2013 CPT Codes - RADIOLOGY

<table>
<thead>
<tr>
<th>Category</th>
<th>Code Range</th>
<th>New</th>
<th>Deleted</th>
<th>Revised</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADIOLOGY</td>
<td>70010 - 79999</td>
<td>5</td>
<td>19</td>
<td>15</td>
<td>39</td>
</tr>
</tbody>
</table>

*Underlined words are new for 2013
*Words with a Strikethrough are deleted for 2013

**Thyroid Uptake & Imaging Codes**

CPT has deleted 7 thyroid imaging codes, replacing them with 5 codes that combine single with multiple determinations.

**New Codes**

78012 – Thyroid Update, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78013 – Thyroid imaging (including vascular flow, when performed)

78014 – Thyroid imaging (including vascular flow, when performed); with single or multiple uptakes(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78071 – Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

78072 – Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computer tomography (CT) for anatomical localization.

**Deleted Codes**

78000 – Thyroid uptake; single determination

78001 – Thyroid uptake; multiple determinations

78003 – Thyroid uptake: stimulation, suppression or discharge (not including initial uptake studies)

78006 – Thyroid imaging; with uptake; single determination

78007 – Thyroid imaging; multiple determinations

78010 – Thyroid imaging; only

78011 – Thyroid imaging; with vascular flow

**Revised Codes:**

78070 – Parathyroid planar imaging, (including subtraction, when performed)

**Other Radiology Codes**

The supervision and interpretation bronchography and angiography codes have been deleted and are now bundled in the surgical code. The 3D rendering codes have been revised to include “concurrent supervision,” which is defined at the end of the “revised codes” section. Radiologists will need to document this supervision in their reports.

**New Codes** – None
2013 CPT Codes - RADIOLOGY

Deleted Codes
71040 - Bronchography, unilateral, radiological supervision and interpretation
71060 - Bronchography, bilateral, radiological supervision and interpretation
75650 - Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75660 - Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662 - Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665 - Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671 - Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676 - Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680 - Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685 - Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75900 - Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75961 – Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological – supervision and interpretation

Revised Codes
72040 – Radiologic examination, spine, cervical; 2 3 views or 3 views less
72050 – Radiologic examination, spine, cervical; 4 minimum of or 5 views
72052 - Radiologic examination, spine, cervical; complete including oblique and flexion and 6 or extension studies more views
75896 – Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary) for thrombolysis; radiological supervision and interpretation
75898 – Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
76000 - Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001 - Fluoroscopy physician or other qualified health care professional time, more than 1 hour, assisting a nonradiologic physician or other qualified care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy
76376 – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision, not requiring image postprocessing on an independent workstation. **
76377 – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision, requiring image postprocessing on an independent workstation **
76885, 76886, 77071 – adds “or other qualified health care professional” in addition to physician
77051 – Computer-aided detection...with physician review for interpretation....
77052 – Computer-aided detection...with physician review for interpretation – screening mammography

** Per the AMA/ACR Clinical Examples in Radiology, concurrent supervision for the 3D codes defines a temporal relationship to creating the 3D volume rendered images. Concurrent means active participation in and monitoring of the reconstruction process that includes design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (eg, bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of the 3D work product.**