

CODING COMPANION

2019

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:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

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 23.3, 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 2018 edition password is: **SPECIALTY18**. 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)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

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, it 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

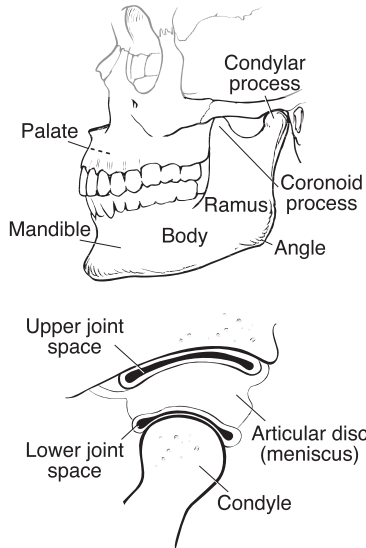
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often 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.

70100-70110

70100 Radiologic examination, mandible; partial, less than 4 views
70110 complete, minimum of 4 views



An x-ray of the mandible is performed

Explanation

The lower jaw bone is x-rayed. In 70100, three or less projections are taken for a partial view of the bone structure and in 70110, four or more projections are taken for a complete view of the bone structure.

Coding Tips

Procedures 70100–70110 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. For examination of the teeth, see 70300–70320. For examination of the temporomandibular joint, see 70328–70330. Radiology services are typically performed without anesthesia. In those rare instances where anesthesia is required, 01922 may be reported. 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

C41.1 Malignant neoplasm of mandible
 D16.5 Benign neoplasm of lower jaw bone
 K08.21 Minimal atrophy of the mandible
 K08.22 Moderate atrophy of the mandible
 K08.23 Severe atrophy of the mandible
 M26.03 Mandibular hyperplasia
 M26.04 Mandibular hypoplasia
 M26.05 Macrognathia

M26.06 Micrognathia
 M26.09 Other specified anomalies of jaw size
 M26.12 Other jaw asymmetry
 M26.19 Other specified anomalies of jaw-cranial base relationship
 M26.211 Malocclusion, Angle's class I
 M26.212 Malocclusion, Angle's class II
 M26.213 Malocclusion, Angle's class III
 M26.220 Open anterior occlusal relationship
 M26.221 Open posterior occlusal relationship
 M26.23 Excessive horizontal overlap
 M26.24 Reverse articulation
 M26.25 Anomalies of interarch distance
 M26.29 Other anomalies of dental arch relationship
 M26.51 Abnormal jaw closure
 M26.52 Limited mandibular range of motion
 M26.53 Deviation in opening and closing of the mandible
 M26.54 Insufficient anterior guidance
 M26.55 Centric occlusion maximum intercuspation discrepancy
 M26.57 Lack of posterior occlusal support
 M26.59 Other dentofacial functional abnormalities
 M26.611 Adhesions and ankylosis of right temporomandibular joint
 M26.612 Adhesions and ankylosis of left temporomandibular joint
 M26.613 Adhesions and ankylosis of bilateral temporomandibular joint
 M26.621 Arthralgia of right temporomandibular joint
 M26.622 Arthralgia of left temporomandibular joint
 M26.623 Arthralgia of bilateral temporomandibular joint
 M26.631 Articular disc disorder of right temporomandibular joint
 M26.632 Articular disc disorder of left temporomandibular joint
 M26.633 Articular disc disorder of bilateral temporomandibular joint
 M26.69 Other specified disorders of temporomandibular joint
 M26.89 Other dentofacial anomalies
 M27.0 Developmental disorders of jaws
 M27.2 Inflammatory conditions of jaws
 M27.3 Alveolitis of jaws
 M27.49 Other cysts of jaw
 M27.8 Other specified diseases of jaws
 Q18.4 Macrostomia
 Q18.5 Microstomia
 Q18.6 Macrocheilia
 Q18.7 Microcheilia
 Q18.8 Other specified congenital malformations of face and neck
 R68.84 Jaw pain
 S01.411A Laceration without foreign body of right cheek and temporomandibular area, initial encounter
 S01.412A Laceration without foreign body of left cheek and temporomandibular area, initial encounter
 S01.421A Laceration with foreign body of right cheek and temporomandibular area, initial encounter
 S01.422A Laceration with foreign body of left cheek and temporomandibular area, initial encounter
 S01.431A Puncture wound without foreign body of right cheek and temporomandibular area, initial encounter
 S01.432A Puncture wound without foreign body of left cheek and temporomandibular area, initial encounter

