Radiology Coding: What Your Group Needs To Know In 2016
Objectives

- Understand CPT coding changes in 2016
- NCCI edits
- Get up to date on ICD-10 transition issues and trends
- Understand guidance on Low Dose CT (LDCT) for Lung Cancer Screening
- Understand XR-29 impact to coding
Sources

- American Medical Association
- American Hospital Association
- CMS
- American College of Radiology
- Final Rule
- MedLearn
- ZHealth
Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.
Diagnostic Radiology

• Revised/Replaced codes:
  ➢ Scoliosis studies
  ➢ Femur studies
  ➢ Hip and pelvis studies
Scoliosis Studies

• CPT 72010/72069/72090 deleted
• CPT 72080 revised
• 4 new codes 72081-84
  ➢ All based on number of views (1-6 views)
  ➢ Simplifies scoliosis studies
  ➢ Similar coding structure as other spine codes
Common Questions

• If 2 images of the whole spine are obtained but they are both AP views how is this coded?
• Do physicians need to document type views?
Femur Studies

• CPT 73550 deleted
  ✓ High utilization

• 2 new codes 73551-52
  ➢ 1 vw
  ➢ 2 or more vws
Hip Studies

• Deleted CPT’s
  ➢ 73500/73510/73520/73530/73540
  ✓73500/72170 billed together 75%
  ✓73520 high utilization
Hip Studies

• 6 new codes
  ➢ Unilateral vs. bilateral codes
  ➢ Based on number of views
  ➢ Pelvis included “when performed”
Hip Studies Unilateral

- Hip, unilateral
  - 1 vw 73501
  - 2-3 vws 73502
  - 4 vws 73503

- All exams include pelvis “when performed”
Hip Studies Bilateral

- Hip, bilateral:
  - 2 vws 73521
  - 3-4 vws 73522
  - 5 vws 73523

  All exams include pelvis “when performed”
Hip Example

• Single view unilateral hip and single view of the pelvis
  – 73502 (2 vws)

• Single view of bilateral hip
  – 73521 (2 vws)

• Single view bilateral hip with image of pelvis
  – 73522 (3 vws)
Key to Hips:

• Physician documentation should include:
  ➢ type of views
  ➢ number of views

• When coding count views
Key to Hips:

Direct Source:
ACR Radiology Coding Source
Sept-Oct 2015

http://www.acr.org/Advocacy/Economics-Health-Policy/Billing-Coding/Coding-Source-List
Nuclear Medicine

• Gastric Emptying Study
  ➢ 78264, revised
    ➢ Specify as an imaging study
    ➢ Solid, liquid, or both meal types are appropriate
  ➢ 78265, new
    ➢ Same as 78264, but includes small bowel transit
  ➢ 78266, new
    ➢ Same as 78264, but includes small bowel and colon transit, multiple days
Fetal MRI

• **74712 New**
  - MRI, fetal, single/first gestation

• **74713 New**
  - Add on code
  - For additional gestation

- Both studies include placental and maternal imaging when performed
Interventional Radiology

• Following trend of recent years, comprehensive codes have been created for non-vascular interventional procedures. These codes combine the procedure and radiologic supervision & interpretation.
  – Percutaneous/Soft Tissue
  – Biliary
  – Urinary
  – Spinal
**Interventional Radiology - Percutaneous/Soft Tissue**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue localization device placement (clip, pellet, etc.), 1&lt;sup&gt;st&lt;/sup&gt; lesion</td>
<td>10035</td>
</tr>
<tr>
<td>Soft tissue localization device placement (clip, pellet, etc.), each add’l lesion</td>
<td>10036</td>
</tr>
</tbody>
</table>

- Bill once per target even when more than one marker is placed
- Include imaging guidance
- When other specified code is available it should be used (e.g. breast)
- Previously unlisted
## Interventional Radiology-Biliary

### New Comprehensive Codes-All Include RS&I

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percutaneous Cholangiogram (PTC), via existing access</td>
<td>47531</td>
</tr>
<tr>
<td>Percutaneous Cholangiogram (PTC), via new access</td>
<td>47532</td>
</tr>
<tr>
<td>External biliary drainage cath placement</td>
<td>47533</td>
</tr>
<tr>
<td>Internal/External biliary drainage cath placement</td>
<td>47534</td>
</tr>
<tr>
<td>Convert external to internal/external biliary drainage cath</td>
<td>47535</td>
</tr>
<tr>
<td>Exchange biliary cath</td>
<td>47536</td>
</tr>
<tr>
<td>Remove biliary cath, <strong>requiring fluoroscopy</strong></td>
<td>47537</td>
</tr>
<tr>
<td><em>No code for this previously</em></td>
<td></td>
</tr>
</tbody>
</table>
## Interventional Radiology - Biliary

