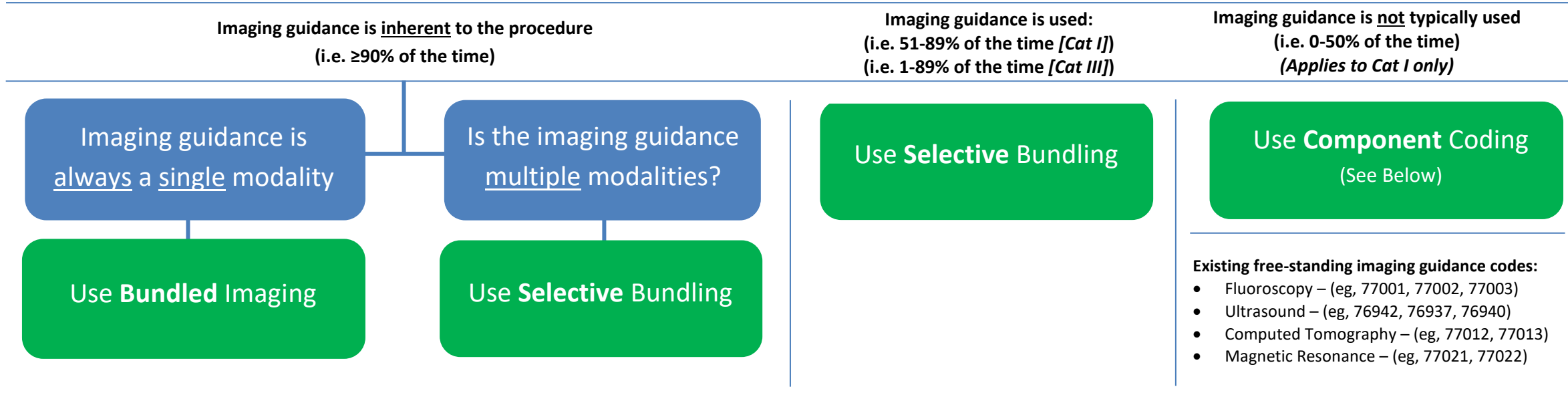


Imaging Bundling Decision Tree

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

<p>Bundled Imaging: One surgical code is inclusive of all possible imaging guidance codes. Base surgical code does <u>not</u> remain.</p> <p style="text-align: center;">Examples:</p> <p>49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous</p> <p>(Do not report 49406 in conjunction with 75989, 76942, 77002, 77003, 77012, 77021)</p>	<p>Selective Bundling: Only <u>relevant</u> imaging guidance is bundled. Other modalities are separately reportable. Base Surgical code remains unbundled. <i>Examples (descriptors truncated for clarity):</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 10px;"> <p>10021 Fine needle aspiration biopsy, without imaging guidance; first lesion</p> <p>10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion</p> <p>10007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion</p> <p>10009 Fine needle aspiration biopsy, including CT guidance; first lesion</p> <p>10011 Fine needle aspiration biopsy, including MR guidance; first lesion</p> </td> <td style="width: 50%; padding-left: 10px;"> <p>20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance</p> <p>20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance,</p> <p>20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; without ultrasound guidance</p> <p>20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; with ultrasound guidance</p> </td> </tr> </table>	<p>10021 Fine needle aspiration biopsy, without imaging guidance; first lesion</p> <p>10005 Fine needle aspiration biopsy, including ultrasound guidance; first lesion</p> <p>10007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion</p> <p>10009 Fine needle aspiration biopsy, including CT guidance; first lesion</p> <p>10011 Fine needle aspiration biopsy, including MR guidance; first lesion</p>	<p>20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance</p> <p>20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance,</p> <p>20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; without ultrasound guidance</p> <p>20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; with ultrasound guidance</p>	<p>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.</p> <p style="text-align: center;">Examples:</p> <p>47000 Biopsy of liver, needle; percutaneous</p> <p>(If imaging guidance is performed, see 76942, 77002, 77012, 77021)</p>
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