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Radiology 2018 CPT Changes Effective 1/1/2018

Each year the American Medical Association's CPT-4 code manual is revised to delete codes and/or guidelines, and to add or revise codes to reflect current technologies, techniques, and services. As a service to our radiology clients, APS Medical Billing has summarized those changes to facilitate accurate reporting of the affected services as of January 1, 2018.

A number of new radiology CPT codes have been approved for implementation in 2018. Two of the big changes are to Chest and Abdominal X-ray coding. There have also been some changes in Interventional Radiology.

Below we have outlined the changes made. **All new codes are highlighted in red** and revised/deleted codes are noted:

Chest X-ray Codes

Numerous changes for reporting chest x-rays have been made. The revisions of the new codes reflect a change in the number of views performed and not the specific views as it was in the past. This revision focuses on the number of views and does not change what has to be done to obtain the views.

New Codes for 2018:

- 71045** Radiologic examination, chest; 1 view chest
- 71046** 2 views chest
- 71047** 3 views chest
- 71048** 4 or more views

Deleted Codes for 2018:

- 71010 Radiologic examination, chest; single view, frontal
- 71015 stereo, frontal
- 71020 Radiologic examination, chest; 2 views, frontal and lateral;
- 71021 with apical lordotic procedure
- 71022 with oblique projections
- 71023 with fluoroscopy
- 71030 Radiologic examination, chest; complete, minimum of 4 views
- 71034 with fluoroscopy
- 71035 Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)



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Abdominal X-ray Codes

The changes for abdominal x-rays have been made to remove the view specific codes. In their place, 3 new codes that specify the number of views have been created. Some codes that include view specific language such as the complete acute abdominal series 74022 has been retained. This code requires specific services that require certain views in order to complete the service.

New Codes for 2018:

- 74018** Radiologic examination, abdomen 1 view
- 74019** 2 views
- 74021** 3 or more views

Deleted Codes for 2018:

- 74000 Radiologic examination, abdomen; single anteroposterior view
- 74010 anteroposterior and additional oblique and cone views
- 74020 complete, including decubitus and/or erect views

Mammography

Effective January 1, 2018 HCPCS codes G0202, G0204 and G0206 are replaced with CPT codes 77067, 77066 and 77065.

Deleted Codes for 2018:

- G0202 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed
- G0204 Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral
- G0206 Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral

Use CPT Codes:

- 77067** Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed
- 77066** Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral
- 77065** Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral

Other Procedures

With the deletion of 71023 and 71034, the verbiage for 76000 has been updated to remove the reference to the deleted codes.



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Revised Code for 2018:

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time

Ultrasound

The revision of the below Ultrasound codes have been made to update and clarify the distinction between complete and limited studies.

Revised Codes for 2018:

76881 Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures real time with image documentation.

76882 Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon(s), muscle(s), nerve(s), other soft tissue structure(s), or soft tissue mass(es), real-time with image documentation.

Interventional Radiology

There have been significant changes to the existing EVAR codes this year. They now currently reflect clinical scenarios more accurately. The new codes have bundled all catheter placements, radiologic imaging and supervision, and interventions within the treatment area. Areas outside the treatment zone may be billed separately.

Deleted Codes for 2018:

75658 Angiography, brachial, retrograde, radiological supervision and interpretation

75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

75953 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation

0340T Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance

Cryoablation Treatment of Pulmonary Tumors

New Code for 2018:

32994 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral Cryoablation



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Endovascular Repair Infrarenal Aorta

New Codes for 2018:

34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)



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34707 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)

34708 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

Deleted Codes for 2018:

34800

34801

34803

34804

34805

34806

34825

34826

34900

75952

75953

75954

93982

0255T

0254T

Endovenous Ablation of Incompetent Veins (Vascular Injection Procedures)

New Codes for 2018:

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated

+36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance



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and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

Revised Codes for 2018:

- 36140 Introduction of needle or intracatheter, upper or lower extremity artery
- 36468 Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
- 36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)
- 36471 Injection of multiple incompetent veins (other than telangiectasia), same leg

Bone Marrow Diagnostic Procedures

New Code for 2018:

38222 New code for Diagnostic bone marrow biopsy and aspiration

Revised Codes for 2018:

- 38220 for Diagnostic Bone marrow aspiration
- 38221 Diagnostic Bone marrow biopsy

Brachial Retrograde Artery Introduction of Needle or Catheter

Deleted Codes for 2018:

- 36120 Introduction of needle or intracatheter; retrograde brachial artery
- 75658 Angiography, brachial, retrograde, radiological supervision and interpretation

Prepared by APS Medical Billing and Professional Consulting, Toledo, OH.

The following resources were used in the preparation of this document: the AMA's *Current Procedural Terminology (CPT) 2018*, and *CPT 2018 Changes-An Insider's View*.