### New Codes - Previously Reported with Endoscopy Codes - Include RS&I

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stent placement in bile duct via existing access</td>
<td>47538</td>
</tr>
<tr>
<td>Stent placement in bile duct via new access, without sep drainage cath</td>
<td>47539</td>
</tr>
<tr>
<td>Stent placement in bile duct via new access, with sep drainage cath</td>
<td>47540</td>
</tr>
<tr>
<td>Assist endoscopist for biliary intervention, new access</td>
<td>47541</td>
</tr>
<tr>
<td><em>No code for this previously</em></td>
<td></td>
</tr>
<tr>
<td>Cholangioplasty (Add-On) (Max 2)</td>
<td>47542</td>
</tr>
<tr>
<td>Biliary endoluminal biopsy (brush/needle/forceps) (Add-On)</td>
<td>47543</td>
</tr>
<tr>
<td>Biliary stone removal (Add-on) (Use only once)</td>
<td>47544</td>
</tr>
</tbody>
</table>
Biliary

Deleted codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>47500</td>
<td>74305</td>
</tr>
<tr>
<td>47505</td>
<td>74320</td>
</tr>
<tr>
<td>47510</td>
<td>74327</td>
</tr>
<tr>
<td>47511</td>
<td>75980</td>
</tr>
<tr>
<td>47525</td>
<td>75982</td>
</tr>
<tr>
<td>47530</td>
<td></td>
</tr>
</tbody>
</table>
## Interventional Radiology - Urinary

### New Comprehensive Codes - All Include RS&I

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephrostogram, via new access</td>
<td>50430</td>
</tr>
<tr>
<td>Nephrostogram, via existing access</td>
<td>50431</td>
</tr>
<tr>
<td>Place nephrostomy</td>
<td>50432</td>
</tr>
<tr>
<td>Place nephroureteral catheter</td>
<td>50433</td>
</tr>
<tr>
<td>Convert nephrostomy to nephroureteral catheter</td>
<td>50434</td>
</tr>
<tr>
<td>Exchange nephrostomy</td>
<td>50435</td>
</tr>
</tbody>
</table>
## Interventional Radiology-Urinary
### New Comprehensive Codes-All Include RS&I

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ureteral stent placement via nephrostomy</td>
<td>50693</td>
</tr>
<tr>
<td>Ureteral stent placement via new access w/o nephrostomy</td>
<td>50694</td>
</tr>
<tr>
<td>Ureteral stent placement via new access w/nephrostomy</td>
<td>50695</td>
</tr>
<tr>
<td>Biopsy, endoluminal, renal pelvis or ureter</td>
<td>50606</td>
</tr>
<tr>
<td></td>
<td><em>No code for this previously</em></td>
</tr>
<tr>
<td>Ureteral Embolization</td>
<td>50705</td>
</tr>
<tr>
<td></td>
<td><em>No code for this previously</em></td>
</tr>
<tr>
<td>Ureteroaplasty</td>
<td>50706</td>
</tr>
<tr>
<td></td>
<td><em>No code for this previously</em></td>
</tr>
</tbody>
</table>
Urinary

Deleted codes:

50392  74475
50393  74480
50394
50398
# Interventional Radiology-Spinal

## New Comprehensive Codes - All Include RS&I

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paravertebral block, thoracic, single injection</td>
<td>64461</td>
</tr>
<tr>
<td>Paravertebral block, thoracic, 2(^{nd}) and any add’l injection</td>
<td>64462</td>
</tr>
<tr>
<td>Paravertebral block, thoracic, 2(^{nd}) and any continuous cath infusion</td>
<td>64463</td>
</tr>
</tbody>
</table>

- Include RS&I
### Interventional Radiology - Vascular

#### IVUS

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVUS, initial vessel</td>
<td>37252</td>
</tr>
<tr>
<td>IVUS, each add’l vessel</td>
<td>37253 +</td>
</tr>
</tbody>
</table>

