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Radiology Guidelines (Including Nuclear Medicine and Diagnostic Ultrasound)

Guidelines to direct general reporting of services are presented in the **Introduction**. Some of the commonalities are repeated here for the convenience of those referring to this section on **Radiology (Including Nuclear Medicine and Diagnostic Ultrasound)**. Other definitions and items unique to Radiology are also listed.

Subject Listings

Subject listings apply when radiological services are performed by or under the responsible supervision of a physician or other qualified health care professional.

Separate Procedures

Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, separate injury, or area of injury in extensive injuries.

Unlisted Service or Procedure

A service or procedure may be provided that is not listed in this edition of the CPT codebook. When reporting such a service, the appropriate “Unlisted Procedure” code may be used to indicate the service, identifying it by “Special Report” as discussed below. The “Unlisted Procedures” and accompanying codes for **Radiology (Including Nuclear Medicine and Diagnostic Ultrasound)** are as follows:

76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77499	Unlisted procedure, therapeutic radiology treatment management
77799	Unlisted procedure, clinical brachytherapy
78099	Unlisted endocrine procedure, diagnostic nuclear medicine
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78699	Unlisted nervous system procedure, diagnostic nuclear medicine

78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Radiopharmaceutical therapy, unlisted procedure

Special Report

A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation, Imaging Guidance

Imaging may be required during the performance of certain procedures or certain imaging procedures may require surgical procedures to access the imaged area. Many services include image guidance, and imaging guidance is not separately reportable when it is included in the base service. The CPT code set typically defines in descriptors and/or guidelines when imaging guidance is included. When imaging is not included in a surgical procedure or procedure from the **Medicine** section, image guidance codes or codes labeled “radiological supervision and interpretation” (RS&I) may be reported for the portion of the service that requires imaging. All imaging guidance codes require: (1) image documentation in the patient record and (2) description of imaging guidance in the procedure report. All RS&I codes require: (1) image documentation in the patient’s permanent record and (2) a procedure report or separate imaging report that includes written documentation of interpretive findings of information contained in the images and radiologic supervision of the service.

(The RS&I codes are not applicable to the Radiation Oncology subsection.)

Administration of Contrast Material(s)

The phrase “with contrast” used in the codes for procedures performed using contrast for imaging enhancement represents contrast material administered intravascularly, intra-articularly, or intrathecally.

For intra-articular injection, use the appropriate joint injection code. If radiographic arthrography is performed, also use the arthrography supervision and interpretation code for the appropriate joint (which includes fluoroscopy). If computed tomography (CT) or magnetic resonance (MR) arthrography are performed without radiographic arthrography, use the appropriate joint injection code, the appropriate CT or MR code (“with contrast” or “without followed by contrast”), and the appropriate imaging guidance code for needle placement for contrast injection.

For spine examinations using computed tomography, magnetic resonance imaging, magnetic resonance angiography, “with contrast” includes intrathecal or intravascular injection. For intrathecal injection, use also 61055 or 62284.

Injection of intravascular contrast material is part of the “with contrast” CT, computed tomographic angiography (CTA), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA) procedures.

Oral and/or rectal contrast administration alone does not qualify as a study “with contrast.”

Written Report(s)

A written report (eg, handwritten or electronic) signed by the interpreting individual should be considered an integral part of a radiologic procedure or interpretation.

With regard to CPT descriptors for imaging services, “images” must contain anatomic information unique to the patient for which the imaging service is provided. “Images” refer to those acquired in either an analog (ie, film) or digital (ie, electronic) manner.

Foreign Body/Implant Definition

An object intentionally placed by a physician or other qualified health care professional for any purpose (eg, diagnostic or therapeutic) is considered an implant. An object that is unintentionally placed (eg, trauma or ingestion) is considered a foreign body. If an implant (or part thereof) has moved from its original position or is structurally broken and no longer serves its intended purpose or presents a hazard to the patient, it qualifies as a foreign body for coding purposes, unless CPT coding instructions direct otherwise or a specific CPT code exists to describe the removal of that broken/moved implant.