changes, and informed of resources available to meet these requirements.

## Newsletter Advertising rates:

Type	Dimensions Inches	Ad Rate
Classified Ad	1 column inch	\$ 125.00
1/8 page black/white ad	2¼ x 3¾	\$ 225.00
1/4 page black/white ad	4½ x 3¾	\$ 425.00
1/2 page black/white ad	4½ x 7½	\$ 800.00
Full page black/white ad	8½ x 11 (w/ ½ bleed)	\$ 1,500.00
Full page color ad	8½ x 11 (w/ ½ bleed)	\$ 2,000.00

Issue	Close Date	Mail Date
2015 Spring	April 20, 2015	May 20, 2015
2015 Summer	July 20, 2015	August 20, 2015
2015 Fall	October 20, 2015	November 20, 2015
2016 Winter	January 20, 2016	February 20, 2016

### Mechanical Specifications

Dimensions:  
 Trim Size: 8.5"x11"  
 Live Area should be kept 1/4" from trim on all sides including gutter.  
 Bleed extends 1/8" beyond trim on all sides.

### File Submission

Digital files should be provided in high resolution PDF format, including crop marks and bleed if applicable. Although not recommended, we will accept the following formats: .eps, .tiff, or Adobe InDesign native files with all support links and fonts. The following file formats are not accepted: Corel, Microsoft Word, Powerpoint or Publisher documents.

All images must be 300dpi and in CMYK or Grayscale color format. All fonts should be embedded or in outlines where applicable. Artwork should be submitted at 100% scale.

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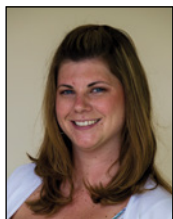


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## Coming to Atlanta!

**By: Amanda Popovitch, RT (R)**  
**2015 Program Chair**



The current weather in Atlanta, GA is sunny and in the high 50's!!! Imagine what it will be when our 2015 Annual Meeting commences!!! What topics and presenters are you excited for?!!! Is it Dr. Alex Berenstein with Neuro IR & Stroke? Or does Women's Health and Issues interest you? Boston Children's

Hospital's Gulraiz Chaudry will present Extreme Vascular Malformation's, and back by popular demand the hilarious Dr. Seyhan Senlar will present Extreme IR. Don't forget our combined day with our nursing colleagues where you will obtain your Radiation Protection credit. You don't want to miss out on the MGH Simulation Team presenting Emergency Reactions and IR Simulation. Once again we will have the case of the day for your chance to win some great prizes, and back by popular demand our Vendor Bingo where you will hit up different booths in the exhibit hall for a chance to win...maybe an iPad or a tablet or...?!!!! If

you are the hands on type - Gore, Mentice and Medtronic will be onsite with their simulators!!! If you are studying for your VI Boards and are looking for a fantastic review? Well, our VI Review with our President Elect Alisha Hawrylack will give you everything you need to know for the big day! Don't forget to head on over to the vendor exhibit hall for a chance to win a fabulous prize at the end of the week, and keep getting up to the minute updates with our brand new AVIR App! Please join us and our nursing colleagues from ARIN on Sunday evening for our 2015 soiree and take in 360 degree views of the Atlanta skyline at Ventanas.

Register today!!!



## AVIR Directed Reading

### 12 New Category A CE Credits Now Available



Access the AVIR website at [www.avir.org](http://www.avir.org)

Articles and quizzes are posted online using our new education platform.

Certificates of completion can be printed directly from your AVIR account.

If you have suggestions for other AVIR projects, please let us know!

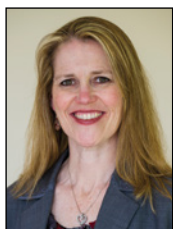
# Inform

We



Our Corporate Partners!!

**By: Dana Bridges Kanfoush, AVIR Corporate Associate Director**



We are very fortunate as an organization to have companies that sponsor us year after year even though budgets continue to get tighter and tighter. Somehow they consistently find ways to support our annual meeting, VI workshops, and online learning opportunities. We ask

for your help in letting these sponsors know how much they mean to us.

For those of you attending our meeting in Atlanta this year, we've created a fun game to give you a little extra incentive to visit the vendor booths. When you register, you will receive a "bingo" card that lists all of our major sponsors on the back. Next to each company's logo, you'll see a booth number. When you visit that booth, you can pick up a sticker specific to that company. Once you've visited all of our sponsors' booths and filled out your card, bring it back to the AVIR sessions to be entered to win a prize. It's that simple!!

Why do we want to give you a prize for doing something you probably planned to do anyway? Well, we want our sponsors to know how much they mean to us and to them, "traffic to the booth" is priceless. It's a win-win for everyone. Ideally, you will learn about cutting edge devices and procedures and they will see and appreciate the value of supporting you as a member of AVIR.

What happens after the annual meeting is done? Guess what? AVIR can help your local reps support your educational pursuits throughout the year, too. If any of your reps are like me, they like to give back to the departments who support them but how does that happen nowadays with all of the restrictions and rules? One suggestion is for reps to provide CE presentations onsite.

Asking your reps to provide continuing education credits may sound daunting unless the company is a multi-billion dollar entity with tons of support staff because the process to get credits HAS to be difficult, right? Not true!! It's a lot easier than you might think. You may have seen us advertise that AVIR is a RCEEM but what does that mean to you, your department or sales reps? RCEEM stands for "Recognized Continuing Education Evaluation Mechanism" which allows us to certify Category A credits

for continuing education for any organization.

