2013 Coding Changes

The principal coding changes affecting Radiologists in 2013 occur in the Interventional Radiology Section of the AMA/CPT Manual. As in the past, we continue to see the Relative Update Committee (RUC) address code pairs reported together greater than 75 percent of the time. These changes continue to affect both vascular and non-vascular intervention codes by combining guidance and radiological supervision & interpretation codes into the base procedure. Diagnostic Radiology had very little change with the exception of clarifying the number of views necessary for a Cervical Spine x-ray. The Nuclear Medicine had changes made to the Thyroid and Parathyroid codes to appropriately describe the types of procedures performed in current practice. The Ultrasound modality had an increase in work RVU’s for a few of the extremity arterial studies.

Diagnostic Radiology

There were no code changes, just description changes to clarify the number of views necessary to report each code. There were no changes made to the Work RVU’s for these studies.

- 72040 Radiologic examination, spine, cervical; three views or less (was 2 or 3 views) Work RVU: 0.22
- 72050 Radiologic examination, spine, cervical; four or five views (was minimum of 4 views) Work RVU: 0.31
- 72052 Radiologic examination, spine, cervical; six or more views (was considered a “Complete” study, including oblique and flexion and/or extension studies) Work RVU: 0.36

Nuclear Medicine

Codes 78000 – 78011 have been deleted and three new codes have been added to describe thyroid uptake and imaging procedures. The Parathyroid imaging code was revised to update and reflect current practices as well as adding two new codes to report SPECT.

- 78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) Work RVU: 0.19
- 78013 Thyroid imaging (including vascular flow, when performed); Work RVU: 0.37
- 78014 Thyroid imaging (including vascular flow, when performed) with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) Work RVU: 0.50
- 78070 Parathyroid planar imaging (including subtraction when performed); Work RVU: 0.80
- 78071 Parathyroid planar imaging (including subtraction when performed); with tomographic (SPECT) Work RVU: 1.20
- 78072 with tomographic (SPECT) and concurrently acquired computed tomography (CT) for anatomical localization Work RVU: 1.60
Ultrasound

Though there are no new codes added to the US modality, the work RVU’s were increased for several extremity studies based on evidence that the physician is reviewing more images as well as the clinical necessity for the additional work of reviewing the tibial arteries.

- **93925** Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study  
  Work RVU increased from 0.58 to 0.80
- **93926** Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study  
  Work RVU increased from 0.39 to 0.50
- **93970** Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study  
  Work RVU increased from 0.68 to 0.70

Interventional Radiology

Thoracentesis and Pleural Drainage Procedures

Codes 32420 – 32422 were deleted for 2013 and CPT code 32551 was revised to describe an open procedure and will no longer be used to describe the typical percutaneous tube placement. Four new CPT codes were created to describe the current practice for performing the thoracentesis and pleural drainages with and without imaging. These new codes bundle all imaging into the base procedures. Ultrasound, CT, MR, or Fluoroscopy guidance codes are now included and can no longer be separately reported. Moderate Sedation is not included in these new procedure codes and should be separately reported when appropriate.

- **32554** Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance  
  Work RVU: 1.82
- **32555** with imaging guidance  
  Work RVU: 2.27
- **32556** Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance  
  Work RVU: 2.50
- **32557** with imaging guidance  
  Work RVU: 3.12

Transcatheter Retrieval

In 2013, codes 37203 and 75961 for a percutaneous transcatheter retrieval of an intravascular foreign body and the corresponding imaging guidance code were deleted and a new code was created that includes the radiological supervision and interpretation as well as the imaging guidance (ultrasound or fluoroscopy). Note that non-selective and selective catheterization and diagnostic angiography are still reported separately with this new procedure code. Moderate sedation is included and is not reported separately.
Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed  

**Work RVU: 6.29**

Intravascular Thrombolysis

Transcatheter therapy infusion for thrombolysis codes were targeted as well in 2013. Codes 37201, (thrombolysis) 37209, and 75900-26 (catheter exchange) will be deleted in 2013 and will be replaced by four new codes that will bundle fluoroscopic guidance and associated radiological supervision & interpretation codes into the main procedure. Repeat imaging and catheter exchange(s) on the day of therapy, as well as moderate sedation are included in the new codes and are not separately reported. We are still allowed to report non-selective and selective catheterization, diagnostic imaging, and endovascular interventions (thrombectomy, angioplasty, stent, atherectomy), IVC filter insertion/repositioning/removal, as well as US guidance for vascular access in addition to these new codes.

- **37211** Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day  
  **Work RVU: 8.00**

- **37212** Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day  
  **Work RVU: 7.06**

- **37213** Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;  
  **Work RVU: 5.00**

- **37214** Cessation of thrombolysis including removal of catheter and vessel closure by any method  
  **Work RVU: 2.74**

Vascular Surgery

Moderate Sedation has been added to CPT codes 36010 and 36140, which describe the introduction of a catheter into the superior or inferior vena cava or an extremity artery respectively.

Cervicocerebral Artery Studies

One of the largest code changes for 2013 occurred in the Cervicocerebral Artery Studies, though these changes should not affect most of the HIS clientele. Eight new cervicocerebral angiography codes were created to describe arterial nonselective and selective catheter placement and diagnostic imaging of the aortic arch, carotid, and vertebral arteries. In keeping with the current trend in changes, the new codes include the work of accessing the vessel, placement of catheter(s), contrast injection(s), fluoroscopy, radiological supervision and interpretation, and closure of the arteriotomy by pressure, or application of an arterial closure device, and describe arterial contrast injections with arterial, capillary, and venous phase imaging, when performed. The cervicocerebral angiography radiological supervision and interpretation codes 75650, 75660, 75662, 75665, 75671, 75676, 75680, and 75685 will be deleted, as these services are bundled into the new comprehensive codes. We can still report interventional
procedures, such as embolization, angioplasty and stent placement as well as US guidance for access and 3-D rendering. Selective arterial catheterization of vascular families outside the carotid and vertebral arteries can be reported as well. Moderate sedation is included in the new procedure codes and should not be reported separately.

- **36221** Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

  Work RVU: 4.17

- **36222** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

  Work RVU: 5.53

- **36223** Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed

  Work RVU: 6.00

- **36224** Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed

  Work RVU: 6.50

- **36225** Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

  Work RVU: 6.00

- **36226** Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed

  Work RVU: 6.50

- **+36227** Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

  Work RVU: 2.09

- **+36228** Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)

  Work RVU: 4.25

**Category III Code Changes**

Category III codes are used primarily for tracking new procedures and are carrier priced if the service is covered by the insurance carrier.

**Focused Microwave Ablation Code**

- **0301T** Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined
temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance  
No Work RVU’s assigned ~ carrier priced