

Part B Insider (Multispecialty) Coding Alert

CPT® 2013: From X-rays to Thrombolysis, CPT® Holds Many Changes for Radiology Practices Next Year

Check out this overview to help you prepare for 2013 changes.

Coding radiology services can be tricky, particularly when CPT® doesn't include a code to describe the services that your clinician performed. CPT® 2013, however, aims to quell that problem by making several additions, deletions, and revisions to the radiology section. Read on to find out what you'll need to know as the new year nears.

Fluid removal from chest: Pneumocentesis and thoracentesis codes 32420-32422 will be deleted. New codes for pleural aspiration (32554, 32555) and pleural drainage (32556, 32557) will take their place. Tube thoracostomy code 32551 will be revised to specify that it's an open procedure.

- Catheter introduction: Moderate sedation is now included in catheter introduction codes for the vena cava (36010) and extremity arteries (36140).
- Cervical, cerebral, and carotid angiography: Expect to see eight new codes (36221-+36228) that each represent both catheter placement and radiological services for cervical, cerebral, and carotid angiography. For example, one of the new codes is 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). Because the new codes include angiography, 75650-75685 will be deleted.
- Transcatheter foreign body retrieval: New code 37197 will include both transcatheter retrieval and imaging. Consequently, CPT® will delete transcatheter retrieval code 37203 and its related RS&I code 75961.
- Transcatheter therapy infusion: Soon-to-be-deleted thrombolysis codes 37201 (therapy) and 37209 (catheter exchange) will be replaced with several more specific codes that include the therapy and related RS&I. New code 37211 will be for an initial arterial infusion day, 37212 will be for an initial venous infusion day, 37212 will apply to "continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed," and 37214 will offer a way to report ending the thrombolysis service, including removing the catheter and closing the vessel. These changes have resulted in some RS&I revisions and deletions, as well. Codes 75896 and 75898 will no longer apply to thrombolysis and 75900 (catheter exchange) will be deleted.>> >>
- Spine X-ray: View requirements will get a little clearer for revised cervical spine X-ray codes 72040 (3 views or less), 72050 (4 or 5 views), and 72052 (6 or more views).
- Other qualified professional: A variety of codes will see revisions to change the term "physician" to "physician or other qualified professional." Affected codes include E/M services, fluoroscopy codes 76000 and 76001, and stressed joint X-ray code 77071, among many others.
- Thyroid and parathyroid imaging: Codes 78000-78011 will be out. In their place you'll see thyroid codes for uptake (78012), imaging (78013), and imaging with uptake (78014). For parathyroid imaging, you'll have options for planar (revised 78070), SPECT (78071), and SPECT with concurrent CT (78072).