AVIR board members have made sure this process is as streamlined as possible. The application is very easy to fill out and submit for review and approval. Ultimately, if someone puts together an educational presentation that meets certain criteria and goes through the process, then members attending the events (whether they are local or even facility-based learning sessions like grand rounds) can get CE credits. As an organization, it has been one of our goals for device companies to take advantage of this opportunity but it may be up to you to give them this suggestion.

Please remember that our corporate sponsors are a big reason we are able to continue to offer educational opportunities through our annual meeting and online. Showing your appreciation to them certainly goes a long way and helps us ensure a strong partnership for many years to come.

And one final note ... for those of you who are able to attend the annual conference, you are about to experience an amazing opportunity to meet and interact with people from all over the country (which is truly one of my favorite parts of AVIR!). In sales, I've always heard if you're not networking, you're not working and the same applies to our meeting. You may think you're unique in terms of the challenges you're facing as an IR department, but talk to others from all over the world and you'll find that they experience the same issues and concerns that you do. Networking with other techs provides invaluable insight into different ways to handle similar problems or difficult procedures.

Some techs are lucky that they get to attend the annual meeting with several other people in their departments. However, if you're like many hospitals, only one tech and one nurse get to attend which means as the lone tech from your department, you're sitting by yourself all day in a sea of people who all seem to know each other. If this describes you, SPEAK UP!! Please come talk to one of the board members and we'll introduce you to other people. It can be intimidating to be the "new kid" but techs, in general, are more than welcome to bring you into their "circle of friends and family" and make sure you enjoy your time at the meeting. And finally, all of your board members want to make sure you get the most out of attending AVIR's annual meeting so please let us know what we can do to help you!!!



## Join us in Atlanta for a powerful, innovative curriculum that celebrates the unlimited potential of IR

The excitement and promise of IR are in the spotlight at the AVIR 2015 Annual Meeting at the Omni CNN Center Hotel, February 28-March 4, 2015. AVIR's Annual Meeting is the most comprehensive IR educational experience designed for all professional levels and all practice environments. This is where the IR community gathers to learn, share, and lead. Are you in for Atlanta?

Start Time	End Time	Speaker	Topic
<b>Saturday, February 28, 2015</b>			
8:00 AM	5:00 PM	REGISTRATION	
12:00 PM	4:00 PM	Board Meeting	
<b>Sunday, March 1st 2015 – International Ballroom</b>			
7:00 AM	7:45 AM	Registration and Coffee	
7:45 AM	8:00 AM	Rob Sheridan, RT(R)(VI), Greg Laukhuf RN ND, CRN, RN-BC, NE-BC	Presidents' Welcome
8:00 AM	9:00 AM	Jafar Golzarian, MD-University of Minnesota Medical Center	IR Team Concept: "Changing Times, Redefining Roles"
9:00 AM	10:00 AM	Bethany Niell, MD, PhD-Massachusetts General Hospital	Emergency Reactions And Simulation In Radiology
10:00 AM	10:15 AM	Break	
10:15 AM	11:15 AM	Seyhan O. Senler, MD-Clark Memorial Hospital, Harrison County Hospital	Extreme IR
11:15 AM	12:15 AM	Donald F. Denny, MD-Princeton Radiology	Affordable Care Act
12:15 PM	1:15 PM	Lunch	
1:15 PM	2:15 PM	James F. Benenati, MD, FSIR-Miami Cardiac and Vascular Institute	The Future OF IR
2:15 PM	3:15 PM	Michael J. Miller, MD-Duke University Hospital	Service Excellence
3:15 PM	3:30 PM	Break	
3:30 PM	4:30 PM	Robert G. Dixon MD-UNC Chapel Hill	Radiation Protection
4:30 PM	5:30 PM	Robert M. Spillane, MD -Hartford Hospital	High Reliability
7:00 PM	12:00 AM	Soiree	



# 2015 AVIR ANNUAL CONFERENCE

Start Time	End Time	Speaker	Topic
<b>Monday, March 2nd 2015 – Grand Ballroom</b>			
7:30 AM	8:00 AM	Continental Breakfast	
8:00 AM	9:00 AM	Alejandro Berenstein, MD-Mt. Sinai New York	Neuro IR
9:00 AM	10:00 AM	Lora Cheek RN, Stacey Pickerel, RT(R)-University Baltimore	Interesting Case-Neuro
10:00 AM	10:15 AM	Break	
10:15 AM	11:15 AM	Anita Bell, RT (R)- University of Virginia	Working With Difficult Staff
11:30 AM	1:00 PM	Lunch	
12:00 PM	1:00 PM	Jihad Mustapha, MD-Metro Health Hospital	Bard Lunch Symposium-Levant 035 Drug Coated PTA Balloon-Bard Corporate Suite-Expo Hall A1
1:00 PM	2:00 PM	Shawn Meader, MD-University of South Florida	TACE & HCC, Y-90
2:00 PM	3:00 PM	Daniel B. Brown, MD -Vanderbilt University Medical Center	Advancement In Tumor Ablation
3:00 PM	3:15 PM	Break	
3:15 PM	4:15 PM	Howard M. Richard III, MD-University of Maryland Medical	UAE & Women's Health
4:15 PM	5:15 PM	Jason W. Pinchot, MD-University of Wisconsin	Adrenal Vein Sampling
<b>Tuesday, March 3rd 2015 – Grand Ballroom</b>			
7:30 AM	8:00 AM	Continental Breakfast	
8:00 AM	9:00 AM	Gulraiz Chaudry, MB, ChB, MRCP,FRCR-Boston Children's Hospital	Vascular Anomalies: Interesting Case
9:00 AM	10:00 AM	Ray Ramoso, RT(R)(VI)- Seattle Children's Hospital	Pediatric IR
10:00 AM	10:30 AM	Business Meeting/Awards Presentation	
10:00 AM	10:15 AM	Break	
10:45 AM	11:30 AM	Constantino S. Pena, MD-Miami Cardiac & Vascular Institute	Current Applications In Robotic IR
12:00 PM	1:00 PM	Lunch	
1:00 PM	4:00 PM	Board Meeting	Board Meeting
1:00 PM	2:00 PM	Gilbert R. Upchurch, MD- University of Virginia Vascular Surgery	Endovascular Treatment In IR
2:00 PM	3:00 PM	Zubin Irani, MD-Massachusetts General Hospital	Extreme Portal Interventions
3:00 PM	3:15 PM	Break	
3:15 PM	4:15 PM	Julie Orlando, RT(R)-Inova Alexandria Hospital	Prostate Embolization
4:15 PM	5:15 PM	Bill Majdalany, MD-University of Michigan	Balloon Occlusion
<b>Wednesday, March 4th, 2015</b>			
7:30 AM	8:00 AM	Continental Breakfast	
8:00 AM	12:00 PM	Alisha Hawrylack, RT (R)-University of Virginia	VI Review



