Radiology Guidelines (Including Nuclear Medicine and Diagnostic Ultrasound)

Guidelines to direct general reporting of services are presented in the Introduction. Some of the commonalities are repeated here for the convenience of those referring to this section on Radiology (Including Nuclear Medicine and Diagnostic Ultrasound). Other definitions and items unique to Radiology are also listed.

Subject Listings

Subject listings apply when radiological services are performed by or under the responsible supervision of a physician or other qualified health care professional.

Separate Procedures

Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, separate injury, or area of injury in extensive injuries.

Unlisted Service or Procedure

A service or procedure may be provided that is not listed in this edition of the CPT codebook. When reporting such a service, the appropriate “Unlisted Procedure” code may be used to indicate the service, identifying it by “Special Report” as discussed below. The “Unlisted Procedures” and accompanying codes for Radiology (Including Nuclear Medicine and Diagnostic Ultrasound) are as follows:

- 76496 Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
- 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)
- 76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
- 76499 Unlisted diagnostic radiographic procedure
- 76999 Unlisted ultrasound procedure (eg, diagnostic, interventional)
- 77299 Unlisted procedure, therapeutic radiology clinical treatment planning
- 77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
- 77499 Unlisted procedure, therapeutic radiology treatment management
- 77799 Unlisted procedure, clinical brachytherapy
- 78099 Unlisted endocrine procedure, diagnostic nuclear medicine
- 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
- 78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine
- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine
- 78599 Unlisted respiratory procedure, diagnostic nuclear medicine
For spine examinations using computed tomography, magnetic resonance imaging, magnetic resonance angiography, “with contrast” includes intrathecal or intravascular injection. For intrathecal injection, use also 61055 or 62284.

Injection of intravascular contrast material is part of the “with contrast” CT, computed tomographic angiography (CTA), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA) procedures. Oral and/or rectal contrast administration alone does not qualify as a study “with contrast.”

Special Report
A service that is rarely provided, unusual, variable, or new may require a special report. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation
Imaging may be required during the performance of certain procedures or certain imaging procedures may require surgical procedures to access the imaged area. Many services include image guidance, which is not separately reportable and is so stated in the descriptor or guidelines. When imaging is not included in a surgical procedure or procedure from the Medicine section, image guidance codes or codes labeled “radiological supervision and interpretation” may be reported for the portion of the service that requires imaging. Both services require image documentation and radiological supervision, interpretation, and report services require a separate interpretation.

Administration of Contrast Material(s)
The phrase “with contrast” used in the codes for procedures performed using contrast for imaging enhancement represents contrast material administered intravascularly, intra-articularly, or intrathecally.

For intra-articular injection, use the appropriate joint injection code. If radiographic arthrography is performed, also use the arthrography supervision and interpretation code for the appropriate joint (which includes fluoroscopy). If computed tomography (CT) or magnetic resonance (MR) arthrography are performed without radiographic arthrography, use the appropriate joint injection code, the appropriate CT or MR code (“with contrast” or “without followed by contrast”), and the appropriate imaging guidance code for needle placement for contrast injection.

For spine examinations using computed tomography, magnetic resonance imaging, magnetic resonance angiography, “with contrast” includes intrathecal or intravascular injection. For intrathecal injection, use also 61055 or 62284.

Injection of intravascular contrast material is part of the “with contrast” CT, computed tomographic angiography (CTA), magnetic resonance imaging (MRI), and magnetic resonance angiography (MRA) procedures. Oral and/or rectal contrast administration alone does not qualify as a study “with contrast.”