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.

Imaging guidance is <u>inherent</u> to the procedure (i.e. ≥90% of the time)

Is the imaging guidance

multiple modalities?

Use **Bundled** Imaging 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])

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

Use **Selective** Bundling

Use **Component** Coding

(See Below)

Existing free-standing imaging guidance codes:

- Fluoroscopy (eg, 77001, 77002, 77003)
- Ultrasound (eg, 76942, 76937, 76940)
- Computed Tomography (eg, 77012, 77013)
- Magnetic Resonance (eg, 77021, 77022)

Definitions

Bundled Imaging:

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

Imaging guidance is

always a single modality

Examples:

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 <u>relevant</u> 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	20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	20604 20605	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; without ultrasound guidance
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion		
10009	Fine needle aspiration biopsy, including CT guidance ; first lesion		
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	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.

Examples:

7000 Biopsy of liver, needle; percutaneous

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