

## Outpatient Facility Coding Alert

### CPT® 2019: Make Way for These 2019 Diagnostic, Interventional Rad CPT® Codes

**Acclimate yourself with a plethora of new, revised, and deleted CPT® codes.**

If you code for radiology services in the outpatient facility specialty, then you're all too familiar with the preparations required when the annual influx of new, revised, and deleted CPT® codes rolls around. This year is no exception, as the AMA has made some sweeping changes to some of the most important and widely used codes within the radiology specialty.

This year, you'll encounter important changes affecting both the diagnostic and interventional radiology specialties. Specifically, it will be your duty as a coder to learn new fine needle aspiration (FNA) codes, magnetic resonance imaging (MRI) of the breast codes, and much, much more.

Keep reading for a complete breakdown of each new, revised, and deleted radiological CPT® code for 2019.

#### **Replace 10022 With These New FNA Biopsy Codes**

First up, CPT® presents you with eight new FNA biopsy codes falling under the code range 10005-+10012. Your choice of CPT® code will depend on the type of imaging guidance and the number of lesions the physician biopsies. For instance, for an FNA biopsy of two distinct lesions including ultrasound guidance, you will rely on the following two codes:

- »10005 - Fine needle aspiration biopsy, including ultrasound guidance; first lesion
- +10006 - ... each additional lesion (List separately in addition to code for primary procedure).

If the provider performs the same service, except with fluoroscopic guidance instead of ultrasound guidance, you will report the following two codes instead:

- 10007 - Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
- +10008 - ... each additional lesion (List separately in addition to code for primary procedure).

CPT® codes 10009-+10012 include the same services with magnetic resonance imaging (MRI) guidance and computed tomography (CT) guidance, respectively.

You will be using these codes in place of code 10022 (Fine needle aspiration; with imaging guidance), which will be deleted as of January 1, 2019. Note that CPT® has also made a revision to 10021- see revised code section below - and has added new code +10004 (... each additional lesion [List separately in addition to code for primary procedure]) for FNA without imaging guidance.

In addition to these FNA services, you'll also be tasked with reporting a new code for an injection procedure for a contrast knee arthrography or contrast enhanced computed tomography (CT) or MRI arthrography of the knee:

- 27369 - Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography.

You'll use the 27369 code in place of code 27370 (Injection of contrast for knee arthrography), which CPT® will delete as of January 1, 2019.

#### **Get to Know These New MRE, MRI Codes**

Next, have a look at this brand-new code to report magnetic resonance elastography (MRE) services:

- 76391 - Magnetic resonance (eg, vibration) elastography.

"MRE is an emerging technology used to diagnose disorders of the liver among other areas of the body," **Barry Rosenberg, MD**, chief of radiology at United Memorial Medical Center in Batavia, New York. MRE involves MRI imaging combined with sound waves to create a map of the body to help visualize the stiffness of specific body tissues," Rosenberg explains.

In addition to a new code for MRE services, there are four new important codes you'll need to consider to report magnetic resonance imaging (MRI) scans of the breast:

- 77046 - Magnetic resonance imaging, breast, without contrast material; unilateral
- 77047 - ... bilateral
- 77048 - Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
- 77049 - ... bilateral.

You will use these codes in place of codes 77058 (Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral) and 77059 (... bilateral). "Additionally, since codes 77048 and 77049 now include computed aided detection (CAD), you will no longer need to report category III code +0159T (Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI [List separately in addition to code for primary procedure]) separately, says **Lindsay Della Vella, COC**, medical coding auditor at Precision Healthcare Management in Media, Pennsylvania. "Subsequently, +0159T will be deleted as of January 1, 2019," Della Vella relays.

### Equip Your Coding Arsenal With These Ultrasound Codes

Finally, you'll be tasked in getting to know five new ultrasound codes (76978-+76983) that you'll use to report targeted dynamic microbubble sonographic contrast characterization and elastography services. These codes include 76978 (Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion) and 76981 (Ultrasound, elastography; parenchyma [eg, organ]).

In addition to this broad assortment of new CPT® codes, there are a few additional important revisions and deletions for you to consider as you head into the new calendar year. First, CPT® will be deleting the following incision and drainage (I&D) code for subfascial soft tissue abscesses:

- 20005 - Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia).

Additionally, CPT® will be deleting the following fluoroscopic service:

- 76001 - Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy).

Lastly, CPT® will be making minor descriptive revisions to the following fine needle aspiration (FNA) biopsy, peripherally inserted central catheter (PICC) insertion, and MRI guidance codes:

- 10021 - Fine needle aspiration biopsy, without imaging guidance; first lesion

36568 - Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age

- 36569 - ... age 5 years or older
- 77021 - Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
- 77022 - Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation.

