

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Master These 7 Radiology Coding Updates

Don't miss new provider notes for 70554, 70555

CPT 2007 brought lots of changes to [radiology coding](#) -make sure you're up to date or risk claim difficulties. The 77xxx codes aren't just for radiation oncology anymore. Find out which other procedures are joining this code range.

1. Mark Up Your Mammogram Code Lists

CPT 2007 gives you new codes for breast imaging services, including screening and diagnostic mammograms, CAD, and breast MRI. You must begin using the new codes for dates of service Jan. 1 and later or risk getting denials.

See the inset, -Say Goodbye to 2006 Mammogram Codes,- for a crosswalk to many of the new codes.

2. Toss Out Your Guidance Code Cheat Sheets

Some of the codes you used daily in 2006, such as fluoro codes 75998, 76003 and 76005, now have new numbers.

Why? -Radiologic Guidance- has a new home: 77001-77032. CPT 2007 organizes the codes by fluoroscopic, computed tomography, magnetic resonance, and other guidance methods. So if you're coding guidance, don't make the mistake of entering the number you memorized in 2006. You need to verify the proper code number.

Example: CPT 2007 changes the codes for computed tomography and magnetic resonance needle-placement guidance, two ways of accomplishing needle placement that you typically used to do under fluoroscopic guidance, says **Susan Vogelberger, CPC, CPC-H, CMBS, CCP**, owner and president of **Healthcare Consulting & Coding Education** in Boardman, Ohio.

Year 2006 code 76360 changes to 2007 code 77012 (Computed tomography guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], RS&I), and 2006 code 76393 changes to 2007 code 77021 (Magnetic resonance guidance for needle placement [e.g., for biopsy, needle aspiration, injection, or placement of localization device], RS&I).

Tip: Appendix M of the AMA's CPT 2007 Professional Edition crosswalks deleted 2006 codes to the new 2007 codes.

3. Add Noncoronary to 71275

To correct the problem of coders reporting coronary artery CTAs with chest CTA code 71275, CPT 2007 added the word -noncoronary- to the descriptor: Computed tomographic angiography, chest (noncoronary), without contrast material(s), followed by contrast material(s) and further sections, including image postprocessing.

A new note advises you to report Category III codes 0146T-0149T for coronary artery CTAs.

Don't miss: Another new note under 71250-71270 (Computed tomography, thorax ...) instructs you to look to 0144T-0151T for cardiac CTA, instead of using the thorax CT codes.

4. Take Time to Read New Guidelines

Don't miss these two important additions to the Radiology Guide-lines that are listed before the 7xxxx code range:

- Two new functional MRI codes (70554-70555) have subsection-specific notes. If you flip to that subsection, you'll see the added instructions explain that -functional MRI involves identification and mapping of stimulation of brain function.-

- The instructions also explain that if a technician, nonphysician, or non-psychologist administers the neurofunctional tests, you should report 70554 (Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration).

But if a physician or psychologist administers the tests, report 70555 (... requiring physician or psychologist administration of entire neurofunctional testing).

- CPT 2007 defines -results- (service's technical component), -testing- (leads to results, which lead to interpretation), and -reports- (-work product of the interpretation of numerous test results-).

5. Update Your UFE Coding

If you're performing uterine fibroid embolization (UFE), check out new code 37210 (Uterine fibroid embolization ...).

Pay attention: This code includes all vascular access, vessel selection, the injection of the material, intraprocedure mapping, and all radiological supervision and interpretation, including image guidance, needed to complete the procedure, says **Melanie Witt, RN, CPC-OGS, MA**, an independent coding consultant in Guadalupita, NM.

6. Be Wary of B-Scans

CPT 2007 made changes to several ultrasound code descriptors to more accurately describe the procedures, removing the term -B-scan-:

- Head and neck: 76506, 76536
- Chest: 76604, 76645
- Abdomen and retroperitoneum: 76700, 76770
- Pelvis: 76856
- Extremities: 76880.

7. Crack Down on Kidney Imaging Mistakes

Look in the nuclear medicine section, and you'll see revised descriptors for many kidney imaging codes.

Now 78700- 78710 all begin with the phrase -kidney imaging morphology.- While you'll still have 78701 (... with vascular flow), CPT 2007 deletes 78704 (... with function study ...) and instructs you instead to look to 78707-78709 (... with vascular flow and function ...).

CPT 2007 also deletes 78715 (Kidney vascular flow only) and points you to 78701-78709 instead.

Watch for: Code +78730 (Urinary bladder residual study) is now an add-on code, which means you should only use it in conjunction with 78740 (Ureteral reflex study [radiopharmaceutical voiding cystogram]).