

# Radiologic Associates of Fredericksburg

Diagnostic & Interventional Radiology Coding In-service 2026

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# AGENDA



2026 Diagnostic Radiology CPT Updates



Pend Trends Identified



Radiology Report Documentation



Documentation Requests/ Audits & Policy Updates

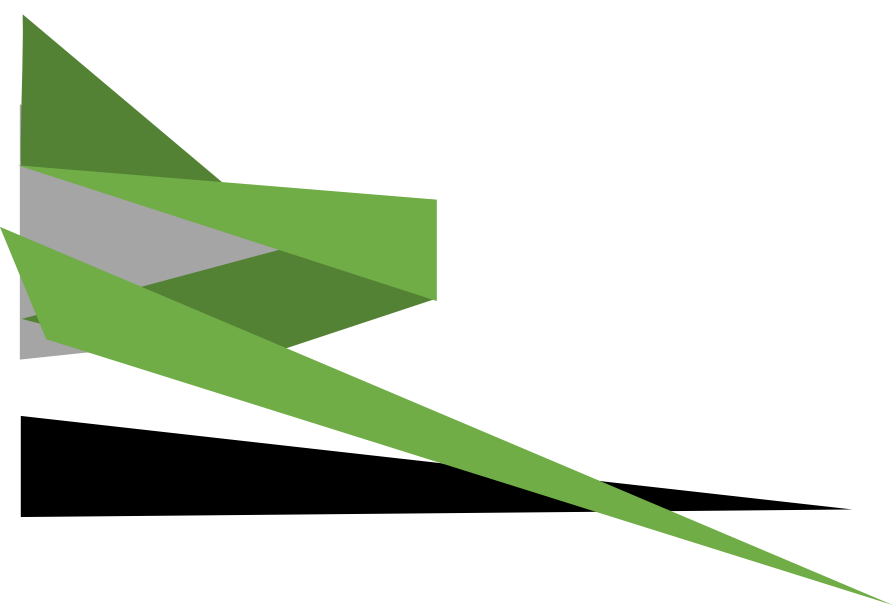


2026 Interventional Radiology CPT Updates



# 2026 Diagnostic Radiology CPT Updates

2026 Diagnostic Radiology CPT Updates



# Diagnostic Radiology CPT Changes

## Head and Neck Computed Tomographic Angiography (CTA)

- Currently reported with CPT codes 70496 & 70498
- Identified as being reported together 75% or more, so they were referred to CPT editorial panel for bundling.
- There will now be a new code in the CPT 2026 code set to report combined CTA head and neck. They will no longer be reported as separate exams.

## Computed Tomography Cerebral Perfusion (CTP)

- Currently reported with Category III code 0042T.
- Literature has demonstrated the utility of CTP in clinical decision-making related to neuro-endovascular intervention in patients who are in the acute stroke phase.
- For 2026, there is now two new Category I CPT codes created and available for reporting CTP. Category III code 0042T will be deleted.

# New Diagnostic Radiology CPT Codes

**70471**- Computed tomographic angiography (CTA), **head and neck**, with contrast material(s), including non-contrast images, when performed, and image postprocessing

- Will no longer be reported separately with head and neck CTA cpt codes 70496 & 70498 when performed together.

**+ 70472**- Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)

- Is an add on code and would be reported when performed with CT or CTA
- Replaces category III code 0042T

**70473**- Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy

- Reported when performed alone without CT or CTA.
- Replaces category III code 0042T.

**75577**- Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional

## Deleted Diagnostic Radiology CPT Codes

**0042T**- Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time

**75842**- Venography, adrenal, bilateral, selective, radiological supervision and interpretation

**75956**- Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

**75957**- not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

**75958**- Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation

**75959**- Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation



# Pend Trends Identified

6500 116002 106001160

## Pend Volume for 2<sup>nd</sup> half of 2025

Row Labels	Count of AccountNumber
3d not documented	47
clarification on procedure performed	20
completed vs limited	3
contrast dosage/type missing	353
e&m reports	4
header and technique mismatch	656
ir review	6
location/laterality clarification	19
measure_#364	74
measure_#acrad36	142
measure_#acrad37	1
measure_#acrad41	14
measure_#acrad43	5
measure_#msn13	13
measure_#msn15	4
measure_#qmm19	13
need diagnostic information	795
other—not otherwise classified	3
patient dni	1
per ncd/lcd diagnosis does not support medical necessity	811
views clarification	29
(blank)	
<b>Grand Total</b>	<b>3013</b>

