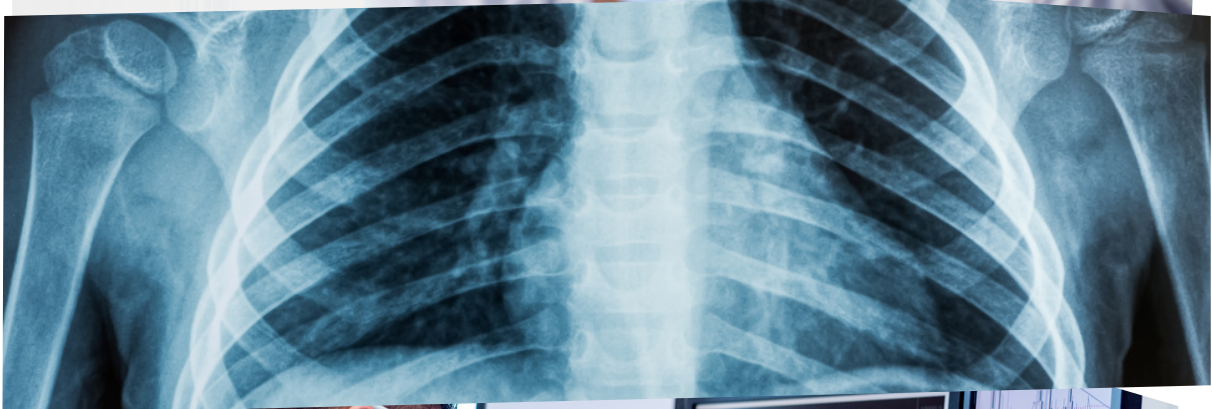
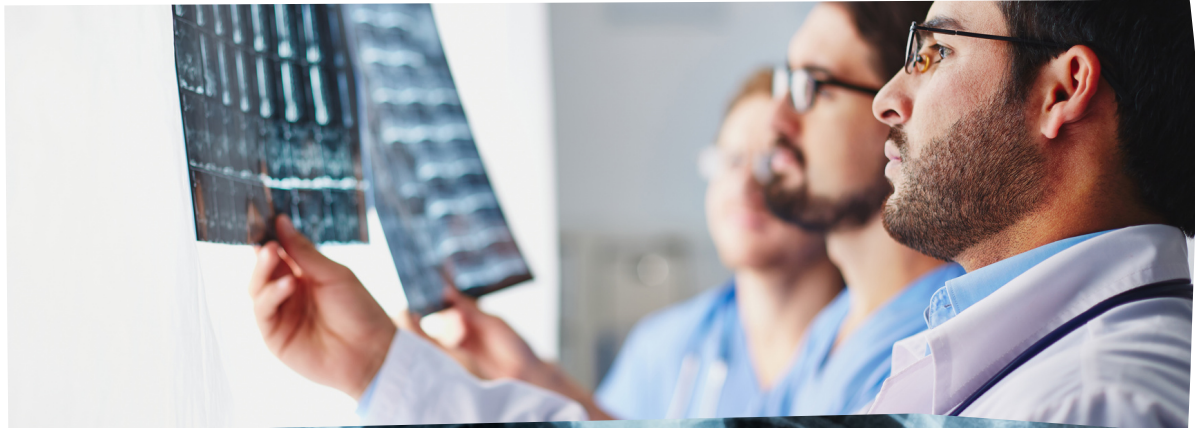


Radiology

Coding Best Practices Guide



BY

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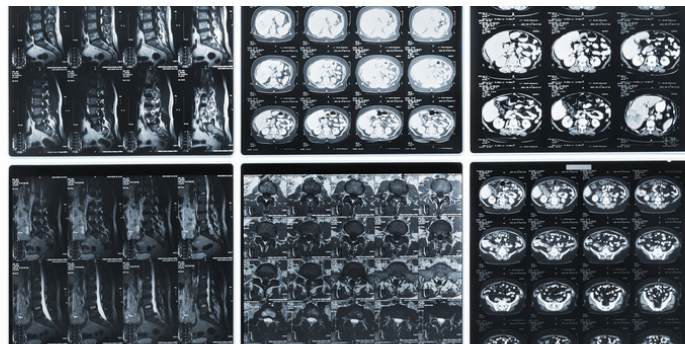
What is Radiology?

Radiology is a medical specialty that uses medical imaging to diagnose & treat diseases. A radiologist uses techniques such as X-ray, Computed Tomography (CT), CT Angiography (CTA), Magnetic Resonance Imaging (MRI), MR Angiography (MRA), Ultrasound, Nuclear Medicine, and Positron Emission Tomography (PET).



