



A New Year, New Codes

A SPECIAL FOCUS ON RADIOLOGY

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It would be impossible to cover all the 2010 coding changes in one article; therefore, this article focuses on one specialty that affects a large number of HBMA clients: radiology. The following information should not be considered to be an all inclusive set of codes. Additionally, at the writing of this article, the HCPCS codes have not yet been released, so it is unclear what, if any, changes will be in effect for 2010.

Cardiac Computed Tomographic Angiography (CCTA). The eight existing Category III codes for cardiac CTA (0144T-0151T) have been deleted and replaced with four new Category I codes:

- 75571 Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium. Code 75571 represents noncontrast CT of the heart with calcium scoring. This exam was previously reported with code 0144T.
- 75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post-processing, assessment of cardiac function, and evaluation of venous structures, if performed). Code 75572 represents CCTA study of the heart for structure and morphology, except for congenital heart disease. This exam was previously reported with code 0145T. Note that it includes evaluation of venous structures, including the pulmonary veins.
- 75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post-processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed). Code 75573 represents CCTA study of the heart for congenital heart disease. This exam was previously reported with code 0150T.
- 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present),

with contrast material, including 3D image post-processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed). Code 75574 represents CCTA study of the coronary arteries. It includes evaluation of cardiac structure and morphology. This exam was previously reported with codes 0146T-0149T.

Heart function evaluation, previously reported with code 0151T, is now included in the CCTA codes and not separately coded.

Virtual Colonoscopy. At long last, new Category I codes have been created for CT colonography (virtual colonoscopy), and the Category III codes (0066T-0067T) for this procedure have been deleted.

- 74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
- 74262 --- with contrast material(s) including non-contrast images, if performed
- 74263 Computed tomographic (CT) colonography, screening, including image postprocessing

Code 74263 is used for screening exams and codes 74261 and 74262 are used for diagnostic exams without contrast and with contrast, respectively.

Myocardial Perfusion Imaging. Myocardial perfusion imaging (MPI) codes 78460-78480 have been deleted and replaced with four new codes:

- 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78452 ---multiple studies, at rest *(continued on next page)*

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- and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78453 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78454 ---multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

The new codes include wall motion and ejection fraction, when performed, so only one code will be reported per study. Codes 78451-78452 represent SPECT studies and 78453-78454 represent planar studies:

<u>Type of Study</u>	<u>Planar</u>	<u>SPECT</u>
Single	78453	78451
Multiple	78454	78452

Cardiac MRI. The four cardiac MRI codes that included flow/velocity quantification have been deleted. This includes codes 75558, 75560, 75562, and 75564. A new add-on code (75565) has been implemented for velocity flow mapping. The cardiac MRI codes available for use in 2010 are shown below. Note that only code 75565 is new. The definitions of codes 75557-75563 are unchanged from 2009.

- 75557 Cardiac magnetic resonance imaging for morphology and function without contrast material
- 75559 ---with stress imaging
- 75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
- 75563 ---with stress imaging
- +75565 Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)

Dialysis Access. Code 36145 (puncture of AV fistula) has been deleted and replaced with two new codes:

- 36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt,

injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava).

Code 36147 includes puncture of the fistula as well as diagnostic imaging of the fistula, the adjacent artery, and the venous outflow tract all the way to the vena cava.

- +36148 ---additional access for therapeutic intervention (List separately in addition to code for primary procedure).

Code 36148 is an add-on code that should be assigned when the physician performs a second puncture of the fistula to accomplish an intervention such as declotting, angioplasty, etc.

The existing fistulogram code, 75790, has been deleted. A new code has been created for diagnostic imaging of the fistula when this is performed as a stand-alone service (for example, if the fistulogram is interpreted by a different physician than the one who performed the puncture). Note that code 75791 includes imaging of the fistula, the adjacent artery, and the outflow tract all the way to the vena cava.

- 75791 Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

Clip Placement. Code 19295 has been revised to include clip placement in the breast following aspiration as well as following biopsy:

- +19295 Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)

Vertebroplasty, Kyphoplasty, and Sacroplasty. For 2010 the codes for percutaneous vertebroplasty (22520-22521) are designated as including moderate sedation. Effective January 1, moderate sedation cannot be billed together with these codes.

Category III codes have been added for sacroplasty. These codes were implemented July 1, 2009, but are making their first appearance in the code book. *(continued on next page)*

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- 0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles
- 0201T Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles

The supervision and interpretation (S&I) codes for vertebroplasty and kyphoplasty (72291-72292) have been revised so that they may also be used for S&I of sacroplasty:

Respiratory Procedures. A new code has been added for removal of a tunneled pleural catheter (for example, a PleuRx catheter):

- 32552 Removal of indwelling tunneled pleural catheter with cuff

Code 32560 (chemical pleurodesis) has been revised to clarify that it represents instillation of a sclerosing agent through a chest tube:

- 32560 Instillation, via chest tube/catheter, agent for pleurodesis

(eg, talc for recurrent or persistent pneumothorax)

Two new codes have been added for pleural fibrinolysis, the instillation of streptokinase or other thrombolytic agent into the pleural cavity to treat loculated pleural effusions:

- 32561 Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multi-loculated effusion); initial day
- 32562 ---subsequent day

Gastrointestinal Procedures

The definition of code 43761 has been revised to clarify that it refers to a naso- or orogastric tube rather than a percutaneous gastrostomy tube:

- 43761 Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition

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