

## Outpatient Facility Coding Alert

### Reader Question: Look to Category 320 for Diagnostic Radiology

**Question:** What is the appropriate revenue code (for UB-04 billing) for CPT® codes 73030 and 73050 for outpatient services at an ambulatory surgical center? If it makes any difference, we're only billing for the technical/facility component of the x-ray that a physician is interpreting.

Tennessee Subscriber

**Answer:** The correct category is 320 (Radiology - diagnostic -- general). That would apply to both codes 73030 (Radiologic examination, shoulder; complete, minimum of 2 views) and 73050 (Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction).

As an added note, the radiology fact sheet on the CMS website states, "Medicare pays under the MPFS for the TC of radiology services furnished to Medicare beneficiaries who are not patients of any hospital, and who receive services in a physician's office, a freestanding imaging or radiation oncology center, Ambulatory Surgical Center (ASC), or other setting that is not part of a hospital."