

Outpatient Facility Coding Alert

CPT® 2018: Find Out What's New For CPT® 2018 in Interventional Radiology

You'll have several fresh category III codes focusing on measurements of coronary FFR.

If you code for the interventional side of radiology, make sure you're aware of your new CPT® 2018 options including four new fetal magnetic cardiac signal recording category III codes, some ultrasound revisions, and several brand-new choices for ultrasound-guided foam injections and image-guided ablation therapy treatments.

Read on to learn more.

Familiarize Yourself with these New Interventional Codes

For those with an interventional radiology background, you'll want to get acquainted with these two new sets of codes. The first pair (36465, 36466) is for an ultrasound-guided foam sclerosant injection into one or more extremity truncal veins. The second pair (36482, 36483) is for image-guided endovenous ablation therapy treatment for one or more incompetent veins of the extremity.

Here's the aforementioned quartet of codes:

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

Get to Know These Category III Codes

Next up is a set of four category III codes focusing on measurements of coronary fractional flow reserve (FFR):

- 0501T (Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report)
- 0502T (... data preparation and transmission)
- 0503T (... analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model)
- 0504T (... anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report).

Additionally, you will want to take note of four new fetal magnetic cardiac signal recording category III codes:

- 0475T (Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional)
- 0476T (... patient recording, data scanning, with raw electronic signal transfer of data and storage)
- 0477T (... signal extraction, technical analysis, and result)

- 0478T (... review, interpretation, report by physician or other qualified health care professional).

Highlight this Important Revision to 76881,76882

As of Jan. 1, the way you code ultrasound of the extremities (limited and complete) changed. Previously, whether you were coding a limited or complete exam, the ultrasound examination extended to any part of the extremity at hand. However, as of January, the coding changes to 76881 and 76882 are as follows:

- 76881 (Ultrasound, extremity, nonvascular, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation; complete)
- 76882 (Ultrasound, limited, anatomic specific 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).

As you can see, the code description for these two exams has fundamentally changed; 76881 now only pertains to complete joint spaces, and 76882 pertains to both the joint space and/or the additional anatomical features listed above.

Careful: "When selecting 76881 for a complete examination, coders should ensure the CPT® requirements are fully met," says **Amanda Corney, MBA**, medical billing operations manager for Medical Resources Management in Rochester, New York.

"The note must indicate that the physician is viewing both the joint space and peri-articular soft tissue structures. If the diagnostic report indicates visualization of only the joint space, or only other nonvascular structures, the coder will need to select 76882," Corney explains. Your only other option in this particular scenario is to refer back to the provider to confirm that imaging of the entire joint space, as defined by CPT®, was not performed.