## Fun in “HOTlanta”

**Dana Bridges Kanfoush**  
AVIR Corporate Associate Director



Whether this will be your first trip to Atlanta or you're a regular, this city has something for everyone. Known for having more drinking establishments than houses of worship (yes, I know what you're thinking ... that's not normal when you're talking about the Old South), there are plenty of opportunities to have fun in “HOTlanta.” To save you the time of researching all of the cool, trendy restaurants and local hot spots, I've compiled a list of a few places to put on your “to visit” list:

**Cypress Street Pint & Plate Midtown –  
817 W Peachtree St NW**

The husband & wife team behind one of Atlanta's best cheeseburgers want to give you every reason to chow down in any weather. Get yourself a Fireside Rye for the most appropriate combination of whiskey, ginger beer, and heat.

**Park Tavern Midtown – 500 10th St NE**

The city's best ground-level view keeps you comfortable in all seasons, and always remember, when it rains this winter, they'll pour dollar drafts.

**CosmoLava Midtown – 45 13th St NE**

The “Original in Upscale Midtown Night Life” ... this trendy lounge inside a house has a laid-back side too, so get a martini and find a girl in an impossibly short dress to talk to about your latest Kardashian theories.

**Rí Rá Irish Pub Midtown – 1080 Peachtree St NE**

Good for much more than just St. Patrick's shenanigans, how can you go wrong with an Irish pub? They offer a solid selection of Irish spirits, Euro sports, trivia, and a snuggly firepit.

**Seven Lamps Buckhead – 3400 Around Lenox Rd NE**

Snag one of their top-shelf cocktails at this “craft food and drink” establishment.

**Gordon Biersch Buckhead – 3242 Peachtree Rd NE**

The reflections of the flames on their giant beer tanks provide a pleasant ambience for you to sip their dark lager. The legendary garlic fries are a pretty good complement, too. (A chain restaurant but still usually serves good food and great beer.)

**Twin Peaks Buckhead – 3365 Piedmont Rd NE**

Since we're so far from skiing here in the South, you need to hit up this resort-themed watering hole for the “scenery”. Stop by for their awesome hearty, made from scratch food, ice cold beer and all the sports you can handle. It's what makes them the ultimate sports lodge!

**Buckhead Saloon Buckhead – 3227 Roswell Rd**

Well-known for packing in hundreds and serving drinks by the thousand, this Buckhead bar has a cozy side, too. Oh, and one of their 10oz bacon and BBQ sauce burgers can be your new best friend.



# Inform

## **Treehouse Restaurant and Pub Buckhead – 7 Kings Cir NE**

How this tiny little spot under the leaves has managed to stay a secret for almost 30 years is inexplicable. How they manage such a deep beer and wine list in this tucked-away cottage is also inexplicable.

## **Two Urban Licks Old Fourth Ward – 828 Ralph McGill Blvd NE**

With it's urban chic atmosphere, the big open kitchen and the big open fireplace are perfect for the big open-faced salmon chips that you must order every time because they are incredibly delicious.

## **Jack's Pizza & Wings Old Fourth Ward – 676 Highland Ave NE**

In a hurry? Jack's prides itself on serving "fast food" like pizza, wings, and more. The outdoor fire pit at this cool restaurant that serves great bloody mary's is a good reason to hang outdoors in the O4W.

## **Front Page News Little Five Points – 1104 Crescent Ave NE**

This NOLA-inspired spot keeps busy well outside of hurricane season. A thick late-night menu keeps you in the Big Easy spirit

with jambalaya egg rolls and andouille deviled eggs. Don't miss the "Original Famous 100 Item Build Your Own Bloody Mary Bar."

## **Bellwood Social House West Midtown – 1000 Marietta St NW**

All that wood you see stacked around the impressive bar is a good sign. Good, because they use it to smoke their chicken and pork. Doubly good because of their sweet fireplace.

## **Bartaco West Midtown – 969 Marietta St NW**

This bar is good for more than just tacos. Quesadillas, gorditas, tamales, and ceviche are also good reasons to come in and keep toasty.

## **Yard House Atlantic Station – 261 19th St NW**

The beer list here is thicker than most of your old textbooks, so get cozy with your new reading material and grab a goblet from one of the dozens of different styles.

Good luck trying to hit as many fabulous hot spots as possible while you're in town and certainly let us know of any great adventures.

