

2025 CPT Coding Update - Radiology

Each year, updates to the CPT codes are made to reflect advancements in medical procedures and emerging technologies.

Surgery: Endocrine System

- **60660**: Radiofrequency ablation of thyroid nodule(s), single lobe or isthmus, includes imaging guidance.
- **+60661**: Radiofrequency ablation of thyroid nodule(s), additional lobe.
- **0673T**: Laser ablation of thyroid nodule(s).

Surgery: Male Genital System

Prostate tissue ablation (Thermal US) for prostate cancer

- **51721**: Insertion of transurethral ablation transducer for prostate tissue ablation, includes suprapubic tube placement and endorectal cooling device, if performed
- **55881**: Ablation of prostate tissue, transurethral, using thermal ultrasound with MRI guidance and monitoring
- **55882**: Includes all elements of 55881 plus transducer placement by a single physician

Note: Existing code 55880 covers HIFU via transrectal approach for prostate cancer treatment.

Prostate Ablation (Laser) for BPH

- **0867T**: Laser ablation for prostates ≥ 50 mL.
- **0714T**: Laser ablation for prostates < 50 mL.

Prostate Cancer Mapping

- **0898T**: Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report

Surgery: Nervous System

New codes for thoracic and lower extremity fascial plane blocks, which are regional anesthesia techniques used to provide pain relief.

- **64466:** Unilateral thoracic fascial plane block via injection.
 - **64467:** Unilateral thoracic fascial plane block via continuous infusion.
 - **64468:** Bilateral thoracic fascial plane block via injection.
 - **64469:** Bilateral thoracic fascial plane block via continuous infusion.
 - **64473:** Unilateral lower extremity fascial plane block via injection.
 - **64474:** Unilateral lower extremity fascial plane block via continuous infusion
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Diagnostic Radiology

Transcranial Doppler Studies (Add-on Codes)

Codes below are add-on codes and each of these codes is only to be used with the primary code of 93886 which is a complete transcranial Doppler of the intracranial arteries.

- **+93986:** Vasoreactivity study with intracranial Doppler.
 - **+93897:** Emboli detection without intravenous microbubble injection.
 - **+93898:** Venous-arterial shunt detection with intravenous microbubble injection.
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Category III Codes

Duplex Scan for Hemodialysis Fistula

- **0876T:** Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula).

Note: Use this code and not 93990 when a limited study of the hemodialysis fistula is done using a computer aided US system. For duplex scan of hemodialysis access, including arterial inflow and venous outflow, use 93990

Chest CT Augmentative Analysis

- **0877T:** Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging

(Do not report 0877T in conjunction with 71250, 71260, 71270, 71275)

- **0878T:** With concurrent CT of the same structure.

(Use 0878T in conjunction with 71250, 71260, 71270, 71271, 71275, when evaluating same organ, tissue, or target structure)

- **0879T:** Radiological data preparation and transmission.
- **0880T:** Physician interpretation and report.

Renal Tissue Histotripsy

- **0888T:** Histotripsy (non-thermal ablation via acoustic energy delivery) for malignant renal tissue, including imaging guidance

Peritoneal Ascites Pump Procedures (Alfapump®)

- **0870T:** Placement of subcutaneous peritoneal ascites pump system.
- **0871T:** Replacement of pump system.
- **0872T:** Replacement of tunneled bladder and ascites catheters.
- **0873T:** Revision of pump system components.
- **0874T:** Removal of pump system.
- **0875T:** Programming of pump system.

Note: Codes 0870T-0873T include imaging and programming when performed.

AQMBF:

- **0899T:** Noninvasive determination of absolute quantitation of myocardial blood flow(AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
- **0900T:** Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)

Note: Only one procedure in the series 75557-75563 is appropriately reported per session. Report 0899T, 0900T in conjunction with code for primary procedure. Don't use these codes if performing AQMBF using PET or SPECT (see codes 78343 if done using Pet or 0742T if using SPECT)

Bone Marrow Port Placement

- **0901T:** Placement of bone marrow sampling port, including imaging guidance, when performed

Liver Lesion Contour Simulation

- **0944T:** 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation

Note: This is typically performed prior to the ablation itself. This code does not include the ablation. Report 0944T once per liver microwave ablation procedure, not based upon the number of separate tumors ablated.

Orthopedic Implant Analysis

0946T: Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)

Note: Do not report CT scan of the extremity or joint obtained separately.

Two CT studies are acquired, each at the end point of movement (e.g., internal and external rotation, flexion and extension, etc) the images are analyzed and compared to determine what type of/how much/where movement may have occurred.

MRI Safety Codes

These codes represent a positive step in recognizing the time and expertise involved in maintaining patient safety. These new codes encompass the work involved to adapt to the increased safety implications of devices such as pacemakers, neurostimulators, orthopedic hardware, continuous glucose monitors and foreign bodies.

