Imaging Bundling Decision Tree

Core Principles:
1. Decisions regarding imaging bundling should not differ between Category I or Category III status. That said, Category III services that include imaging guidance must be all inclusive and cannot separately report Category I imaging guidance codes.
2. CPT Panel members can consider applicant and Advisor recommendations about the appropriate bundling approach.

---

**Definitions**

**Bundled Imaging:**
One surgical code is inclusive of all possible imaging guidance codes. Base surgical code does not remain.

- 49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous

(Do not report 49406 in conjunction with 75989, 76942, 77002, 77003, 77012, 77021)

**Selective Bundling:**
Only relevant imaging guidance is bundled. Other modalities are separately reportable. Base Surgical code remains unbundled. Examples (descriptors truncated for clarity):

- 10021 Fine needle aspiration biopsy, without imaging guidance; first lesion
- 1005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion
- 1007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion
- 1009 Fine needle aspiration biopsy, including CT guidance; first lesion
- 1011 Fine needle aspiration biopsy, including MR guidance; first lesion
- 20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
- 20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance
- 20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; without ultrasound guidance
- 20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; with ultrasound guidance

**Component Coding:**
No imaging is bundled. Each different type of imaging guidance modality is possible and can be combined with the primary surgical code. Base Surgical code remains unbundled.

- 47000 Biopsy of liver, needle; percutaneous

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

---

**Imaging guidance is inherent to the procedure**
(i.e. ≥90% of the time)

- **Imaging guidance is always a single modality**
  - Use Bundled Imaging

- **Imaging guidance is multiple modalities?**
  - Use Selective Bundling

---

**Imaging guidance is used:**
(i.e. 51-89% of the time [Cat I])
(i.e. 1-89% of the time [Cat III])

- Use Selective Bundling

---

**Imaging guidance is not typically used**
(i.e. 0-50% of the time)
(Applies to Cat I only)

- Use Component Coding
  (See Below)