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Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Master MRI Coding with Advice from the Experts

Anatomy and guidance questions factor into correct coding.

Physicians sometimes perform a magnetic resonance imaging (MRI) to assist with patients' diagnoses and treatments. The MRI allows clinicians to pinpoint the exact location and severity of injuries, delivering better overall care.

Coding challenge: There are a lot of MRI codes, and they're scattered among several CPT® pages, grouped with other tests, such as computed tomography (CT).

Read on to get the lowdown on best practices for MRI coding.

Review Anatomy, Then Hunt Down Code

One reason that there are so many MRI codes is that they're broken into different, specific parts of the body, says **Beth Fink, CPC, CPCH**, MRA coding specialist at **Humana** in Louisville, Kentucky. There are so many different body parts, and the specificity of each code leases MRIs a lot of real estate in the CPT® manual.

MRIs are broken down to "proximal, distal, shaft, specified locations on each bone, like the styloid process," explains Fink. There are also MRI codes specifying "bilateral, left, right, and many, many more breakdowns," she says.

For example, if the orthopedist performs an MRI on a patient's upper extremity excluding the joint, there is a specific MRI code set for the procedure. That's right, code set. For MRIs on a patient's upper extremity that exclude the joint, choose from one of the following codes depending on encounter specifics:

- 73218 - Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
- 73219 - ... with contrast material(s)
- 73220 - ... with contrast material(s), followed by contrast material(s) and further sequences.

"I don't know specifically why there are so many different MRI codes except that this is the way radiology services of all types are typically set up [in CPT®]," says **Marcella Bucknam, CPC, CCS-P, COC, CCS, CPC-P, CPC-I, CCC, COBGC**, revenue cycle analyst with **Klickitat Valley Health** in Goldendale, Washington. "You will see the same pattern with x-rays, CTs, and other radiologic studies; there is usually a different code for each different part of the body."

Takeaway: The multitude of MRI codes is a good thing, designed to speed and aid patient care, says **Donelle Holle, RN**, president of **Peds Coding Inc.**, and a healthcare, coding, and reimbursement consultant in Fort Wayne, Indiana.

"MRIs create a detailed cross-sectional image of the patient's internal organs and structures. They are noninvasive. ... and are very specific to certain areas of the body; consequently, the number of CPT® codes are extensive."

Best bet: If you need some schooling on the MRI code sets, take a look at the Radiology section of the CPT® manual. There are MRI codes throughout the section - not just in one code set. If you're familiar with all the types of MRIs, you'll be able to pluck the correct code quickly when reporting the test.

Fractures, Ligament Tear Highlight Potential Diagnoses

While compiling a complete list of approved ICD-10 codes for all types of MRI would be close to impossible, there are a few conditions you'll see more often if you work in an orthopedic practice.

"Usually MRIs are required when there is soft tissue damage that is either known or suspected, like traumatic injuries to

tendons or ligaments," according to Bucknam. "Also, they may be helpful when there is damage to areas that are hard to see on x-ray like the cartilage on articular surfaces."

Also: MRIs can show the provider if the bony structures are hiding the disease processes, Bucknam says. "Since MRIs show 'slices' of the anatomy, physicians can get a different view with an MRI than they can with an x-ray," she explains.

According to Fink, if a patient fractures an extremity or tears or sprains a tendon/ligament, the orthopedist might perform an MRI. This isn't a complete list of conditions that might warrant an MRI. "There are many more examples," says Fink.

Check for Contrast Material Use

MRI codes specify whether the provider uses contrast material or not, so you need to be aware of the contrast question before coding.

"Contrast is only used when there needs to be a better enhancement of body tissue. Patients with inflammations will more than likely have contrast ordered," relays Holle.

Example: Let's say the orthopedist performs an MRI on a patient's left ankle joint. Depending on the contrast material question, you'll choose from one of the following codes:

- 73721 - Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
- 73722 - ... with contrast material[s]
- 73723 - ... without contrast material(s), followed by contrast material(s) and further sequences.

In the following paragraph, Holle explains the difference between "with contrast material" (73722) and "without contrast material, followed by contrast material[s] and further sequences" (73723): The definition for 73723 "simply means that the provider wants to see what the MRI shows is visible without the contrast, but [then] may feel that there is a need for further detail in the tissue with the contrast," says Holle.

Course of action: Pay attention to whether the provider uses contrast material throughout the MRI, or decides to use it after an initial view of the MRI. It will matter when you choose a code.