

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Category III Codes For Stereotactic Therapy A Thing Of The Past

You can start billing for CT and MR needle-placement guidance

Good news: Instead of the two current Category III codes for stereotactic body radiation therapy (0082T-0083T), you'll finally have two new CPT codes. You can bill for treatment delivery (77373) and treatment management (77435) for a course of treatment of up to five fractions starting in January.

Also, you can now bill for stereotactic radiosurgery (SRS) for cerebral lesions and for either multi-source Cobalt 60-based (77371) or linear accelerator based (77372) treatment.

More changes: CPT 2007 also expands the codes for needle-placement guidance to include computed tomography (77012) and magnetic resonance (77021) guidance.

These two new codes -represent two ways of accomplishing needle placement that previously was done under fluoroscopic guidance,- says **Susan Vogelberger**, owner and president of **Healthcare Consulting & Coding Education** in Boardman, OH.

New MRI codes: Your options for magnetic resonance imaging (MRI) of the head increase in January, with two new codes for brain MRI (70554-70555). You'll be able to distinguish brain MRIs that require physician administration and those that don't. Also, existing MRI code 70540 now clarifies that it applies to face and/or neck, not just face and neck.

Chest computed tomographic angiography (CTA) code 71275 now clarifies that it only applies to noncoronary chest CTAs.

Several ultrasound codes will have their descriptors change in January to clarify that they only apply to real-time ultrasound with image documentation, not to B scan. You'll also have a long-awaited new code (77001) for fluoroscopic guidance for a replacement central venous access (CVA) device.

Change your cheat sheets: 76940 no longer covers ultrasound guidance and monitoring for visceral tissue ablation; instead, it now covers parenchymal tissue ablation. Also, you'll have two new codes for ultrasound of the pregnant uterus (76813-76814).

Kidney imaging codes 78707-78710 now all include studies of vascular flow and function, and there's no longer a separate code for studying kidney vascular flow alone. Similarly, CPT 2007 deletes testicular imaging code 78760, which did not include vascular flow, so you can only use 78761, which does.

Also, many radiology codes have changed their numbers without any change to their descriptors. For example, vertebroplasty S&I codes 76012-76013 are now 77291-77292, and intraoperative ultrasonic guidance code 76986 is now 77998. Also, 76003-76005 are now 77003-77003.