Components of Radiology Coding

1. Plain Radiography (X-Ray)
2. Fluoroscopy
3. Computed Tomography (CT)
4. Ultrasound
5. Magnetic Resonance Imaging (MRI)
6. Nuclear Medicine (NM)



Typical CPT codes

1. Diagnostic Radiology (Diagnostic Imaging) – (70010 – 76499)
2. Diagnostic Ultrasound – (76506 – 76999)
3. Radiologic Guidance – (77001 – 77022)
4. Breast Mammography – (77046 – 77067)
5. Bone/Joint Studies – (77071 – 77086)
6. Radiation Oncology – (77261 – 77799)
7. Nuclear Medicine – (78012 – 79999)



Best Practices

• Screening and Diagnostic Mammography

Screening and diagnostic mammography are normally not performed on the same date of service. However, when the two procedures are performed on the same date of service, Medicare requires modifiers GG & 59 or XU to be applied. Therefore, the diagnostic mammography HCPCS/CPT code is reported with modifier GG (Performance and Payment of a Screening and Diagnostic Mammogram on the Same Patient, Same Day), and the screening mammography HCPCS/CPT code be reported with modifier 59 or XU.

- **Diagnostic Mammography – 77065 – 77066**
- **Screening Mammography – 77067**

• Ultrasound - Pregnant Uterus

Diagnostic ultrasound is an imaging technique bouncing sound waves far above human perception through interior body structures. Medical Coders must use Code 76805 to report real-time transabdominal ultrasound, with image documentation on a pregnant uterus for fetal and maternal evaluation after the first trimester of a single or first gestation. This includes determining the number of fetuses and amniotic/chorionic sacs, taking measurements appropriate for gestational age, surveying intracranial, spinal, abdominal, and heart chamber anatomy as well as the insertion site of the umbilical cord and the location of the placenta, and assessing amniotic fluid and maternal adnexa. A coder should report 76810 for each additional gestation evaluation.



In addition to the code 76805, coders must report CPT 76810. Results must be documented in the report for each of the elements described in the code description. For example, it is appropriate to code an obstetrical ultrasound for a patient who has an established pregnancy diagnosis and presents with indications necessitating the exam that may be pregnancy-related, even when the outcome shows that the patient is no longer currently pregnant.

• **Repeat Procedures**

When the same procedure is repeated on the same day, there are two modifier choices, either modifier 76 or 77, based on performing physicians.

- If the same physician performs the services, append modifier 76
- If different physicians perform the services, append modifier 77

Example: Two views of wrist x-ray performed at 10.00 am, and the same procedure repeated at 11.00 am by the same physician should be coded as below,

Ans: 73100, 73100 – 76

Example: Two views of wrist x-ray performed at 10.00 am and the same procedure repeated at 11.00 am by another physician should be coded like,

Ans: 73100, 73100 – 77

• **CT Scan and CPT Coding Guidelines**

CT scan codes are arranged based on whether a contrast material is used or not. First, Standalone code would be without contrast study and followed by two intended codes. The second code is for CT scan with contrast, and the third code would be CT scan with & without contrast study

Example: CT of Chest

71250 – CT of Chest, without contrast

71260 – CT of Chest, with contrast

71270 – CT of Chest, with and without contrast

We have combination codes for CT of abdomen and pelvis (74176, 74177 & 74178), and individual codes for CT of the abdomen (74150, 74160, 74170) and CT of the pelvis (72192, 72193, 72194).

If both the services are performed on the same day, report only the combination codes. If 3D is performed along with CT scan, then report both CT scan & 3D with either CPT 76376 or 76377 based on the requirement of an independent workstation.

Some studies may be performed without contrast, with contrast, or both with and without contrast. There are different codes to describe all of these combinations of contrast use. When studies require contrast, the number of radiographs obtained varies between patients. All radiographs necessary to complete a study are included in the CPT code description.

Computed Tomography			
ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER
CT-20-0000357	1/21/2020 08:19 PST	CT Head or Brain w/o Contrast	[Redacted]
Reason For Exam (CT Head or Brain w/o Contrast) Altered Mental Status			
Report Clinical History AMI			
Comparison: et head on 10/14/2019, 105 images.			
Technique: noncontrast CT volume data acquisition of the head presented in axial and coronal planes. All CT scans at this medical facility are performed using dose modulation techniques as appropriate to a performed exam including the following: Automated exposure control; adjustment of the mA and/or kV according to patient size; and use of iterative reconstruction technique.			
All CT studies are reported to the Dose Index Registry of the American College of Radiology.			
Without Contrast			
Radiation Dose: CTDI (mGy): 64.76; DLP (mGy-cm): 1804.40			
Findings: Gonzalez-Samano, Arcely, 6052273 Ventricles are of normal size, shape and position. There are no intra-axial or extra-axial collections of blood or fluid. There is no mass, mass effect or shift of midline structures. There is no CT evidence for acute ischemic infarct. MRI is more sensitive for this diagnosis.			

Sample Medical Record for CT Head/Brain w/o Contrast



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