

ERRATA for *Diagnostic Radiology Coding Reference* 2019 Edition

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

Page 79, Coding Instructions

4. Report code 74022 when ~~one~~ **two** or more views of the abdomen and one view of the chest are performed as part of an acute abdominal study. This can be any view of the chest. If not performed as part of an acute abdominal study, report the abdominal and chest procedures separately.

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4. If axial and appendicular imaging are both performed, ~~report both procedures, appending modifier -59 or -XS to the appendicular skeleton code.~~ **there is disagreement between CMS, the American Hospital Association, and the American College of Radiology on whether both may be reported, so this is a grey zone for coding.**

From the NCCI Policy Manual for Medicare Services, Chapter 9: “Axial bone density studies may be reported with CPT codes 77078 or 77080. Peripheral site bone density studies may be reported with CPT codes 77081, 76977, or G0130. Although it may be medically reasonable and necessary to report both axial and peripheral bone density studies on the same date of service, NCCI PTP edits prevent the reporting of multiple CPT codes for the axial bone density study or multiple CPT codes for the peripheral site bone density study on the same date of service.” Note: Code 77081 is a “1” PTP edit with 77080.

From the American Hospital Association in *Coding Clinic for HCPCS*, Second Quarter 2017: “It would be appropriate to report both codes with modifier -59 appended to the additional code.”

From the American College of Radiology in *Clinical Examples in Radiology*, Spring 2019: “This procedure report describes axial and appendicular bone density studies; therefore, CPT code 77080, ..., is reported for the DXA bone density study of the axial skeleton, and CPT code 77081, ..., is reported for the DXA study of the appendicular (peripheral) skeleton.”

Page 95, References

Clinical Examples in Radiology, Summer 10:5-7, Fall 14:3&6, Summer 15:12, **Spring 19:11&14-15**

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4. Codes 74300 and 74301 describe imaging performed in the operating room during cholecystectomy. The injection of contrast is included in the cholecystectomy procedure. Report code 74300 for the first set of images and code 74301 for each additional set of images. This includes fluoroscopic imaging. ~~The operating physician cannot report this imaging separately, as it is included in the cholecystectomy procedure. For example, the operating physician reports only code 47563, the radiologist reports code 74300-26, and the hospital reports codes 47563 (operating room charge) and 74300 (radiology department charge).~~ **For physician billing, the physician who performs the interpretation during the surgical procedure should report codes 74300-26 and 74301-26. This can be a radiologist or the surgeon performing the cholecystectomy.**

Note: While this was the instruction in CPT Assistant December 2000, it does not appear to apply anymore, as the radiologist is not interpreting the cholangiogram during the operative procedure.

Page 192, Codes

Magnetic resonance imaging with contrast, breast; unilateral (hospital only)	C8903	5571	N/A
Magnetic resonance imaging with contrast, breast; bilateral (hospital only)	C8906	5572	N/A
Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral (hospital only)	C8905	5572	N/A
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral (hospital only)	C8908	5572	N/A

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- Physicians report code 77046 for a unilateral MRI of the breast and code 77047 for a bilateral study performed without **CAD contrast**.
- Hospitals **also** report code 77046 for a unilateral MRI of the breast and code 77047 for a bilateral study when performed without contrast.
- Hospitals continue to report ~~C-codes~~ **code C8903 (unilateral) or C8906 (bilateral)** for breast imaging performed with contrast **only and C8905 (unilateral) or C8908 (bilateral) for breast imaging performed without and with contrast**. Physicians do not use C-codes.
- Physicians report code 77048 for a unilateral MRI of the breast **without and with contrast** ~~CAD~~ and code 77049 for a bilateral study performed **without and with contrast** ~~CAD~~. **CAD, when performed, is included in codes 77048 and 77049**. Contrast material is required for CAD.

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- Use code **78014** ~~78013~~ if both a thyroid uptake and scan are performed. Do not unbundle the combined procedure codes for uptake and imaging into two codes reporting the components separately. Code **78014** ~~78013~~ includes the acquisition of single or multiple uptakes.
- Use code 78020 in addition to **code 78018** ~~codes 78015-78018~~ when metabolic activity of metastasis from thyroid cancer is measured. Report code 78020 one time no matter how many uptakes are obtained.

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- ~~Do not use code 78191 in conjunction with 78190, as it is included.~~