- Non-Coronary
- Include RS&I
- To be used:
  - Diagnostic Procedure - during
  - Therapeutic procedure - before, during, after intervention
- Deleted CPT’s 37250, 37251, 75945, 75946
# Interventional Radiology-Vascular

## Intracranial Interventions

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intracranial thrombectomy/thrombolysis, any method</td>
<td>61645</td>
</tr>
<tr>
<td>Intracranial pharm therapy, not thrombolytic, initial territory</td>
<td>61650</td>
</tr>
<tr>
<td>Intracranial pharm therapy, not thrombolytic, each add’l territory</td>
<td>61651</td>
</tr>
</tbody>
</table>

- Include RS&I
NCCI Edits

- CPT 77063 Tomosynthesis
  - may be billed with Screening Mammo Digital G0202
  - MAY NOT be billed with analog mammography 77057
NCCI Edits

• Physicians should not report radiologic supervision and interpretation codes, radiologic guidance codes, or other radiology codes where the radiologic procedure is integral to another procedure being performed at the same patient encounter.
The 2016 instruction in Chapter 3 is amended as noted below:

6. If a breast biopsy, needle localization wire, metallic localization clip, or other breast procedure is performed with mammographic or stereotactic guidance (e.g., 19081-19082, 19281,19282), the physician should not separately report a post procedure mammography code (e.g., 77051, 77052, 77055-77057, G0202-G0206) for the same patient encounter. The radiologic guidance codes include all imaging by the defined modality required to perform the procedure.
ICD-10 Updates
How is ICD-10 Going?

• Fairly smooth transition
• Documentation status update
• Medical Necessity Denials
LCD Omissions

- Duplex Abdomen and Pelvis
  - Abdominal Pain
- MRA Head
  - Stroke
- Duplex Venous Extremity
  - Leg Swelling
- DEXA
  - Osteopenia
ICD-10 Strategies

• Monitor LCD/NCD Changes
• Identify Risk Areas
• Documentation Improvement
  – Facility Engagement
  – Referring Physician Engagement
• Education
• Appeal
The Challenge to Radiology: 
CLINICAL HISTORY

- When an exam is normal, the coder will refer to the clinical history/reason for the exam. If the clinical history is missing, incomplete, nonspecific, or vague, there is an increased risk of denial/nonpayment due to lack of supporting documentation for medical necessity of the exam.

- RESOLUTION-Demand Better Data! Get the Specifics!
  - Communication
  - Education
Tips for Increased Specificity

For all signs, symptoms, and conditions, consider:

- Location
- Context & Severity
- Concurrent Signs/Symptoms and Conditions

Example:

Chest Pain

LOCATION
Chest Wall, Precordial, Intercostal, Etc.

CONTEXT/SEVERITY
Sudden, Stabbing, Associated with Breathing, etc.

CONCURRENT CONDITIONS
Injury, Neoplasm, COPD, Tachycardia, Etc.
Common Diagnoses at Risk in Radiology

- Pain (Chest, Head, Limb, Abdomen, Back, etc.)
- Injury/Trauma (Fracture, Sprain, etc.)
- “Fall” or “MVA”
- “Rule Out” Diagnoses
LOW DOSE CT
LUNG CANCER SCREENING
Lung Cancer Screening

- New Code:
  - G0296 Counseling visit to discuss need for lung screening
  - G0297— Low-dose CT scan (LDCT) for lung cancer screening
- To be used effective 1/4/16
- Pt should have documented history of smoking
  - ICD-10 Z87.891
- Retroactive Payment
  - NCD effective date 2/5/15
  - ICD-9 code for 2/4/15-9/30/15 DOS must be V15.82 (Hx of smoking)
XR-29 LEGISLATION
XR-29

- NEMA XR-29-Standard
- CT scanner requirements
- Modifier -CT if noncompliant
  - Does not apply to CT Simulation, IR, PET/CT
- Reduction in reimbursement
- MM9250

Common Questions

- Do we apply modifier CT to ALL CT CPT codes?
- How do we know if our equipment meets the requirements or not?
- Does this impact professional billing or just technical?
- What do we do if one CT machine is compliant and one CT machine is not?
What’s to Come

• Webinar Series by ADVOCATE
• Survey
Thank You!!