## *W. L. Gore & Associates Congratulates Michael Kelly, RT (R)(VI), RCIS*

**2015 recipient of The Association of Vascular and Interventional Radiographers**

## ***Award of Excellence***

Thank you, Michael for going the extra mile in the field of interventional radiology, taking action to improve daily life for patients, peers, physicians and hospital staff. Your compassion and professionalism are an inspiration to those in your hospital and community.

Gore proudly sponsors the AVIR Award of Excellence. Founded in 1958, Gore Medical is devoted to exceeding expectations — through superb product design, a culture of collaboration and utmost dedication to customers. Gore knows excellence when it sees it, and sincerely appreciates others who are also always working for a better solution.

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## More Billing & Coding Changes for 2015

**Katharine L. Krol, MD, FSIR, FACR**

This article is reviewing two hot topics in detail. Reporting of stent placement for non occlusive disease in lower extremities and stent placement in the innominate artery. This article was published in *Endovascular Today* January 2015 issue.

### Reporting Stent Placement For Nonocclusive Vascular Disease

In Lower Extremities Effective January 1, 2015, there was a change in CPT that affects reporting specific endovascular services provided in the lower extremities. The introductory language and code descriptors in CPT have been modified, altering the use of codes 37220–37235 and 37236–37237. The lower extremity revascularization set of codes (37220–37235) are now specifically defined for treatment of lower extremity occlusive disease. This means that treatment of nonocclusive disease entities such as aneurysms, pseudoaneurysms, and/or rupture/extravasation with endovascular stents (either covered or noncovered) in the infrainguinal vessels will not be reported with the lower extremity endovascular revascularization family of codes, 37224–37235. Instead, arterial vascular stent codes 37236–37237 would be reported. The descriptors for 37236–37237 have been modified to reflect this change:

- 37236: transcatheter placement of an intravascular stent(s) (except lower extremity artery[s] for occlusive disease, cervical carotid, extracranial vertebral, or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation (RS&I) and including all angioplasty within the same vessel, when performed; initial artery
- +37237: each additional artery

Codes used to report treatment of nonocclusive iliac artery disease (eg, aneurysms) with endovascular stent (prosthesis) placement will not change. These procedures will continue to be reported with codes 34900/75954. If iliac extension prostheses are placed in the same iliac, 34825/75953 may also apply.

- 34900: endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis
- 75954: endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, RS&I

- 34825: placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
- 75953: placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, RS&I

### Reporting Treatment of Nonocclusive Disease in Infra-Aortic Arteries

Using aneurysmal disease as a nonocclusive disease example, the codes used to report aneurysm repair in the infra-aortic arteries (37236, 37237, 34900/75954) include the work of stent placement and any angioplasty performed before, during, or after stent placement within the target treatment zone. Catheterization of the vessel is not included in the work of codes 37236, 37237, or 34900 and may be separately reported. Codes 36246–36247 also include all the imaging and RS&I required to provide the therapy. Code 34900 does not include angiography and RS&I work, which may be separately reported using 75954. Codes 36246–36247 are reported once per vessel treated, regardless of the number of stents placed. Codes 34900/75954 are used to report the first stent/covered stent/stent graft placed for iliac artery aneurysm repair. If more than one stent is required, 34825/75953 (placement of an extension) is reported once regardless of how many additional stents are required to accomplish the repair.

Code 37236 should be reported once for treatment of the initial vessel, regardless of the number of stents required to repair the aneurysm. Code 37237 is reported for each additional vessel treated with a stent, regardless of location. In the lower extremities, the vascular territory definitions used for the lower extremity revascularization codes apply to the use of 37236 and 37237 as well. For instance, if a popliteal artery and a femoral artery aneurysm are repaired in the same leg, 37236 would be reported for the repair (this applies if the aneurysm is treated with a single stent or multiple stents).

The use of codes 37220–37235 is not the same as 37236 and 37237 because of differences in structure for the two sets of codes. Because the work of catheterization and vessel access is included in the work of 37220–37235 but not in

# Inform

the work described by 37236 and 37237, catheterization codes should be additionally reported with 37236 and 37237. The catheterization work associated with treatment of occlusive disease in the lower extremity vessels is included in 37220–37235 and is not additionally reported. This also creates differences in the use of the add-on codes with the 37220–37235 family versus 37236 and 37237.

If aneurysms are repaired in both legs, 37236 would be reported for repair of the initial vessel, and the add-on code 37237 is used to report treatment of additional vessels in the same extremity and/or the contralateral extremity. As an example, treatment of bilateral popliteal artery aneurysms with stents would be reported with 37236, 37237. This is different from stent placement for treatment of bilateral popliteal artery occlusive disease, which would be reported with primary codes for each extremity: 37226-50 (or 37226-RT + 37226-LT, or 37226 + 37226-59. Carrier preference for modifier use may vary. Some carriers may require -50 for bilateral procedures, some will ask for -RT and -LT to distinguish services, and others may recognize the -59 modifier. It is always best to check with the carrier to determine how they recognize modifiers). This difference is due to the bundling of catheterization work in the 37220–37235 family but not in codes 36236–36237.

If occlusive disease is treated in the lower extremity during the same procedure as a treatment of nonocclusive disease such as an aneurysm, that treatment may be separately reported if it is in a separate vessel from the target treatment zone for the aneurysm repair. (Remember that for coding purposes, the definitions of “vessels” in the lower extremity are not anatomic, but follow the vascular territory definitions outlined in CPT.) Because the work of catheterization of the vessel is included in the lower extremity revascularization codes 37220–37235, however, the same catheterization would not be reported a second time with the vascular stent code(s) 37236–37237 used to report the aneurysm repair. If both occlusive disease and aneurysmal disease are treated in the same vessel in the same session, only one therapeutic code should be reported. Select the code that describes the dominant disease entity treated.