# Radiology Pend Trends

## 3D Not Documented

- These pends are specific to CTA exams that are lacking the required documentation of 3D angiographic reconstructions being performed.
- Performance of 3D angiographic reconstructions are required for CTA exams, this does not have to be done by the radiologist and usually done by the tech.
- If 3D reconstructions are not documented, it can not be coded as a CTA exam and would have to be coded/ billed out as a normal CT exam per coding guidelines.
- If templates for CTA exams are used, they should be reviewed and updated to include this documentation.

**Acceptable 3D  
Techniques/ Verbiage**

- 3D reconstruction of images
- 3D Post-processing of Images.
- Maximum intensity pixel (MIP) reconstructions
- Volume-rendered images created
- Surface Shading images created

**Not Acceptable  
Techniques/ Verbiage**

- 2D post-processing of images / 2D reconstructions
- Multiplanar Reconstructions
- Coronal, sagittal and/or oblique reconstructions

# Radiology Pend Trends Continued..

## Header & Technique Mismatches

- Use of Contrast- The use of contrast documented in technique/ body of report differs from the order/ header. With, without or with & without

## Views Clarification

- The number of views in order/ header is different than that documented in technique.
- If the order/headers are correct, I would remind the providers to update the number of views taken in technique to match the order/header. As well as ensuring they are documenting just the views taken and not the total number of images



***These two categories remain with high pend volumes from previous year. If the order/header is incorrect & your technique is accurate, adding a note or statement stating order is incorrect will reduce the number of pends you will receive.***

# Diagnosis Information in Radiology Reports

## Patient Clinical History

- Signs/ Symptoms and/or reason for the radiology exam
- Chronic conditions and/or previously established diagnoses
- If a follow up exam, identify the conditions/ diagnosis being followed up on

## Impression/ Conclusion

- Should be listed in order of the severity as they relate to the reason for the exam
- Pertinent positive and negative findings
- Significant Incidental findings
- Diagnoses unrelated to the reason for th exam but may require further follow-up and/or treatment by the physician



# Diagnosis Information in Radiology Reports

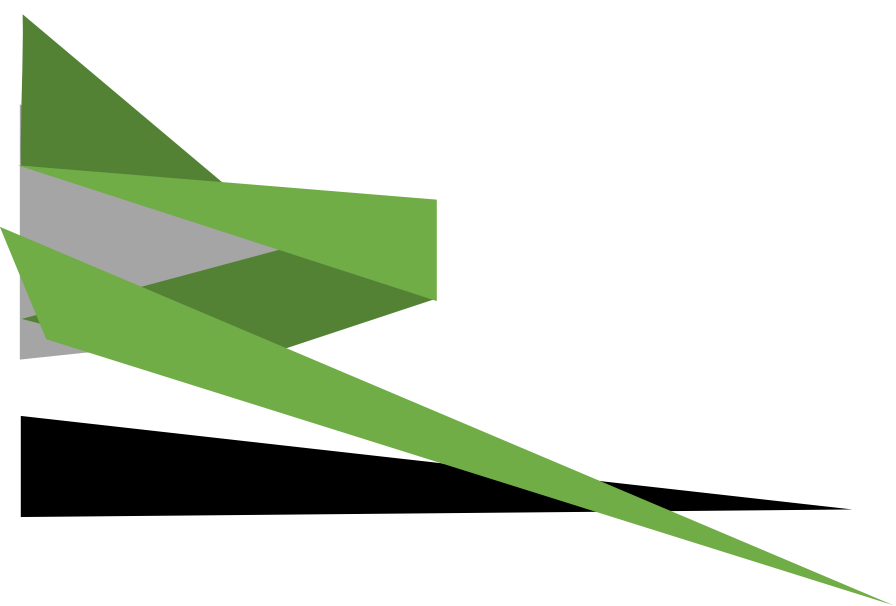


- “Rule Out” indications provided can not be coded if exam does not find evidence of the condition.
- The coders would have nothing to use as diagnosis to submit on the claim, resulting in the charge being held for additional information to be found.
- The signs/ Symptoms that the patient is presenting with should be used in place of any “rule out” indications.



