



1999 Nuclear Medicine CPT Codes

As of January 1, 1999, various revisions to the Health Care Financing Administration's Coding Procedures will go into effect. Kenneth McKusick, MD, AMA Current Procedural Terminology (CPT) Advisor for the Society of Nuclear Medicine, worked continually over the past year to supply information and support for nuclear medicine coding changes before the CPT Editorial Panel, as well as the AMA's Relative Value Scale Update Committee. The following is a summary of the changes found in the 1999 CPT coding manual.

New Codes

- **78020** Thyroid carcinoma metastases uptake. This new add-on code reflects the procedures performed in the measurement of I-131 uptake of metastases from thyroid carcinoma. This is an add-on code, which means it may only be used with another specific CPT code (in this case 78018), and reimbursement is 100% of the established rate.

- **78206** Liver imaging (SPECT); with vascular flow. This code has been added to the base code for "liver imaging (SPECT)" for use when a physician needs to perform a flow phase as part of a liver hemangioma SPECT study.

- **78494** Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing. This is a new procedure code. The indications for this procedure should be similar to those for planar gated equilibrium cardiac blood pool studies, including assessment of posterior wall and right ventricular regional

function.

- **78496** Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique. This is a new add-on code. It must be listed separately in addition to the primary procedure code 78472. This code will allow the physician to report additional analysis of right ventricular function by first pass technique when the primary procedure is an equilibrium gated blood pool cardiac study. The clinical history should indicate a reason for doing the added work, such as evidence of right heart disease.

- **78588** Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections. Codes 78584, 78585, 78591, 78593, and 78594 describe xenon-ventilation lung studies, with and without perfusion. This new code describes a combined aerosol ventilation/perfusion procedure, and is similar to 78585, which is used for a xenon ventilation/perfusion study. This new procedure code describes pulmonary imaging twice: once after inhalation of a radioactive aerosol, to determine pulmonary ventilation; and again after an injection of a radioactive particulate to determine lung perfusion. Codes 78586 and 78587 may still be used for aerosol ventilation studies alone, but the new code 78588 must be used for reporting V/Q studies when the ventilation is done with a radiolabeled aerosol.

There is a new surgical code that a physician may use to report the injection (only) of a radiolabeled agent for sentinel node

detection, when no imaging is performed. This new code is 38792 Injection procedure; for identification of sentinel node. Use this new code rather than the standard nuclear medicine lymphoscintigraphy code 78195, when the injection is solely for later detection of a sentinel node at surgery with a non-imaging probe. This procedure is performed to identify where (to which node-containing area) the primary lesion drains, and where the "sentinel" node will most likely be found. Caution: Do not use this code in addition to 78195.

Revised Codes

- **78725** Kidney function study, non-imaging radioisotopic study has been revised to emphasize that it is to be used for radioisotopic renal function studies such as GFR. It is not to be used for any renal imaging study.

Deleted

- **78017** Thyroid carcinoma metastases imaging; multiple areas has been deleted, with a cross-reference directing the user to code 78018 (Thyroid carcinoma metastases imaging; whole body).

If you would like the Coding and Reimbursement Committee to consider future CPT coding changes, please submit your recommendations to Wendy Smith, Director of Health Care Policy.

—Wendy J.M. Smith, MPH, is the SNM director of health care policy

"Y2K in Nuclear Medicine"

Attention: SNM Corporate Members

In a highly computer-reliant field like nuclear medicine, the computerization transition to "year 2000 dating" or "Y2K" may pose problems. *Newsline* would like to assist with the "Y2K" transition by obtaining brief statements on how nuclear medicine companies are resolving possible challenges to systems. The statement may include

your company's name, a contact person's telephone and e-mail numbers, and a short summary on Y2K compatibility, or lack thereof, in your products. Results will be published in *Newsline* during the first quarter of 1999, with the aim in part of enlightening the nuclear medicine community about this possibly troublesome issue. E-mail statements to jchilds@snm.org.