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**Radiology
 2019 CPT Update
 Effective 1/1/2019**

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, 2019.

A number of new radiology CPT codes have been approved for implementation in 2019. One of the big changes is to FNA coding. There have also been changes to some angioplasty codes.

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

Fluoroscopy

Deleted Code for 2019:

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)

Category III Codes

Deleted Codes for 2019:

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)

0346T Ultrasound, elastography (List separately in addition to code for primary procedure)

Ultrasound Codes

New Codes for 2019:

76978 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion

+76979 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)



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76981 Ultrasound, elastography; parenchyma (eg, organ)

76982 Ultrasound, elastography; first target lesion

+76983 Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)

Magnetic Resonance Imaging

Deleted Codes for 2019:

77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

New codes for 2019:

77021 Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

77022 Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation

76391 Magnetic resonance (eg, vibration) elastography

77046 Magnetic resonance imaging, breast, without contrast material; unilateral

77047 Magnetic resonance imaging, breast, without contrast material; 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 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; bilateral

Interventional Radiology/Procedures

Deleted Codes for 2019:

10022 Fine needle aspiration; with imaging guidance



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11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

11101 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)

27370 Injection of contrast for knee arthrography

43760 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance

50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous

New Codes for 2019:

74485 Dilation of ureters, or urethra, radiological supervision and interpretation

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

50436 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with post procedure tube placement, when performed

50437 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with post procedure tube placement, when performed; including new access into the renal collecting system

FNA codes

Revised Code for 2019:

10021 Fine needle aspiration; without imaging guidance; first lesion
(10022 has been deleted. To report see 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012)

New Codes for 2019:

+10004 Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)
(Use 10004 in conjunction with 10021)
(Do not report 10004, 10021 in conjunction with 10005, 10006, 10007, 10008, 10009, 10010, 10011,



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10012 for the same lesion)

10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion

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

(Use 10006 in conjunction with 10005)

(Do not report 10005, 10006 in conjunction with 76942)

10007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

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

(Use 10008 in conjunction with 10007)

(Do not report 10007, 10008 in conjunction with 77002)

10009 Fine needle aspiration biopsy, including CT guidance; first lesion

+10010 Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)

(Use 10010 in conjunction with 10009)

(Do not report 10009, 10010 in conjunction with 77012)

10011 Fine needle aspiration biopsy, including MR guidance; first lesion

+10012 Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)

(Use 10012 in conjunction with 10011)

(Do not report 10011, 10012 in conjunction with 77021)

Fine Needle Aspiration biopsy procedures are performed with or without imaging guidance. Imaging guidance codes (76942, 77002, 77012, 77021) may not be reported separately with new codes 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 or 10021. Codes 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012 and 10021 are reported once per lesion taken in a single session.

When more than one FNA biopsy is performed on separate lesions at the same session, same day, same imaging modality, use the appropriate imaging modality add-on code for the second and subsequent lesion(s).



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When more than one FNA biopsy is performed on separate lesions, same session, same day, using different imaging modalities, report the corresponding primary code with modifier 59 for each additional imaging modality and corresponding add-on codes for subsequent lesions taken.

This instruction applies regardless of whether the lesions are ipsilateral or contralateral to each other and/or whether they are in the same or different organs/structures.

When FNA biopsy and core needle biopsy both are performed on the same lesion, same session, same day using the same type of imaging guidance, do not separately report the imaging guidance for the core needle biopsy.

When FNA biopsy is performed on one lesion and core needle biopsy is performed on a separate lesion, same session, same day using the same type of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported separately with modifier 59.

When FNA biopsy is performed on one lesion and core needle biopsy is performed on a separate lesion, same session, same day using different types of imaging guidance, both the core needle biopsy and the imaging guidance for the core needle biopsy may be reported with modifier 59

Nuclear Medicine

Deleted Codes for 2019:

78270 Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor

78271 Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor

78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor

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*.