

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Use 3 Code-Pairs to Ace This X-Ray Claim

Question: A 38-year-old patient presents to the emergency room with complaints of wheezing, coughing, and trouble catching her breath. After the nonphysician practitioner (NPP) performs a problem-focused history, the physician performs a detailed history and exam and discovers focal ronchi. The physician orders a two-view chest x-ray to check for upper respiratory infection (URI) The chest x-ray results reveal acute URI, and the ronchi clears up upon reevaluation. The patient is treated with antibiotics. How should I code this scenario?

Answer: You'll submit two of each for this claim: CPT codes, modifiers, and ICD-9 codes. On the claim, report the following:

71020 (Radiologic examination, chest, 2 views, frontal and lateral) for the x-ray

Modifier 26 (Professional component) appended 71020 to show that you are coding for the physician's services only

99284 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity....) for the E/M

Modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99284 show that the E/M and the x-rays were separate services

465.9 (Acute upper respiratory infections of multiple or unspecified sites; unspecified site) appended to 71020 and 99284 to represent the patient's URI

786.7 (Symptoms involving respiratory system and other chest symptoms; abnormal chest sounds) appended to 71020 and 99284 to represent the patient's focal ronchi.

Secondary Dx decoded: Even though the focal ronchi cleared up on reexamination, you should still include 786.7 on the claim. It will help paint a more lucid portrait of the patient's condition, and can only strengthen your medical necessity case for the chest-x-ray.