

ERRATA for *Diagnostic Radiology Coding Reference* 2016 Edition

Text deletions are ~~crossed out~~. New text is **blue and bolded**. Ordered by appearance in text.

Pages 46-47, Coding Instructions

After the *Diagnostic Radiology Coding Reference* went to press, CMS revised the MUEs for many radiology procedures. The 2016 MUE changes result in the following changes on pages 46-47:

5. Medicare RVU file for physician payment contains a designator for each CPT® code to indicate if it can be reported as a bilateral procedure. The following procedures are designated as unilateral procedures that are reported twice or with a -50 modifier when performed on both sides of the body. The Medically Unlikely Edits (MUEs) assigned to each are also shown. If it is a date of service edit, the edit cannot be exceeded. If a date of service edit is 1, a -50 modifier must be appended to denote a bilateral study.
 - Eye for foreign body (70030) (assigned 2 MUEs—date of service edit)
 - Mastoids (70120 and 70130) (assigned **1 MUE—date of service edit**) ~~2 MUEs—line item edit~~)
 - Optic foramina (70190) (assigned 1 MUE—date of service edit)
6. The following procedures have been designated in the Medicare RVU file for physician payment as not receiving payment for two procedures when billed with a -50 or -LT and -RT modifiers:
 - Mandible (70100 and 70110) (assigned **2 MUEs—date of service edit**) ~~1 MUE—line item edit~~)
 - Internal auditory canals or meati (70134) (assigned 1 MUE—date of service edit)
 - Facial bones (70140 and 70150) (assigned **2 MUEs—date of service edit**) ~~1 MUE—line item edit~~)
 - Dacryocystography S&I (70170) (assigned 2 MUEs—date of service edit)
 - » Note: Its associated injection code (68850) may be reported with a -50 modifier if injections are performed into both tear ducts (assigned 1 MUE—date of service edit).
 - Orbits (70200) (assigned **2 MUEs—date of service edit**) ~~1 MUE—line item edit~~)
 - Salivary gland imaging (70380) (assigned 2 MUEs—date of service edit)
14. Do not report either code 70328 or 70330 more than one time or with a -50 modifier. They include all views and images taken to radiographically evaluate the joint(s) and are assigned 1 MUE (**date of service edit**) ~~(line item edit)~~.

Pages 112-113, Coding Instructions

1. Codes 19081-19086 bundle the breast biopsy, imaging guidance, localization device placement, and imaging of the biopsy specimen, when performed. The mammogram to verify the clip placement is also bundled when mammographic ~~or stereotactic imaging~~ guidance is used for the biopsy. Mammography is separately billable if the

original biopsy is performed with a **different type of MRI or ultrasound** guidance.

13. Mammography following biopsy, needle localization wire, or other breast procedure is reported separately if the initial procedure was not performed with mammographic ~~or stereotactic~~ guidance. The radiologic guidance codes for the interventions include all imaging by the defined modality used to perform the initial procedure.
14. **Do not** report imaging the tissue specimen separately **with image-guided percutaneous biopsies**; it is bundled. **Specimen imaging may be reported separately with open biopsies.**

Page 116, Coding Instructions

9. Mammography following biopsy, needle localization wire, or other breast procedure is reported separately if the initial procedure was not performed with mammographic ~~or stereotactic~~ guidance. The radiologic guidance codes for the interventions include all imaging by the defined modality used to perform the initial procedure.

Page 159, Coding Instructions

After the *Diagnostic Radiology Coding Reference* went to press, CMS revised the MUEs for many radiology procedures. The 2016 MUE changes result in the following changes on page 159:

1. Code 73206 is for unilateral upper extremity CTA. Report codes 73206 and 73206-XS, 73206-RT and 73206-LT, or 73206-50 when bilateral upper extremity imaging is performed. Note: The Medicare physician RVU file indicates that use of -RT and -LT or a -50 modifier with code 73206 will only result in reimbursements for one procedure. However, code 73206 is assigned a ~~line item~~ MUE **date of service MUE** of 2.
2. Code 73706 is for unilateral lower extremity CTA. Report codes 73706 and 73706-XS, 73706-RT and 73706-LT, or 73706-50 when bilateral lower extremity imaging is performed. Note: The Medicare physician RVU file indicates that use of -RT and -LT or a -50 modifier with code 73706 will result in reimbursement for two procedures. Code 73706 is assigned a ~~line item~~ MUE **date of service MUE** of 2.

Page 183, Coding Instructions

After the *Diagnostic Radiology Coding Reference* went to press, CMS revised the MUEs for many radiology procedures. The 2016 MUE changes result in the following changes on page 183:

6. Do code each extremity separately, appending modifiers -RT and -LT, or by reporting the code one time with modifier -50 appended when bilateral imaging is performed. The Medicare physician RVU file indicates that all MRI extremity codes, when reported with -RT and -LT or a -50 modifier, will be reimbursed for two procedures and they are all assigned an MUE of at least 2 (codes ~~code 73721 and 73723~~ are **is** assigned an MUE of **3 4**).

Page 336, Appendix

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. (Chapter III - page 12)