# **Radiology Report Documentation**

Radiology Report Documentation



# Proper Documentation

**ACR's guidelines that state the body of the report should contain the following elements:**

## **Procedures and materials**

- Description of the studies and/or procedures performed and any contrast media and/or radiopharmaceuticals (including specific administered activities, concentrations, volume and route of administration when applicable)
- Medications, catheters or devices used, if not recorded elsewhere
- Any known significant patient reaction or complications

## **Findings**

- Use appropriate anatomic, pathologic, and radiologic terminology to describe the findings

## **Potential limitations**

- When appropriate, identify factors that may compromise the sensitivity and specificity of the exam

## **Clinical issues**

- Address or answer any specific clinical questions; if there are factors that prevent answering the clinical question, it should be stated explicitly

## **Comparison studies and reports**

- Comparison with relevant examinations and reports when appropriate and available

## Importance of Proper Documentation

- Accurate and complete documentation of services, dictated by the radiologist, is critical to maximal reimbursement and compliance with CMS regulations.
- A radiology report is a legal documentation of what was done.
- The final radiology report must support the services billed.
- Every portion of a radiology procedure must be clearly documented.
- Coders can not assume services were performed if not documented.

## Tips for accurate dictation of Exams

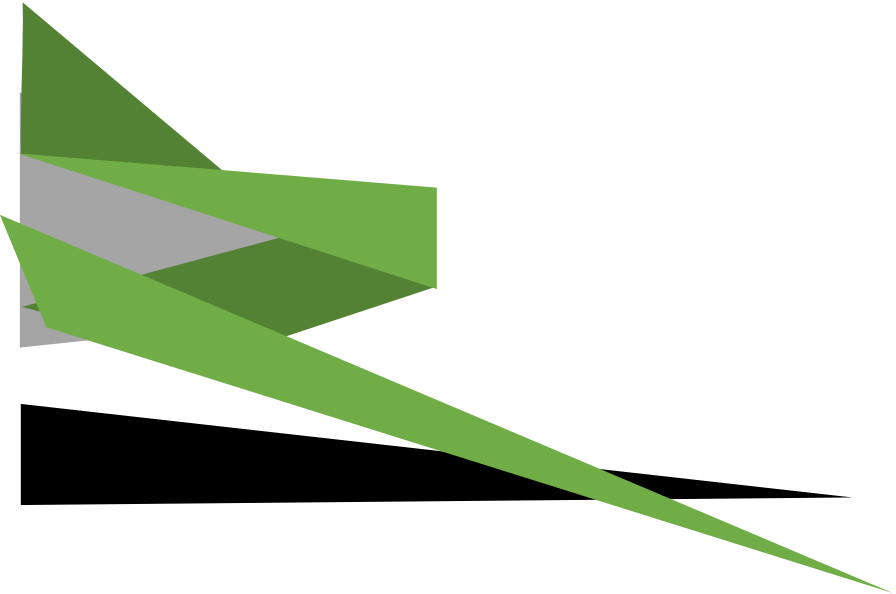
- Exam techniques should allow correct code assignment by including all necessary elements, such as the modality (such as MRI, ultrasound, CT, X-ray), anatomical site, views/ sequences, and whether contrast was used.
- Complete documentation should be provided to support a complete exam, including all elements.
- Documentation should precisely state the number of views, not the number of images taken.
- Proof read report to help eliminate contradictory and/or confusing statements for both referring physicians and coders.
- Identify and provide statement regarding any wrong information in order/ header.





# Documentation Requests/ Audits & Policy Updates

Documentation Requests/ Audits & Policy Updates



# Documentation Requests & Audits

**CMS post-payment medical reviews and additional documentation letter requests are being received more for Radiology services than prior years.**

- MACs are charged with safeguarding the integrity of the Medicare trust fund. They must ensure payment is made only for services that meet all Medicare coverage, coding, and medical necessity requirements.
- Practices should prepare for scrutiny of Medicare claims. Ensuring documentation is complete and appropriate.

