

Outpatient Facility Coding Alert

Test Yourself: Does Your X-ray Coding Pass Muster With CMS?

This short quiz helps pinpoint your expertise.

CMS keeps a close watch on every service your physicians provide, but some get more attention than others. Case in point: diagnostic imaging is the fastest growing segment of Medicare spending on physicians' services □ which sets you up for even closer scrutiny when you file claims for these services.

Take our three-questions quiz to be sure your coding's up to snuff for typical x-ray scenarios in an outpatient setting.

1. True or False: Use modifier 50 (Bilateral procedure) on all bilateral x-ray claims.
2. For three shoulder views, should you report 73020-59 (one view) and 73030 (two views minimum)?
3. Patient X sees the orthopedic surgeon for the first time. Last year, a physician in your group interpreted the patient's x-ray. Can you still consider the patient "new" for the orthopedist's E/M service?

Next step: Turn to page 36 to check your answers.