2018 Radiology
A comprehensive illustrated guide to coding and reimbursement

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Getting Started with Coding Companion

Coding Companion for Radiology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, Coding Companion lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes
The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 Coding Companion series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM
Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information
One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions
Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:
- Category III
- Radiology
- Pathology and Laboratory
- Medicine Services

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates
The Coding Companion series includes the list of codes from the official Centers for Medicare and Medicaid Services’ National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 22.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is http://www.optum360coding.com/ProductUpdates/. The 2017 edition password is: SPEC17DLC. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management
This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index
A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it.

Codes are also indexed anatomically. For example:
- 69501 Transmastoid antrotomy (simple mastoidectomy)
- Excision
  - Mastoid
  - Simple, 69501

General Guidelines
Providers
The AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group (see paragraphs two and three under “Instructions for Use of the CPT Codebook” on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component
Radiology and some pathology codes have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.
**Explanation**

A radiologic examination of the lumbosacral spine is performed that includes two or three views in 72100, and a minimum of four views in 72110. These procedures do not specify that a certain view must be performed.

**Coding Tips**

Procedures 72100 and 72110 have both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier. Any combination of views may be taken. Code selection is based upon the number of views taken, not the type of views. Radiology services are typically performed without anesthesia. In those rare instances where anesthesia is required, report 01922. Transportation of portable x-ray equipment and personnel that may be used when providing these procedures may be reported with R0070 and R0075. Check with the specific payer to determine coverage.

**ICD-10-CM Diagnostic Codes**

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

**HCPCS Equivalent Codes**

N/A

**Terms To Know**

examination. Comprehensive visual and tactile screening and specific testing leading to diagnosis or, as appropriate, to a referral to another practitioner.
Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation

Explanation
Pericatheter obstructive material, such as a fibrin sheath, is removed from around a central venous device via separate venous access. Central venous catheters often fail because of the accumulation of an obstructing thrombus or fibrin sheath around the tip of the catheter. The catheter is first checked that it can aspirate and flush forward. The pericatheter material is identified by contrast material injection. Generally, a right femoral vein access is used. A guidewire followed by an angiographic catheter are advanced into the superior vena cava and exchanged for a loop snare with its catheter, which are advanced cephalad along the length of the central venous catheter beyond the ports. The loop snare is tightly closed about the CV catheter to encircle it and slowly pulled down and off the tip of the catheter, stripping off the pericatheter obstructive material. This is repeated a few times and the catheter is rechecked for infusion and injection ability of the ports. A contrast study is done again to identify any fibrin and the process may be repeated until the fibrin sheath is completely removed. This code reports only the radiological supervision and interpretation required for this procedure.

Coding Tips
Procedure 75901 has both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier. For the surgical portion of this procedure, see 36595. To report venous catheterization, see 36010–36012. Contrast media may be reported with Q9955–Q9957. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes
T82.594A Other mechanical complication of infusion catheter, initial encounter
T82.598A Other mechanical complication of other cardiac and vascular devices and implants, initial encounter
T82.818A Embolism due to vascular prosthetic devices, implants and grafts, initial encounter
T82.828A Fibrosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.856A Stenosis of peripheral vascular stent, initial encounter
T82.858A Stenosis of other vascular prosthetic devices, implants and grafts, initial encounter
T82.868A Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.898A Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
Z45.2 Encounter for adjustment and management of vascular access device

Terms To Know
angiography. Radiographic imaging of the arteries. Imaging may be performed to study the vasculature of any given organ, body system, or area of circulation such as the brain, heart, chest, kidneys, limbs, gastrointestinal tract, aorta, and pulmonary circulation to visualize the formation and the function of the blood vessels to detect problems such as a blockage or stricture. A catheter is inserted through an accessible blood vessel and the artery is injected with a radiopaque contrast material after which x-rays are taken.
catheter. Flexible tube inserted into an area of the body for introducing or withdrawing fluid.
fibrin sheath. Obstructive material or thrombus that forms around or within the lumen of an indwelling catheter or central venous access device.
thrombus. Stationary blood clot inside a blood vessel.

Medicare Edits

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* with documentation