Additional catheterizations are reported when the occlusive disease and nonocclusive disease are treated in two separate vascular territories from the same entry/access site and the degree of selective catheterization is higher for the nonocclusive vessel treatment than for the treatment of the occlusive disease. It is also reported when the vessels are treated from separate entry/puncture sites. A separate catheterization code may also be reported with 37236–37237 when the work of catheterization is an equal or lesser order than for the occlusive disease, but the vessel being

treated for nonocclusive disease is in a separate vascular family than the vessel being treated for occlusive disease. When an additional catheterization code is reported with 36236–36237 in conjunction with a lower extremity revascularization code for occlusive disease, the additional catheterization code should be modified with -59 to indicate that the catheterization is in addition to the work of the catheterization being reported inherently with the code(s) for occlusive disease.

This can be a confusing concept, but it follows the long-standing rules for reporting selective catheterizations. To illustrate, here are some coding scenarios:

1. From a right common femoral artery (CFA) approach, a left external iliac artery (EIA) stenosis and a left superficial femoral artery (SFA) stenosis are treated with stent placements.

- 37226: stent placement left SFA for occlusive disease
- 37221: stent placement left EIA for occlusive disease (All the work of catheterizing the vessels is included in the work described by 37226 and 37221, so no additional catheterization codes are reported.)

2. From a right CFA approach, a left external iliac aneurysm and a left SFA aneurysm are treated with stent placements.

- 34900, 75954: stent placement for nonocclusive disease, iliac artery (left EIA)
- 37236: stent placement for nonocclusive disease, initial artery (left SFA)
- 36247: third-order selective catheterization, left SFA (Because 34900 is used for the iliac aneurysm treatment, 37236 must be used for the SFA aneurysm treatment because it is the initial vessel reported with the arterial stent code 37236. 37237 may not be reported without 37236. Because the work of the left EIA catheterization is part of the work of catheterizing the left SFA, no additional catheterization is coded for the left EIA in this case.)

3. From a right CFA approach, a right common iliac artery (CIA) aneurysm is treated with stent placement (requiring placement of catheter into the aorta). From a left CFA antegrade approach, a left popliteal artery aneurysm is treated with stent placement.

- 34900/75954: stent placement for nonocclusive disease, iliac artery (right CIA)
- 37236: stent placement for nonocclusive disease, initial artery (left popliteal artery)
- 36246: second-order selective catheterization, left popliteal artery

- 36200-59: catheterization of aorta to treat right CIA

(In this case, both catheterizations are reported because they were from separate vessel punctures. Modifier -59 is added to 36200 to designate that it is a separate procedure. Despite being the second vessel treated, 36236 must be used to report the popliteal artery treatment because it is the first vessel reported with the arterial stent code 36236. 36237 may only be reported with 36236 and may not be reported alone.)

4. From a right CFA approach, a left EIA stenosis is treated with a stent, and a left popliteal artery aneurysm is treated with a stent.

- 37221: left external iliac artery stent placement for stenosis (includes second-order selective catheterization of left EIA)
- 37236: left popliteal artery stent placement for aneurysm
- 36247-59: third-order selective catheterization of left popliteal artery from right CFA puncture

(The degree of selectivity is greater for the nonocclusive vascular treatment, so 36247 is additionally reported with a -59 modifier to indicate that it is work over and above what is included in the second-order catheterization bundled into 37221.)

5. From a right CFA approach, a left external iliac artery aneurysm is treated with a covered stent, and a left popliteal artery stenosis is treated with stent placement.

- 37226: left popliteal artery stent placement for stenosis (includes third-order selective catheterization of left popliteal artery)
- 34900, 75954: left EIA stent placement for nonocclusive disease (aneurysm)

(In this case, no additional catheterization is reported because the work of second-order selection of the left EIA is included in the work of the higher-order selective catheterization of the left popliteal artery, so no additional work is performed for selective catheterization of the left EIA.)

6. From a right CFA approach, a right hypogastric artery stenosis is treated with angioplasty, and two stents are placed to treat a left SFA/popliteal artery aneurysm.

- 37220: balloon angioplasty of the right hypogastric artery (includes first-order selective catheterization of the right hypogastric artery)
- 37236: stent placement for treatment of left SFA/popliteal aneurysm (reported once despite lesion involving both the SFA and popliteal segments and the use of two separate stents)

- 36247-59: third-order selective catheterization of the left SFA/popliteal artery

7. From a right CFA approach, a right hypogastric artery pseudoaneurysm is treated with stent placement, and a left CIA stenosis is treated with stent placement.

- 37221: left CIA stent placement for stenosis (includes first-order selective catheterization of the left CIA)
- 34900, 75954: stent placement for treatment of right hypogastric artery pseudoaneurysm
- 36245-59: first-order selective catheterization right hypogastric artery

(Despite both treated vessels being first-order selective catheterizations, the work is different because they are in different vascular families (right iliac vs left iliac), and the work to select each vessel is not duplicative.)

8. From a right CFA approach, a right external iliac artery stenosis is treated with a stent. From a left CFA approach, a left EIA aneurysm is treated with a stent. Catheters are placed into the aorta from each groin for these therapies.

