

The logo for MSN Healthcare Solutions features the letters 'MSN' in a large, white, serif font. Above and below the letters are two horizontal rows of small, light green dots. The entire logo is centered within a large, dark blue circle. The background of the slide is a vibrant green with several overlapping, semi-transparent circles of varying shades of green.

MSN

HEALTHCARE SOLUTIONS

**CPT® 2018
Radiology
Code Changes**

The following is a listing of new Current Procedural Terminology (CPT®) codes and their descriptors as described in the *CPT® 2018* codebook. This listing covers only a portion of the CPT code changes for 2018. For a complete listing of code changes, please refer to the *CPT® 2018* codebook and *CPT® Changes 2018: An Insider's View*.

Chest

Four new chest x-ray codes were created that describe the number of views in order to increase the flexibility and accuracy for coding customized chest exams. The current view-specific chest codes (71010-71035) will be deleted in 2018.

- **71045** Radiologic examination, chest; single view
- **71046** 2 views
- **71047** 3 views
- **71048** 4 or more views

(For acute abdomen series that includes a single view of the chest and one or more views of the abdomen, use 74022)

(For concurrent computer-aided detection [CAD] performed in addition to 71045, 71046, 71047, 71048, use 0174T)

(Do not report 71045, 71046, 71047, 71048 in conjunction with 0175T for computer-aided detection [CAD] performed remotely from the primary interpretation)

Documentation

Numbers and/or types of views should be documented

Abdomen

Three new abdominal x-ray codes were created that describe the number of views in order to increase the flexibility and accuracy for coding customized abdominal exams. The current view-specific abdominal codes (74000-74020) will be deleted in 2018.

- **74018** Radiologic examination, abdomen; 1 view
- **74019** 2 views
- **74021** 3 or more views

Documentation

Number of views and/or type of views should be documented

Note: 74022 – Acute Abd including single view Chest remained unchanged.



Number and/or types of views

Certain CPT codes require more detail such as the following

- With and without oblique
- Flexion and extension
- Standing
- Decubitus
- Upright, erect, apical lordotic, swimmer's
- Bending, stress, cone and supine

Images vs. views

- If due to body habitus, additional images are needed to acquire a full view of the imaged area, this is still considered a single 'view.' Example: AP chest, needed to acquire on two plates to obtain full image - still considered 'one view' chest.

Documentation that does not describe the number and/or types of views will be coded to the lesser number of views.

Ultrasound – Language change

- **76881** Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures) real-time with image documentation
- **76882** Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft tissue mass[es]), real-time with image documentation

Cryoablation Treatment of Pulmonary Tumors

Category III code 0340T was converted to a new Category I code to describe cryoablation of pulmonary tumors.

- **32994** Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
(For bilateral procedure, report 32994, 32998 with modifier 50)

In addition, the current radiofrequency ablation of pulmonary tumors code 32998 was revised to include imaging guidance.

- **32998** Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency

32998 – Now includes imaging guidance

Documentation

Imaging guidance must be documented

Endovascular Repair of Infrarenal Aorta AAA – All New Codes

Endovascular abdominal aortic aneurysm repair (EVAR) codes 34800-34806, 34825, 34826, and 34900 were deleted and replaced by 16 new codes. These codes describe “rupture” and “other than rupture”.

The EVAR codes were identified by the Relativity Assessment Workgroup (RAW) screen for services frequently billed together. The entire family of EVAR codes was revised and services frequently performed together were bundled.

Guidelines on how to use the new codes are provided in the introductory notes.

- **34701** Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
 - (For covered stent placement[s] for atherosclerotic occlusive disease isolated to the aorta, see 37236, 37237)
- **34702** for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- **34703** Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

Continued Endovascular Repair of Infraarenal Aorta

- **34704** for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- **34705** Endovascular repair of infraarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)
- **34706** for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)
- **34707** Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
- ***Note – coding convention – coding by disease***
 - ▶ (For covered stent placement[s] for atherosclerotic occlusive disease of the abdominal aorta, see 37236, 37237) ◀
 - ▶ For covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery, see 37221, 37223) ◀



Continued Endovascular Repair of Infrarenal Aorta

- **34708** for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)
- **+34709** Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and **treatment zone** angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)
 - (Use 34709 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708)
 - (34709 may only be reported once per vessel treated [ie, multiple endograft extensions placed in a single vessel may only be reported once])
 - (Do not report 34X09X for placement of a docking limb that extends into the external iliac artery)
 - (For endograft placement into a renal artery that is being covered by a proximal extension, see 37236, 37237)
- **34710** Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated



