

Outpatient Facility Coding Alert

CPT® 2018: CPT® 2018 Brings Numerous Diagnostic Radiology Coding Updates

Hint: Codes 71045 and 71046 will join your coding arsenal for 2018.

CPT® update season is once again upon us, and you should expect to see a variety of new, revised, and deleted codes your hospital outpatient department (HOPD). Prepare now before they go into effect on January 1, 2018.

Thanks to CPT® 2018, from a diagnostic radiology perspective, you'll see several changes to chest and abdominal X-rays.

Read on to learn more about these diagnostic radiology updates you should be on the lookout for to protect your reimbursement.

Get to Know These New Chest X-ray Codes

Starting in January, the following chest X-ray codes will be deleted:

- 71010 (Radiologic examination, chest; single view, frontal)
- 71015 (... stereo, frontal)
- 71020 (... 2 views, frontal and lateral)
- 71021 (... 2 views, frontal and lateral; with apical lordotic procedure)
- 71022 (... 2 views, frontal and lateral; with oblique projection)
- 71023 (... 2 views, frontal and lateral; with fluoroscopy)
- 71030 (... complete, minimum of 4 views)
- 71034 (... complete, minimum of 4 views; with fluoroscopy)
- 71035 (... special views (eg, lateral decubitus, Bucky studies).

In their place, you will be reporting one of the following new codes:

- 71045 (... single view)
- 71046 (... 2 views)
- 71047 (... 3 views)
- 71048 (... 4 or more views).

"As you can see, your duties coding chest X-rays of different views and angles becomes drastically simpler. As of 2018, you will no longer take the type of view performed into consideration when coding chest X-rays," says **Lindsay Della Vella, COC**, medical coding auditor at Precision Healthcare Management in Media, Pennsylvania. "Rather, you will simply count the number of views taken to determine the correct CPT® code," Della Vella explains.

For example, you will designate code 71045 for all single view chest X-rays (previously codes 71010 and 71015). For all two-view X-rays, you will now use code 71046. For deleted code 71035, you will determine the correct code based on the number of special views the provider performs.

As for fluoroscopy, you will need to familiarize yourself with this revision to code 76000:

- 76000 (Fluoroscopy (separate procedure), up to 1-hour physician or other qualified health care professional time, other than 71023 or 71034 [eg, cardiac fluoroscopy]).

Since the fluoroscopy/chest X-ray combination codes will be deleted in 2018, you will apply code 76000 to any chest X-ray incorporating fluoroscopic guidance. "The changes to chest and abdominal X-ray codes coupled with the revision to fluoroscopy code 76000 will take away any ambiguity a coder may face when combining these procedures," says **Amanda Corney, MBA**, medical billing operations manager for Medical Resources Management in Rochester, New York. "With the deletion of the chest fluoroscopy combination codes in 2018, coders will now be able to apply 76000 to any chest or abdominal x-ray utilizing fluoroscopic imaging," Corney explains.

Don't Forget These New Abdominal X-ray Codes

In addition to the changes to chest X-rays, CPT® will incorporate a new set of three abdominal X-ray codes.

Beginning in January, the following abdominal X-ray codes will be deleted:

- 74000 (Radiologic examination, abdomen; single anteroposterior view)
- 74010 (... anteroposterior and additional oblique and cone views)
- 74020 (... complete, including decubitus and/or erect views).

In their place, the following three new codes will be implemented:

- 74018 (Radiologic examination, abdomen; 1 view)
- 74019 (... 2 views)
- 74021 (... 3 or more views).

As you can see, these new abdominal codes simplify the coding process, so the coder only differentiates codes by number of views, not type of view. All in all, this should offer relief to those coders who occasionally must send reports back to the provider for elaboration on which views were performed.

Keep in mind also that "views" does not always equate to "images." If, for example, two images of a decubitus view of the abdomen were obtained, you would still only report code 74018. For two images of a lateral decubitus view of the chest, report 71045.