- 37221: right EIA stent placement for stenosis (includes the work of nonselective catheterization of the right EIA)
- 34900, 75954: left EIA stent placement for nonocclusive disease
- 36200-59: catheter placement into the aorta from left CFA puncture

(Despite the catheter placement work being equivalent in both vessels, it is not duplicated work because separate punctures were used. Therefore, the catheterization may be reported with 34900, 75954.)

9. From a right CFA antegrade approach, a stenosis of the right peroneal artery is treated with angioplasty. From a left CFA approach, a left EIA aneurysm is treated with stent placement, requiring placement of the catheter into the aorta for the procedure.

- 37228: angioplasty of right peroneal artery (includes third-order selective catheterization)
- 34900, 75954: stent placement for left EIA aneurysm
- 36200-59: Nonselective catheter placement into the aorta for treatment of left EIA aneurysm
- (In this case, even though the degree of selectivity is lower for the vessel treated for nonocclusive disease, the work is not duplicative because the treatments were performed through separate access sites, and can be separately reported for the aneurysm treatment.)

# Informer

10. From a right CFA antegrade approach, a stenosis of the left common peroneal trunk is treated with angioplasty. A left SFA aneurysm is also treated with covered stent placement.

- 37228: angioplasty of left common peroneal trunk (includes third order selective catheterization)
- 37236: stent placement for left SFA aneurysm (In this case, the catheterization work used to get to the left SFA lesion is less than is used for the peroneal artery angioplasty, and duplicates the work required to perform the peroneal artery angioplasty. Therefore, no additional catheterization code is reported.)

11. From a right CFA approach, aneurysmal disease in the left SFA and proximal popliteal artery is treated with placement of two covered stents. In addition, a stenosis in the mid-SFA above the aneurysm is treated with placement of a third stent.

- 37236: stent placement for nonocclusive disease (left SFA/popliteal), initial artery
- 36247: third-order selective catheterization

(In this case, the predominant disease being treated is the aneurysm, so 37236 is reported for treatment of non-occlusive disease. Treatment of concomitant occlusive disease in the same vessel as defined for coding purposes would not be separately reported. If the treating physician determines that the occlusive disease is the dominant etiology being treated, 37226 could be reported instead of 37236, and no additional catheterization code would be reported.)

## Stent Placement In The Innominate Artery

There is a new code for antegrade placement of a stent in the innominate artery, which would typically be performed from a femoral or iliac approach (either with percutaneous or open exposure of the entry vessel):

- 37218: transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and RS&I

There is also a code for retrograde placement of a stent in the innominate artery, describing this procedure done from an open exposure of the carotid artery:

- 37217: transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation

These two codes are not applicable when the innominate artery is stented from a retrograde approach other than open carotid exposure, such as ipsilateral brachial artery puncture. For innominate artery stent placement from an ipsilateral retrograde approach other than open common carotid artery exposure, code 37236, arterial vascular stent placement, may be reported. In this case, the work of accessing the vessel is not included with the work of 37236, and catheterization may be separately reported.

## Attention All Writers

The Interventional Informer is offering \$100 to the best article. This is awarded for each issue of the Informer. The articles should be originals. No limit in size, but they must pertain to Interventional Medicine. Just submit your article with name and address for the AVIR Board of Directors to review.

Best of Luck!

## Editors Award Winner

AVIR would like to acknowledge the following writer for their publication in the past issue, Summer 2014:

**Izzy Ramaswamy**

**“Opinion Page-We are the front line, what are our thoughts?”**



## AVIR Needs You to be our Voice. Are you up for the Challenge? It's Time For Nominations

**By: Izzy Ramaswamy**

AVIR has to represent our profession from the inside. Over the past several decades, AVIR has brought legitimacy to our profession through networking and education. It is our mission to continue to do so but we cannot do it without you. We need you, not just our subscribers, but all interventional radiographers to take active roles in this endeavor. The process for getting involved has many facets including national and local level activity. At the local level you can form and/or attend a chapter and be engaged with your peers and colleagues. If you need assistance with that, please contact us and we will help you.

At the national level we need active board and committee members. Most board positions are one-year commitments, such as Secretary/Treasurer, Director-at-Large, Associate Representative, and the three Board Appointments. This one-year appointment introduces new AVIR members to the responsibility of a Board position. While infusing the Board with new ideas, energy and resources, serving for one year also allows the new Board members the opportunity to see if they would like to run for the office of Vice President/President-Elect which is a three-year commitment which includes the third year served as Immediate Past President, a role which allows transition through guidance to the new team. By having one long-term position and the others only one year, the AVIR has the best of both worlds; continuity and new ideas. The current board of directors is working on renewing the charter and creating a new template for leadership best practices. We should have that ready for the new incoming team leaders.

Although serving in the capacity of these offices does take a certain amount of time and commitment, the rewards are worth the investment. Some of the rewards of serving as an officer in the AVIR include:

- Professional Self-satisfaction
- Team Building
- Grow your leadership skills
- Networking
- Time Management
- Business Acumen
- Marketability
- Personal and Professional growth

The Vice President/President-Elect uses the first year to learn the ropes so to speak. They chair the Education Committee, as well as the Fellows and the Award for Excellence Committees. Since the mission of the AVIR is to provide education, their Education Committee is vital to the functioning of the organization. The results of this committee, as well as the Chapters are the foundation of this organization and the product we give to our members, through annual, regional, and local meetings as well as other methods of continuing educational venues.

The President-Elect then transitions to the role of President and leads all the business meetings as well as the Board meetings. The President is also the Chair of the Ethics and Judicial Committee and is responsible for all the external representation of the organization. All the internal affairs of the organization are the responsibility of the President. During this year, the President promotes the Mission and Philosophy of the AVIR.