Continued Endovascular Repair of Infrarenal Aorta

Documentation

- *It is important to document work performed “inside” or “outside” of the “target zone”.*
- *All work performed inside of the “target zone” is included (bundled) in the code.*
- *Work performed “outside of the target zone” may be billed separately. Documentation must be clear.*

Continued Endovascular Repair of Infraarenal Aorta

- **34711** each additional vessel treated (List separately in addition to code for primary procedure)
(Use 34711 in conjunction with 34710)
(34710, 34711 may each be reported only once perioperative session
[ie, multiple endograft extensions placed in a single vessel may only be reported with a single code])
(For decompressive laparotomy, use 49000 in conjunction with 34702, 34704, 34706, 34708, 34710)
(If the delayed revision is a transcatheter enhanced fixation device [eg, anchors, screws], report 34712)
(Do not report 34710, 34711 in conjunction with 34701, 34702, 34703, 34704, 34705,
34706, 34707, 34708, 34709)
(Do not report 34701-34711 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
(For endovascular repair of iliac artery bifurcation [eg, aneurysm, pseudoaneurysm,
arteriovenous malformation, trauma] using bifurcated endograft, use 0254T)
(Report 37252, 37253 for intravascular ultrasound when performed during endovascular aneurysm repair)
(For isolated bilateral iliac artery repair, report 34707 or 34708 with modifier 50)
(For open arterial exposure, report 34714, 34715, 34716, 34812, 34820, 34833, 34834
as appropriate, in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710)
(For percutaneous arterial closure, report 34713 as appropriate, in conjunction with
34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710)
(For simultaneous bilateral iliac artery aneurysm repairs with aorto-iliac endograft,
see 34705, 34706, as appropriate)

Continued Endovascular Repair

34712 - Transcatheter delivery of enhanced fixation device (s) to the endograft(eg anchor, screw, tack) and all associated radiological supervision and interpretation

+ **34713** – Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral. List separate code for primary procedure.

Note –

Code 34713 is a new code.

Previously there was no code to capture access and closure of the femoral artery for delivery of endograft through a large sheath (12 French or larger).

Documentation

- ***It is important to document the size of the sheath.***

Endovascular Repair of Infrarenal Aorta

Note - CPT codes RS&I:

75952 - Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

75953 - Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

75954 - Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation

....were deleted. There is no coding mechanism to code services for “read only”.

Endovenous Ablation of Incompetent Veins

Four codes have been added for reporting newer treatments of incompetent veins involving the use of chemical adhesive and non-compounded foam sclerosant.

- **36482** Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
- **+36483** subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

(Use 364X4X in conjunction with 364X3X)

(Do not report 364X4X more than once per extremity)

(Do not report 364X3X, 364X4X in conjunction with 29581, 36000, 36002, 36005, 36410, 36425, 36475, 36476, 36478, 36479, 37241, 75894, 76000, 76001, 76937, 76942, 76998, 77022, 93970, 93971 in the same surgical field)

- **36465** Injection of **non-compounded foam sclerosant** with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

Documentation

Document substance that was used for injection.

- **●36466** multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
 - (Do not report 36465, 36466 in conjunction with 29581)
 - (Do not report 36465, 36466 in conjunction with 37241 in the same surgical field)
 - (For extremity truncal vein injection of compounded foam sclerosant[s], see 36470, 36471)
 - (For injection of a sclerosant into an incompetent vein without compression maneuvers to guide dispersion of the injectate, see 36470, 36471)
 - (For endovenous ablation therapy of incompetent vein[s] by transcatheter delivery of a chemical adhesive, see 36482, 36483)
 - (For vascular embolization and occlusion procedures, see 37241, 37242, 37243, 37244)

Direct puncture sclerotherapy codes 36468, 36470, and 36471 have been revised to clarify their use.

- ▲ **36468** Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
 - ▶ (For ultrasound imaging guidance performed in conjunction with 36468, use 76942) ◀
 - ▶ (Do not report 36468 in conjunction with 29581) ◀
 - ▶ (Do not report 36468 more than once per extremity) ◀
 - ▶ (Do not report 36468 in conjunction with 37241 in the same surgical field) ◀
 - ▶ (36469 has been deleted) ◀

- ▲ **36470** Injection of sclerosant; single incompetent vein (other than telangiectasia)

- ▲ **36471** multiple incompetent veins (other than telangiectasia), same leg
 - ▶ (For ultrasound imaging guidance performed in conjunction with 36470, 36471, use 76942) ◀
 - ▶ (Do not report 36470, 36471 in conjunction with 29581) ◀
 - ▶ (Do not report 36471 more than once per extremity) ◀
 - ▶ (If the targeted vein is an extremity truncal vein and injection of non-compounded foam / sclerosant with ultrasound guided compression maneuvers to guide dispersion of the injectate is performed, see 36465,36466) ◀
 - (Do not report 36470, 36471 in conjunction with 37241 in the same surgical field) ◀

Brachial Retrograde Artery Introduction of Needle or Catheter

Code 36120, Introduction of needle or intracatheter; retrograde brachial artery, was deleted as it is more appropriately reported with other existing upper extremity angiography codes. The current descriptor for code 36140 was revised to specify upper or lower extremity artery.