Pre-MRI Planning

- **76014:** MR safety implant and/or foreign body assessment **by trained clinical staff**, including identification and verification of implant components from appropriate sources (e.g., surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes (technical charge only)
- **+76015:** Each additional 30 minutes, up to 3 units (technical charge only)
- **76016:** MR safety determination **by a physician or other qualified health care professional** responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report

Day-of-MRI Services

• **76017:** MR safety medical physics examination customization, planning and performance monitoring **by medical physicist or MR safety expert**, with **review and analysis by physician or other qualified health care professional** to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report

(Use 76017 in conjunction with 76018, 76019, when implant requires electronics preparation or positioning and/or immobilization before MR)

• **76018:** MR safety implant electronics preparation **under supervision of physician or other qualified health care professional**, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report

(Use 76018 in conjunction with 76017, when implant also requires medical physics examination customization)

• **76019:** MR safety implant positioning and/or immobilization **under supervision of physician or other qualified health care professional**, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report

(Use 76019 in conjunction with 76017, when implant also requires medical physics examination customization)

Further Clarifications

1. Use 76017 to report medical physics services provided during the MR examination, with a written report.
2. Use 76018 to report the preparation and documentation of an electronic implant into an MR-protective mode.
3. Use 76019 to report specified positioning and/or immobilization of an implant during the MR examination, with documentation for inclusion in the medical record.

4. Risk-benefit analysis and patient-specific considerations should be documented.
 5. Written reports required for all assessments and actions.
 6. Time spent for time-based codes (e.g., 76014, 76015).
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FAQs

Where might the information needed to determine if a device/implant is “MR-Safe” “MR Un-Safe” or “MR-Conditional”?

Typically, the quickest way to find this out is to seek out vendor literature or device-specific literature via an internet search. Once this info is found, it should be given to the radiologist (or MR safety trained clinical staff) in a written-report format so they can make the decision of what to do. There must be written documentation of this information to support assignment of any codes in this series.

Can any of the MR Safety procedures be charged if the actual MRI exam is cancelled?

Yes. With the exception of CPT code 76017, all of the other MR Safety codes could be assigned even if the imaging itself is cancelled.

76016:

Report or Not Report?

According to AMA, this code (76016) would be reported for an implant or device that:

- lacks MR conditional labeling,
- is contraindicated for MR, or
- may result in a limited MR examination
- The AMA goes on to say **“Do not report if the device or implant is known to be MR safe or if the MR conditional labeling is clear or non-relevant”**
- No risk benefit analysis is needed
- Device must present a limitation to the performance of the MR procedure

What types of things might you expect to see in the documentation?

- While not all inclusive, here are some things to look for in the MD/QHP report to help decide if reporting code 76016 is correct:
- Does the MD/QHP describe if the MR procedure is safe for that specific patient
- Do they discuss the specific implant MR conditions and what they issues might be.
- Is there documentation of the specific clinical indications for the examination. That is, what needs to be scanned and what specific sequences need to be used?
- Is there a discussion of the risk vs the benefit of the MR exam: Do the benefits outweigh the risks?
- Is there a differential regarding what specific MR equipment and expertise is needed to perform the MR procedure?

76017:

Code 76017 is assigned when the MD/QHP is directly involved in the MR scan in real-time. Think of this as they are sitting in the control room when the scan is done.

- This is performed to decrease the risk of possible issues during the MR exam.
- A written report must be generated to support assignment of this code.
- The AMA states the following may be involved to support assignment of this code:
 - A medical physicist works directly with the physician or other QHP (who reports the code) to:
 - Review the examination indications
 - Analyze and adjust the MR scanning protocols based on the specific patient parameters and imaging requirements
 - Monitor the performance of the MR examination itself in real time

76018:

- This code would be assigned to reflect services rendered relative to the preparation and documentation of an electronic implant into an MR-Protective Mode.
- You may see/hear this described as being programmed (on the day of the MR scan) into the manufacturers “safe mode”.
- This may be done before and/or after the MR scan but must be done on the day of the scan.
- This must be done in the MR suite to assign this code. You may not assign this code if the programming occurs outside of the MR suite.

76019:

- Assign this code to describe the work involved to report specified positioning and/or immobilization of an implant *during the MR exam*.
- This code will be used to help prevent migration of the device during the MRI study. This may be performed prior to entering the area where the MR scan will be done and should be done based upon instructions per the manufacturer.
- Before doing this, a discussion will occur with the patient and consent given to go forward.

Telemedicine Services

A new subsection within Evaluation and Management (E/M) includes 17 new telemedicine codes representing new and established patient visits. These cover telemedicine services for both **audio-visual** and **audio-only** visits. Additionally, a new virtual check-in code was introduced to evaluate whether an in-person visit is required. The telephone visit codes **99441**, **99442**, and **99443** were deleted.

- **New patient codes:** 98000-98003 (audio-video), 98008-98011 (audio-only)
- **Established patient codes:** 98004-98007 (audio-video), 98012-98015 (audio-only)
- **Brief virtual check-in code:** 98016 (patient initiated)
- Bill these under **POS 02** or **POS 10**

- *CMS is not adopting these new codes.

CPT Guideline Update:

Guidelines in the Vascular Procedures subsection of the Radiology section will be revised to clarify that add-on code **75774**, *Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation* may be reported **for both arteries and veins for each additional vessel**.