

Outpatient Facility Coding Alert

Reader Question: Consider this C Code for MRI Breast With Contrast

Question: How should I report a magnetic resonance imaging (MRI) scan of the breast with contrast?

Oklahoma Subscriber

Answer: When billing under Medicare Part B, the answer to this question is much more nuanced. Since the code description for CPT® codes between 77048 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral) and 77049 (Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral) include with and without contrast, pro-fee coders are left in a bind in circumstances involving an MRI of the breast with contrast only. With the change to CPT® for 2019, there was not an option provided for a contrast-only study. Perhaps CPT® will provide clarification on this in a future issue of CPT® Assistant or address in its Errata & Technical Corrections.

Fortunately, outpatient facility coding allows for the use of C codes, which includes a code for an MRI scan of the breast with contrast. For a unilateral breast MRI with contrast, you may report code C8903 (Magnetic resonance imaging with contrast, breast; unilateral) with the respective modifier indicating laterality.