

2013 CPT Code and Physician Work RVU Changes Relevant to Neuroradiology

The 2013 CPT Changes and Relative Value Units (RVUs) have been released with an effective date of January 1, 2013. *Note: The below physician work RVUs reflect the national payment rate and do not include your specific geographic modifier.* Please review the following changes which are relevant to neuroradiology:

Cervical Spine Radiography

The Cervical Spine Radiography codes 72040, 72050 and 72052 have been revised in order to clarify the number of views and to better reflect current clinical practice.

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|----------|--|-------------------------|
| 72040 | Radiologic examination, spine, cervical; 3 views or less | 0.22 (no change) |
| 72050 | Radiologic examination, spine, cervical; 4 or 5 views | 0.31 (no change) |
| 72052 | Radiologic examination, spine, cervical; 6 or more views | 0.36 (no change) |

Cervicocerebral Angiography

8 new CPT codes (36221-36228) were created which report bundled non-selective and selective arterial catheter placement and diagnostic imaging of the aortic arch, carotid, and vertebral arteries.

Also, new introductory guidelines were created, titled *Diagnostic Studies of the Cervicocerebral Arteries*, which clarify the intent and use of the newly created codes 36221-36228. The new introductory guideline can be found in the 2013 CPT Book.

CPT Codes 75650, 75660, 75662, 75665, 75671, 75676, 75680, and 75685 have been deleted.

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|----------|--|-------------------------|
| 36221 | Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed (Do not report 36221 with 36222-36226) | 4.17 |

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| 36222 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | 5.53 |
| 36223 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed | 6.00 |
| 36224 | Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed | 6.50 |
| 36225 | Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | 6.00 |
| 36226 | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | 6.50 |
| +36227 | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) (Use 36227 in conjunction with 36222, 36223, or 36224) | 2.09 |
| +36228 | Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure) (Use 36228 in conjunction with 36224 or 36226) (Do not report 36228 more than twice per side) | 4.25 |

3D Reconstruction

The descriptors for CPT codes 76376 and 76377 were revised in order to clarify that image post-processing must be done under concurrent supervision. *Per the AMA/ACR Clinical Examples in Radiology, Concurrent physician supervision, as noted in the 3D codes 76376 and 76377, defines a temporal relationship to creating the 3D volume rendered images. Concurrent means active participation*

in and monitoring of the reconstruction process that includes: design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (eg, bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of the 3D work product.

Concurrent does not relate to the definitions for general, direct, and personal supervision that have been established by the Centers for Medicare & Medicaid Services, which relate to the physical location of the physician with respect to the patient and would apply to the computed tomography acquisition base procedure code.

Also, the exclusionary parenthetical notes following 76376 and 76377 were revised to reflect changes in nuclear medicine codes.

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|-----------------|--|--------------------------------|
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation (Use 76376 in conjunction with code[s] for base imaging procedure[s]) (Do not report 76376 in conjunction with 31627, 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 78012-78999, 0159T) (76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering) | 0.20 (no change) |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation (Use 76377 in conjunction with code[s] for base imaging procedure[s]) (Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76376, 78012-78999, 0159T) (To report computer-aided detection, including computer algorithm analysis of MRI data for lesion detection/characterization, pharmacokinetic analysis, breast MRI, use Category III code 0159T) (76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering) | 0.79 (no change) |

Nuclear Thyroid Imaging

Codes 78000-78011 have been deleted. Three new codes (78012-78014) have been added to describe thyroid uptake and imaging procedures:

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|-----------------|---|--------------------------------|
| 78012 | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | 0.19 |
| 78013 | Thyroid imaging (including vascular flow, when performed); | 0.37 |
| 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | 0.50 |

Parathyroid Nuclear Imaging

CPT Code 78070 was revised and also two new parathyroid codes, 78071 and 78072 were created:

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|-----------------|--|--------------------------------|
| 78070 | Parathyroid planar imaging (including subtraction, when performed); | 0.80 |
| 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | 1.20 |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 1.60 |

Transcatheter Therapy

CPT Codes 75896 and 75898 were both revised in order to clarify that thrombolytic infusion is not an inclusive service and is separately reportable with the newly created bundled codes for transcatheter services 37211-37214.

Also, CPT codes 37201 and 37209 were deleted.

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|-----------------|---|--------------------------------|
| 75896 | Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation (For radiological supervision and interpretation for thrombolysis other than coronary, see 37211-37214) (Do not report 75896 in conjunction with 37211-37214) (For infusion for coronary disease, see 92975, 92977) | 1.31 (no change) |
| 75898 | Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis (For thrombolysis infusion management other than coronary, see 37211-37214) (Do not report 75898 in conjunction with 37211-37214) | 1.65 (no change) |

| CPT Code | 2013 Descriptor | 2013 Physician Work RVU |
|-----------------|--|--------------------------------|
| 37211 | Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day | 8.00 |
| 37212 | Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day | 7.06 |
| 37213 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; | 5.00 |
| 37214 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method | 2.74 |