**CMS conducts several different types of audits to ensure compliance, prevent fraud, and recover improper payments. The primary types of CMS audits include:**

- Recovery Audit Contractor (**RAC**) Audits
- Comprehensive Error Rate Testing (**CERT**) Audits
- Unified Program Integrity Contractor (**UPIC**) Audits
- Medicare Administrative Contractor (**MAC**) Audits
- Supplemental Medical Review Contractor (**SMRC**) Audits
- Office of Inspector General (**OIG**) Audits

# Documentation Requests & Audits

In 2025 the Centers for Medicare & Medicaid Services (CMS) announced a significant expansion of its auditing efforts for Medicare Advantage (MA) plans. This expansion will begin immediately and includes:

- **Enhanced Technology:** CMS will deploy advanced systems to efficiently review medical records and flag unsupported diagnoses.
- **Workforce Expansion:** CMS will increase its team of medical coders from 40 to approximately 2,000 by September 1, 2025. These coders will manually verify flagged diagnoses to ensure accuracy.
- **Increased Audit Volume:** By leveraging technology, CMS will be able to increase its audits from ~60 MA plans a year to all eligible MA plans each year in all newly initiated audits (approximately 550 MA plans). CMS will also be able to increase from auditing 35 records per health plan per year to between 35 and 200 records per health plan per year in all newly initiated audits based on the size of the health plan.

## Policy Updates/ Looking Ahead..

- Insurance policies/ guidelines in regards to diagnosis coding are continuing to become more strict with what they will allow for payment.
- Major carriers have also began releasing policies regarding laterality, requiring any claims billed have matching laterality details. It is important to make sure the diagnosis documented is specific to the side(s) of body being imaged.
- Expect more audits to be performed by insurances/ third parties, scrutinizing documentation and medical necessity of exams/ services.
- New AI technology services are currently not being reimbursed separately unless they are able to reported with a current existing CPT code.
- Medicare announced an additional extension for reporting of telehealth services. This new extension will allow for reimbursement of these E&M services until December 31, 2027.
- Mid-year in 2025, Medicare announced that they will begin reimbursement of CT Colorectal cancer screening exams. Revisions were made to the Colorectal Cancer Screening Test- National Coverage Determination (NCD) policy 210.3, adding Screening CTC- 74263 as a covered exam with an effective date of 1/1/2025.



# 2026 Interventional Radiology CPT Updates

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# 2026 Interventional Radiology CPT Changes

## Prostate Biopsy

- Currently reported with CPT code 55700
- It was identified that 76872 (Transrectal Ultrasound) is being reported with the biopsy 55700 by the same physician, on the same date of service more than 75% of the time and was referred to the Panel for bundling.
- New guidelines and nine new codes are now available to report prostate biopsy services.
- Code 55705 was editorially revised to only include “non-imaging guided” procedures.
- Code 55700 was deleted.

## Thoracic Branch Endograft Services

- Two new codes are now available to report thoracic branch endograft services.
- Endovascular Repair of Descending Thoracic Aorta guidelines and codes 33880, 33881, 33883, and 33886 were revised.
- Codes 33884, 33889, 33891, and 75956-75959 were deleted.

# 2026 Interventional Radiology CPT Changes

## Lower Extremity (LE) Vascular Procedures

- The LE vascular procedure codes were referred to the Panel for revision
- Forty-six new codes are now available to report LE vascular procedures.
- These procedures will be reported with new CPT codes 37254 to 37299.
- Codes 37220-37235 were deleted.
- New CPT codes are now allowing reporting of a new territory in leg, have add on codes to report when additional vessels are treated and are now broken into straight forward lesions and complex lesions.
- The Endovascular Repair of Abdominal Aorta and/or Iliac Arteries guidelines and the Endovascular Revascularization (Open or Percutaneous, Transcatheter) guidelines will be revised to reflect these changes.

# Lower Extremity Vascular Code Selection

## Territory / Area

CODES	VASCULAR TERRITORY
37254- 37262	ILLIAC
37263- 37279	FEMORAL AND POPLITEAL
37280- 37295	TIBIAL AND PERONEAL
37296- 37299	INFRAMALLEOLAR

## Intervention/ Procedure

CODE SELECTION
VASCULAR TERRITORY
STRAIGHT FORWRAD VS COMPLEX
INITIAL VS EACH ADDITIONAL VESSEL
ANGIOPLASTY, STENT PLACEMENT OR ATHRECTOMY
INTRAVASCULAR LITHOTRIPSY

## Straightforward vs Complex Lesions

STRAIGHTFORWARD	COMPLEX
Stenosis	Occlusion
Narrowing of blood vessel	Complete blockage of blood vessel
Blood passes beyond lesion	Blood does not pass beyond lesion
Less than 100 % blockage	100 % blockage
"Near total" or "Subtotal" Occlusion	"Total Occlusion"

## 2026 Interventional Radiology CPT Changes

### **Sacroiliac (SI) Arthrodesis**

- Codes 27278 and 27279 and the Arthrodesis guidelines will be revised to clarify the intended use for both codes.
- Additional instructions on reporting hybrid SI joint fusion procedures will be added to the guidelines.

