

Part B Insider (Multispecialty) Coding Alert

RADIOLOGY: Avoid These PET/CT Coding Pitfalls

Find out 3 important documentation must-haves

You can expect claims denials if you don't properly report CPT codes for PET/CT.

Important: To receive accurate payment, you need to have precise documentation and you need to know the circumstances under which you can report codes 78814-78816 (Tumor imaging, positron emission tomography [PET] with concurrently acquired computed tomography [CT]...).

Beware: You can't report 78814-78816 if the radiologist performs a PET and a separate CT, notes Denise Merlino, CNMT, MBA, FSNMTS, coding and reimbursement adviser to the **Society of Nuclear Medicine**. These codes are only used to report studies on machines that perform a PET with a concurrent CT done for attenuation correction, which produces a more defined PET with better images.

Caution: When you report PET or PET/CT using codes 78814-78816, you will need extra specific documentation, say experts. Include the following in your reports:

1. CT data acquisition and PET data reconstruction in multiple planes
2. Physician overlay of PET and CT images--at a computer workstation--to create images for anatomic correlation.
3. Physician review of three sets of images--PET scans; CT anatomical localization data; and the combined, superimposed images

Don't forget: If the radiologist performs a PET/CT along with a diagnostic CT, you may report the diagnostic CT as long as you have a separate order for the diagnostic CT and proof of medical necessity. Add modifier 59 (Distinct procedural service) to the CT code to tell the payor you performed two separate services. If the radiologist performs a diagnostic CT on a PET/CT machine that automatically creates a PET/CT image, you shouldn't report 78814-78816 for the diagnostic CT.