The third year of the commitment consists of serving as the Immediate Past President, acting as a senior advisor to the Board. The Immediate Past President is responsible for the nomination process for the organization, as well as being responsible for the Board appointed External Liaisons.

The Director-at-Large is one of the most vital positions on the Board, because this person is working at the grassroots level of the organization by being the intermediary between the Board and the Chapters. The chapters are fulfilling the AVIR's mission of education on a local level. The biggest responsibility of the director is to support the chapters and /or the liaisons to the chapters.

The office of Secretary / Treasurer really focuses on the Treasurer aspect of the position. We have an account executive whose role is to function as a secretary during board meetings, taking the minutes and then distributing them. However, the Treasurer's role also has the management company's assistance in the accounting functions. It is the duty of the Treasurer to review the quarterly financial statements and make recommendations accordingly. However, the Secretary/Treasurer is also responsible for communicating with the corporate sponsors, securing donations.

# Inform

All Board members are responsible for writing articles for the newsletter, The Interventional Informer, attending Board meetings, including the annual meeting and being available for conference calls. Probably the biggest responsibility for any Board member is to be a role model for the profession.

The qualifications for running for an office are that you are an active member in good standing, have served on a national level committee for a year and want to make a difference. If interested in running for an office for 2015-2016 year, please contact us at [info@avir.org](mailto:info@avir.org) as this year we have a brandished our board of directors.

Elections commenced in late October and concluded at the end of November. Your Officers and Chairs for the next year 2015- 2016 are as follows:

President - David Nicholson  
Vice-President - Alisha Hawrylack  
Secretary/Treasurer - Dan Bernard  
Director at Large - Crystal Hanson  
Immediate Past-President - Rob Sheridan  
Associate Representative - Lora Cheek  
Program Chair - Amanda Popovitch  
Media Chair - Izzy Ramaswamy  
Publication Chair - David Douthett

## Centercross Catheter

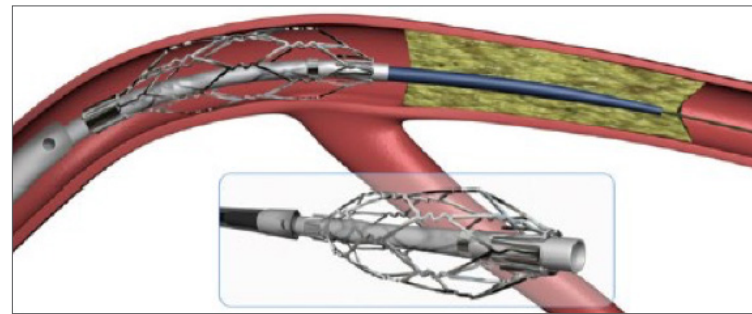
Roxwood Medical  
(650) 779-4555  
[www.roxwoodmedical.com](http://www.roxwoodmedical.com)

### KEY FEATURES

- Maximum support for luminal crossing
- Resheathable, self-expanding scaffold
- 3-F inner lumen
- Anchors and centers guidewires and microcatheters

The CenterCross catheter (Roxwood Medical), which received US Food and Drug Administration clearance in November 2014, is designed to simplify guidewire delivery across complex lesions in the peripheral and coronary vasculature. The catheter incorporates a unique selfexpanding scaffold to stabilize off-the-shelf interventional tools, such as guidewires and microcatheters, in the center of the artery near the target lesion.

Upon delivery to the target lesion, the scaffold is deployed to maximize support for a guidewire or microcatheter, which are delivered independently through the central 3-F lumen. Once the guidewire



penetrates and successfully crosses the blockage, the scaffold is resheathed and removed, allowing the operator the choice of angioplasty, stenting, or atherectomy.

CenterCross is being used to treat coronary, tibial, popliteal, and superficial femoral artery lesions. "CenterCross is a surprisingly simple and effective tool that provides great wire support for crossing tough lesions," said Tom Davis, MD, of St. John Hospital in Detroit, Michigan.

## Gold Medal Award – Jafar Golzarian, MD, FSIR, FCIRSE



**Rob Sheridan, FAVIR**  
**President, AVIR**



Dr. Golzarian is a tenured Professor of Radiology and the Director of the Division of Interventional Radiology & Vascular Imaging at the University of Minnesota. Dr. Golzarian attended medical school at the University of Brussels School of Medicine in Belgium. After

residency and a fellowship in IR, Dr Golzarian began practicing in Belgium for the first several years of his career before coming to Iowa City at the University of Iowa where he was named Professor of Radiology and the fellowship director of IR. Dr Golzarian quickly ascended to Division Head, of IR in 2005 where he held that title before becoming a tenured Professor and Division Head at the University of Minnesota in 2008.

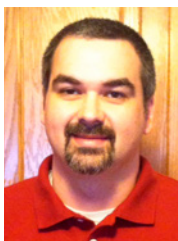
Dr Golzarian contributions to our specialty are extensive; he is a fellow of the SIR and CIRSE, has 6 certificates of merit from the SIR, RSNA and ARRS. He has been an author or coauthor on over 70 peer

reviewed publications, has over a dozen book chapters on the field of IR and has trained over 50 IR fellows. Dr Golzarian also has over 150 scientific contributions in the US and another 40 in Belgium. He has delivered over 200 lectures in field on everything from UFE, AAA, GI Bleeding, carotid stenting and prostate embolizations. He has received several grants supporting his research on those areas of interest and has served a Co-PI or Co- Investigator on national multicenter trials. Dr Golzarian has been active member of the SIR and the Annual Meeting since 2005 holding many important position including this year's Program Chair.