- ▲ **36140** Introduction of needle or intracatheter; upper or lower extremity artery

A new code was created to describe combined bone marrow biopsy and aspiration studies, and codes 38220 and 38221 to designate these codes are used for diagnostic studies only.

- **38222** Diagnostic bone marrow; biopsy(ies) and aspiration(s)
In addition, bone marrow biopsy (38221) and aspiration (38220) codes have been revised to specify these are diagnostic studies.
- **▲ 38220** Diagnostic bone marrow; aspiration(s)
 - ▶ (Do not report 38220 in conjunction with 38221) ◀
 - ▶ (For diagnostic bone marrow biopsy[ies] and aspiration[s] performed at the same session, use 38222) ◀
 - ▶ (For aspiration of bone marrow for bone graft, spine surgery only, use 20939) ◀
 - ▶ (For bone marrow aspiration[s] for platelet-rich stem cell injection, use 0232T) ◀
- **▲ 38221** biopsy(ies)
 - ▶ (Do not report 38221 in conjunction with 38220) ◀
 - ▶ (For diagnostic bone marrow biopsy[ies] and aspiration[s] performed at the same session, use 38222) ◀

Transperineal Placement of Biodegradable Material

Category III code 0438T will be deleted and replaced by Category I code 55874 to identify transperineal peri-prostatic placement of biodegradable material between the prostate and the rectum. Because imaging is commonly used for this procedure, imaging has been included when performed.

- **55874** Transperineal Placement of biodegradable material, periprostatic, single or multiple injection(s), including image guidance, when performed
 - ▶ (Do not report 55874 in conjunction with 76942) ◀

High Energy Neutron Radiation Treatment Delivery

Deletion of code 77422, *High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking*, will be made due to low utilization. Code 77423, *High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)*, will remain.

Kinetics Study of Platelet Survival

Deletion of code 78190, *Kinetics, study of platelet survival, with or without differential organ/tissue localization*, will be made due to low utilization.

Addition of Category III add-on code 0482T will be made to describe the quantitation of myocardial blood flow.

- **+●0482T** Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)
 - (Use 0482T in conjunction with 78491, 78492)
 - (For myocardial imaging metabolic evaluation, use 78459)
 - (For positron emission tomography [PET] myocardial perfusion study, see 78491, 78492)

The following is a listing of codes used in radiology that will be deleted as of January 1, 2018. For further information and a detailed listing of all code changes, refer to the *CPT® 2018* codebook.

34800 (see 34701-34708)

34802 (see 34705-34708)

34803 (see 34705-34708)

34804 (see 34705-34708)

34805 (see 34703-34708)

34806 (see 34701-34708)

34825 (use 34709-34711)

34826 (see 34709-34711)

34900 (see 34707, 34708)

36120

71010 (use 71045)

71015 (use 71045)

71020 (use 71046)

71021 (use 71047)

71022 (use 71047, 71048)

71023 (see 71046, 76000, 76001)

71030 (use 71048)

71034 (see 71048, 76000, 76001)

71035 (see 71046, 71047, 71048)

74000 (use 74018)

74010 (see 74019, 74021)

74020 (see 74019, 74021)

75658 (use 75710)

75952 (see 34701-34711, 0254T)

75953 (see 34701-34711, 0254T)

75954 (see 34701-34711, 0254T)

77422

78190

93982

0255T (use 254T)

0340T (use 32994)

0438T (use 55874)

New

- **+0482T** Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)
 - (Use 0482T in conjunction with 78491, 78492)
 - (For myocardial imaging metabolic evaluation, use 78459)
 - (For positron emission tomography [PET] myocardial perfusion study, see 78491, 78492)

Deleted

- **0255T** Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation
- **0340T** Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance
- **0438T** Transperineal placement of biodegradable material, periprostatic (via needle), single or multiple, includes image guidance

Revised

- **▲0254T▶** Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral ◀

There are numerous other updates to the CPT 2018 code set, as well as to introductory guidelines and parentheticals. For a complete listing and detailed information, see the AMA's *CPT® 2018* codebook, *CPT® Changes 2018: An Insider's View*, *CPT® Assistant* newsletters, and the *ACR Radiology Coding Source™* (September/October 2017) electronic newsletter.