Radiology 2014 CPT Codes

CMS has issued 36 new procedure codes (one is a radiation therapy code) for CY 2014 that directly pertain to radiology with 26 of those codes the result of bundling requests from the Relative Value Scale Update Committee’s (RUC) Relativity Assessment Workgroup (RAW). The new bundled codes were derived from code pairs identified as being performed together 75% of the time or more. Eight of the new codes replace previous Category III codes. There are also four new evaluation and management codes that may pertain to radiology consultative services.

Please be advised that at this time the new 2014 CPT books have not yet been distributed and there is a possibility there could be other changes. However, we feel the sources from which we obtained the CPT code information are up-to-date and include the final code changes. Should this not be the case, we will publish any supplements as soon as we receive the 2014 CPT books.

Abscess Drainage ........................................................................................................................................... 2
Breast Biopsy .......................................................................................................................................................... 3
Embolization ............................................................................................................................................................. 4
Intramuscular Stent ................................................................................................................................................... 4
Vascular Surgery ...................................................................................................................................................... 5
Radiation Therapy Simulation ................................................................................................................................. 6
Evaluation & Management Codes .......................................................................................................................... 6

Abscess Drainage

The three current abscess drainage codes have been deleted and replaced with three new codes. All the new codes include radiologic guidance. A new code has also been added describing abscess drainage by catheter.

Deleted Codes

- 49021 – Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous
- 49041 - Drainage of subdiaphragmatic or subphrenic abscess; percutaneous
- 49061 – Drainage of retroperitoneal abscess; percutaneous

New Codes

- 49405 – Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum); percutaneous
- 49406 – ; peritoneal or retroperitoneal, percutaneous
- 49407 – ; peritoneal or retroperitoneal, transvaginal or transrectal

1 The ACR Radiology Coding Source™ for March/April 2013.
• 10030 – Imaged-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, soft tissue (eg, extremity, abdominal wall, neck, percutaneous)

Breast Biopsy

There are new bundled codes to describe breast biopsy procedures that include imaging guidance, placement of one or more localization device(s) and imaging of the specimen when performed, as well as codes created to report the placement of clips and other breast localization devices without biopsy or during aspiration procedures.

Deleted Codes

• 19102 – Biopsy of breast; percutaneous, needle core, using imaging guidance
• 19103 – Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
• 19290 – Preoperative placement of needle localization wire, breast;
• 19291 – Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
• 19295 - Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)
• 77031 – Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, RS & I)
• 77032 – Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, RS & I)

New Codes

• 19081 – Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance
• 19082 – ; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
• 19083 – ; first lesion, including ultrasound guidance
• 19084 – ; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
• 19085 – ; first lesion, including magnetic resonance guidance
• 19086 – ; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
• 19281 – Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance
• 19282 – ; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)
• 19283 – ; first lesion, including stereotactic guidance
• 19284 – ; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
• 19285 – ; first lesion, including ultrasound guidance
• 19286 – ; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
• 19287 – ; first lesion, including magnetic resonance guidance
• 19288 – ; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
Embolization

New codes have been created for reporting embolization and occlusion procedures. All new codes include radiological supervision and interpretation. (RS & I)

Deleted Codes

- **37204** - Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck *(replaced with new codes 37241 – 37244)*
- **37210** – Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure

New Codes

- **37241** - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
- **37242** – ; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
- **37243** – ; for tumors, organ ischemia, or infarction
- **37244** - ; for arterial or venous hemorrhage or lymphatic extravasation.

Intramuscular Stent

The following codes have been deleted and replaced by the listed new codes. All new codes include RS & I, and any associated angioplasty.

Deleted Codes

- **37205** - Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel *(replaced with new codes 37236, 37238)*
- **37206** - ; each additional vessel (List separately in addition to code for primary procedure) *(replaced with 37237, 37239)*
- **37207** - Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel *(replaced with 37236, 37238)*
- **37208** - ; each additional vessel (List separately in addition to code for primary procedure) *(replaced with 37237, 37239)*
- **37210** - Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure *(replaced with 37243)*
- **75960** – Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel
New Codes

The existing stent placement codes 37205-37208 and 75960 have been replaced by 4 new codes. These comprehensive codes include all radiologic supervision and interpretation, any associated angioplasty, and no longer have a designation based on open or percutaneous approach. The new codes are not replacing current codes that describe intravascular stent revascularization in the lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial or coronary.

- **37217** – Transcatheter placement of an intravascular stent(s) intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation.
- **37236** – Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
- **37237** – ; each additional artery (List separately in addition to code for primary procedure)
- **37238** – ; initial vein
- **37239** – ; each additional vein (List separately in addition to code for primary procedure)

Vascular Surgery

The following Category III codes have been deleted and replaced with eight new CPT codes for endovascular repair of visceral abdominal aorta.

Deleted Codes

- **0078T** – Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral branches (superior mesenteric, celiac and/or renal artery[s])
- **0079T** – Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch (List separately in addition to code for primary procedure)
- **0080T** – Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involving visceral vessels (superior mesenteric, celiac and/or renal artery[s]), radiological supervision and interpretation
- **0081T** – Placement of visceral extension prosthesis for endovascular repair of abdominal aortic aneurysm involving visceral vessels, each visceral branch, radiological supervision and interpretation (List separately in addition to code for primary procedure)

New Codes

- **34841** – Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
- **34842** – ; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- **34843** – ; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
- **34844** – ; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

- **34845** – Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)

- **34846** – ; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

- **34847** – ; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

- **34848** – ; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])

**Radiation Therapy Simulation**

**New Codes**

- **77293** - Respiratory motion management simulation (List separately in addition to code for primary procedure)

**Revised Codes**

- **77295** - Therapeutic radiology simulation-aided field setting; 3-dimensional radiotherapy plan, including dose and volume histogram

**Evaluation & Management Codes**

A new category of E&M services has been introduced in CPT 2014 for interprofessional telephone/internet assessment and management services provided by a consultative physician.

**New Codes**

- **99446** - Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical discussion

- **99447** - ; 11-20 minutes of medical discussion

- **99448** - ; 21-30 minutes of medical discussion

- **99449** - ; 31 minutes or more of medical discussion