In keeping with our Team Approach to IR theme over the past couple of years I am absolutely thrilled that we have Dr Golzarian here to share his perspective on the IR team concept as he speaks about the “Changing times, redefining roles”.

We are truly honored to have Dr Golzarian as our Gold Medal Winner at the 2015 AVIR Annual Meeting.

## AVIR 2015 Award of Excellence



**Mike Kelly R.T, R, VI, RCIS**, is an interventional technologist at Riverside regional Medical Center in Smithfield Va. Mike is also a golfer, mentor, preceptor and in addition to working on his BS in Radiologic Sciences has taken on roles in the department including: being part of

a two person team to help create, implement, and train staff on the department's current documentation with the hemodynamic system, evolving the competencies for staff and much more. Mike is well known for his positive interaction with staff, patients and their families. As a member of value committee Mike has brought numerous ideas to committee to help control cost and deliver value to the department's services. In addition

to the value committee, Mike is also participating in Riverside's Emerging Leaders Academy. This program helps prepare high potential employees for roles within management. In this program he works with a broad variety of allied health professionals on specific health system projects aimed at implementing improvements. When asked how would describe Mike's dedication to IR, Rita Howard stated:

“Mike will go that extra mile in making sure his patient is taken care of in a safe and professional way. Mike is always there if there's a need. His goal is to make sure his co-workers are educated and updated on new procedures”.

AVIR Thanks Gore for supporting this award and all it stands for in excellence in the field.



# MEMBERSHIP APPLICATION

ASSOCIATION OF VASCULAR AND/OR INTERVENTIONAL RADIOGRAPHERS

2201 Cooperative Way | Suite 600 | Herndon, VA 20171 | 571.252.7174 | Fax: 571.252.7174 | Email: info@avir.org

FULL PAYMENT MUST ACCOMPANY COMPLETED APPLICATION FORM

**Membership Category** — Select only one | Please print or type

☐ **Active** | \$ 75/yr\*

☐ **Clinical Associate** | \$ 65/yr

☐ **Corporate Associate** | \$ 65/yr

☐ **Student** | \$ 45/yr

☐ **International** | \$85/yr

**\*ACTIVE** – Submit ARRT Certification or Canadian Equivalent

☐ Mr ☐ Mrs ☐ Ms NAME / FIRST M.I. LAST GENERATION (JR., SR., II, III)

CREDENTIALS

LICENSURE

DEGREE/S

REGISTRATION/S

PREFERRED ADDRESS

☐ HOME

☐ WORK

HOME STREET

CITY

STATE

ZIP

PHONE

FAX

EMAIL (for official AVIR business only)

WORK INSTITUTION NAME

DEPT.

STREET (include department, room number, mail stop codes, etc., if appropriate)

CITY

STATE

ZIP

PHONE

FAX

EMAIL (for official AVIR business only)

**Length of Time as Tech Area of Expertise:** \_\_\_\_\_

**Size of Institution (# of beds):** \_\_\_\_\_

\_\_\_\_ ☐ Private \_\_\_\_ ☐ Academic

**Number of Exams Performed at this Institution:**

\_\_\_\_ ☐ Vascular \_\_\_\_ ☐ Interventional

**Are You a Member of: ARRT** ☐ Yes ☐ No **ASRT** ☐ Yes ☐ No  
(If YES, please attach photocopy of membership card/s)

**Other Professional Organizations of Which You Are a Member:**

**Related Interests** (CQI, Teaching, Publishing, etc.):

**Payment Information:** ☐ Check Enclosed

**OR Charge Credit Card:** ☐ AmEx ☐ MasterCard ☐ Visa

ACCT NUMBER

EXP DATE

NAME ON CARD

SIGNATURE

## Student Members Only

DIRECTOR

PROGRAM ADDRESS

CITY

STATE

ZIP

PHONE

**The Association of Vascular and Interventional Radiographers (AVIR)** is the national organization of healthcare professionals within Vascular and Interventional Radiology and involved in standard of care issues, continuing education and related concerns.

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### Who Can Become a Member of AVIR?

**ACTIVE:** Radiographers with a primary focus in Vascular and/or Interventional Radiology. Active members must be ARRT registered or have Canadian equivalent. Submit copy of certification with application.

**Dues are \$75 per year.**

**ASSOCIATE:** Related healthcare professionals working with or having a special interest in Vascular and/or Interventional Radiology, including Nurses, Medical/Cardiovascular Technologies and Commercial Company Representatives.

**Dues are \$65 per year.**

**STUDENT:** Students in certified programs for Vascular and/or Interventional Radiographers.

**Dues are \$45 per year.**

**INTERNATIONAL:** Healthcare professionals working or having special interest in CIT and who reside outside of the United States and Canada. This category includes, but is not limited to, medical technologists, radiologic technologists, registered nurses, licensed practical nurses, Physicians and commercial company representatives.

**Dues are \$85 per year.**

*All Memberships are renewable annually each January.*

### Why Is Joining AVIR Important?

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The AVIR is dedicated to you and is a powerful advocate for the special interest and concerns of healthcare professionals working in Vascular and Interventional Radiology. We acknowledge the importance of continuing education, establishing high standards of practice and care, certifying Vascular and/or Interventional Radiographers, and establishing a nationwide network for obtaining information and/or employment opportunities.

### What Opportunities Does AVIR Offer?

- Professional growth
- Society of Interventional Radiographers (SIR) Annual Meeting
- Exchange of information and ideas
- AVIR Annual Meeting
- Continuing education opportunities
- Quarterly newsletter
- Local chapter involvement
- National membership directory



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