Codify
BY AAPC

Outpatient Facility Coding Alert

Reader question: Turn to 320 for Diagnostic Radiology Revenue Code

Question: What is the appropriate revenue code for procedures our outpatient center would report with 73030 (Radiologic examination, shoulder; complete, minimum of 2 views) and 73050 (Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction)? We're only billing for the technical/facility component of the X-ray the physician is interpreting.

Kentucky Subscriber

Answer: The best revenue code is 320 (Radiology -- diagnostic -- general).

Other info: Medicare pays under the Physician Fee Schedule (MPFS) for the technical component 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. See http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Radiology_FactSheet_ICN907164.pdf for more information.

Background: Revenue codes are basically another number that hospitals and outpatient facilities report in conjunction with their procedure and diagnosis codes when billing on a UB-04. They tell either where the patient was when he received treatment or what type of item the patient received as part of his care. Revenue codes make it possible for hospitals to report the same CPT® code across multiple departments when necessary, because the revenue code shows which department the services were provided in.