### **Endovascular Therapy**

- The reporting of transcatheter permanent occlusion or embolization procedures of the head and/or neck (intracranial and extracranial).
- Code pairs 61624/75894 and 61626/75898 were identified as services performed together 75% of the time or more.
- Both code pairs were referred to the Panel for bundling.
- Codes 61624 and 61626 were revised to include all RS&I guidance necessary to complete the intervention.
- You will no longer report the 75894 and 75898 separately for codes 61624 and 61626.

# New Interventional Radiology CPT Codes

**37254-** Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

**+ 37255-** straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37256-** Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

**+ 37257-** complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37258-** Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

**+ 37259-** straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

## New Interventional Radiology CPT Codes

**37260**- Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37261**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

+ **37262**- Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)

**37263**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

+ **37264**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37265**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

+ **37266**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37267**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37268**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37269**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37270**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37271**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37272**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37273**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37274**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37275**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37276**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37277**- Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37278**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

+ **37279**- Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)

**37280**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

+ **37281**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37282**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

+ **37283**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37284**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37285**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37286**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37287**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37288**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37289**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37290**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37291**- complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37292**- Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

+ **37293**- straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

# New Interventional Radiology CPT Codes

**37294-** Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

+ **37295-** complex lesion, each additional vessel (List separately in addition to code for primary procedure)

**37296-** Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

+ **37297-** straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

**37298-** Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

+ **37299-** complex lesion, each additional vessel (List separately in addition to code for primary procedure)

## New Interventional Radiology CPT Codes

- 55707**- Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
- 55708**- Biopsy, prostate, transrectal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance, first targeted lesion
- 55709**- Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant, ultrasound-localized discrete lesion[s])
- 55710**- Biopsy, prostate, transperineal, ultrasound-guided (ie, sextant) with MRI-fusion-guidance biopsy, first targeted lesion
- 55711**- Biopsy, prostate, transrectal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
- 55712**- Biopsy, prostate, transperineal, MRI-ultrasound-fusion guided, targeted lesion(s) only, first targeted lesion
- 55713**- Biopsy, prostate, in-bore CT- or MRI-guided (ie, sextant), with biopsy of additional targeted lesion(s), first targeted lesion
- 55714**- Biopsy, prostate, in-bore CT- or MRI-guided targeted lesion(s) only, first targeted lesion
- + 55715**- Biopsy, prostate, each additional, MRI-ultrasound fusion or in-bore CT- or MRI-guided targeted lesion (List separately in addition to code for primary procedure)

# Revised Interventional Radiology CPT Codes

**27278**- Arthrodesis, sacroiliac joint, percutaneous, or minimally invasive, with image guidance, including includes obtaining bone graft when performed, unilateral placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device; placement of intra-articular device(s), without cortical piercing

**27279**- Arthrodesis, sacroiliac joint, ~~percutaneous or minimally invasive (indirect visualization)~~, with image guidance, ~~includes obtaining bone graft when performed~~, and placement of transfixation device; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum

**55705**- Biopsy, prostate, any approach, nonimaging-guided; ~~incisional~~, any approach

**61624**-Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)

**61626**- non-central nervous system, head or neck (extracranial, brachiocephalic branch)

## Deleted Interventional Radiology CPT Codes

**37220**- Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty

**37221**- with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

**37222**- Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

**37223**- with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**37224**- Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty

**37225**- with atherectomy, includes angioplasty within the same vessel, when performed

**37226**- with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

**37227**- with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

## Deleted Interventional Radiology CPT Codes

**37228**- Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

**37229**- with atherectomy, includes angioplasty within the same vessel, when performed

**37230**- with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

**37231**- with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

**37232**- Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)

**37233**- with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**37234**- with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**37235**- with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)

**55700**- Biopsy, prostate; needle or punch, single or multiple, any approach



# Questions? Thank You!

**Niki Tracey, CPC, CPCO, RCC, RCCIR**

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