S01.441A	Puncture wound with foreign body of right cheek and temporomandibular area, initial encounter
S01.442A	Puncture wound with foreign body of left cheek and temporomandibular area, initial encounter
S01.451A	Open bite of right cheek and temporomandibular area, initial encounter
S01.452A	Open bite of left cheek and temporomandibular area, initial encounter
S02.611A	Fracture of condylar process of right mandible, initial encounter for closed fracture
S02.611B	Fracture of condylar process of right mandible, initial encounter for open fracture
S02.611D	Fracture of condylar process of right mandible, subsequent encounter for fracture with routine healing
S02.611G	Fracture of condylar process of right mandible, subsequent encounter for fracture with delayed healing
S02.611K	Fracture of condylar process of right mandible, subsequent encounter for fracture with nonunion
S02.621A	Fracture of subcondylar process of right mandible, initial encounter for closed fracture
S02.621B	Fracture of subcondylar process of right mandible, initial encounter for open fracture
S02.621G	Fracture of subcondylar process of right mandible, subsequent encounter for fracture with delayed healing
S02.621K	Fracture of subcondylar process of right mandible, subsequent encounter for fracture with nonunion
S02.631A	Fracture of coronoid process of right mandible, initial encounter for closed fracture
S02.631B	Fracture of coronoid process of right mandible, initial encounter for open fracture
S02.641A	Fracture of ramus of right mandible, initial encounter for closed fracture
S02.641B	Fracture of ramus of right mandible, initial encounter for open fracture
S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture
S02.651B	Fracture of angle of right mandible, initial encounter for open fracture
S02.66XA	Fracture of symphysis of mandible, initial encounter for closed fracture
S02.66XB	Fracture of symphysis of mandible, initial encounter for open fracture
S02.671A	Fracture of alveolus of right mandible, initial encounter for closed fracture
S02.671B	Fracture of alveolus of right mandible, initial encounter for open fracture
S02.69XA	Fracture of mandible of other specified site, initial encounter for closed fracture
S02.69XB	Fracture of mandible of other specified site, initial encounter for open fracture
S03.01XA	Dislocation of jaw, right side, initial encounter
S03.41XA	Sprain of jaw, right side, initial encounter
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

AMA: 70100 2014,Jan,11; 2012,Feb,9-10 70110 2014,Jan,11; 2012,Feb,9-10

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70100	0.18	0.73	0.02	0.93
70110	0.25	0.8	0.02	1.07
Facility RVU	Work	PE	MP	Total
70100	0.18	0.73	0.02	0.93
70110	0.25	0.8	0.02	1.07

	FUD	Status	MUE	Modifiers				IOM Reference
70100	N/A	A	2(3)	N/A	N/A	N/A	80*	None
70110	N/A	A	2(3)	N/A	N/A	N/A	80*	

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

malocclusion. Condition in which the teeth are misaligned. Underlying causes may include accessory, impacted, or missing teeth; dentofacial abnormalities; thumb sucking; or sleeping positions.

mandible. Lower jawbone giving structure to the floor of the oral cavity.

neoplasm. New abnormal growth, tumor.

professional component. Portion of a charge for health care services that represents the physician's (or other practitioner's) work in providing the service, including interpretation and report of the procedure. This component of the service usually is charged for and billed separately from the inpatient hospital charges.

technical component. Portion of a health care service that identifies the provision of the equipment, supplies, technical personnel, and costs attendant to the performance of the procedure other than the professional services.