

Internal Medicine Coding Alert

Reader Questions: Imaging For Different Purposes? Multiple X-Ray Charges OK

Question: A new patient presented to the office because of an injured left ankle she hurt while doing yard work. The internist performed a detailed history and examination. He suspected a fracture and ordered a two-view ankle x-ray, which revealed a bimalleolar fracture. The non-physician practitioner (NPP) provided local anesthesia, and the physician used closed treatment to manipulate the fracture. He then ordered a second two-view ankle x-ray to confirm proper alignment. Notes indicated moderate medical decision making. Can I code both ankle x-rays in this scenario?

Illinois Subscriber

Answer: Since the physician ordered separate x-rays for different purposes (identifying the fracture, then ensuring proper bone placement), you can code for both. On the claim, report the following:

- 27810 (Closed treatment of bimalleolar ankle fracture [e.g., lateral and medial malleoli; or lateral and posterior malleoli or medial and posterior malleoli]; with manipulation) for the fracture care
- 73600 (Radiologic examination, ankle; 2 views) x 2 for the x-rays (one before the surgery, and one to ensure proper bone placement postsurgery)
- 824.4 (Fracture of ankle; bimalleolar, closed) appended to 27810, 99204 and 73600 to represent the patient's ankle

fracture E016.0 (Activities involving property and land maintenance, building and construction; digging, shoveling and raking) appended to 27810, 99204 and 73600 to represent the cause of the patient's ankle fracture.

Modifier alert: Be sure to check with your payer before filing this claim. Some insurance companies might want you to place a modifier, such as 51 (Multiple procedures) or 59 (Distinct procedural service), with the second x-ray code.