Pain Management Coding Alert

Reader Question: Check Sequence When Coding for CT With Contrast

Question: Notes indicate that the PM specialist performed a computed tomography (CT) scan on a patient's left leg. I reported 73701, as the operative notes indicate that the specialist used contrast material during the CT. The payer denied the claim; what did I do wrong?

Illinois Subscriber

Answer: There are several places where your coding might have gone awry in this instance:

1. The payer might not have seen proof of contrast material. If the notes are inaccurate and the specialist actually performed a CT without contrast, you'd choose 73700 (Computed tomography, lower extremity; without contrast material) for the service.
2. The payer might require laterality modifiers on CT exams. If you need a laterality modifier, you would report modifier LT (Left side) appended to 73701 (... with contrast material(s)).
3. Depending on the patient's condition, the payer might not have approved her for a CT scan. Check the payer's approved list of diagnoses for leg CTs; if you cannot locate one, call a payer rep and ask about diagnosis codes relevant to 73701.
4. You might have chosen the wrong leg CT code. There are two codes for leg CT scans with contrast material: 73701 and 73702 (... without contrast material, followed by contrast material(s) and further sections). If the provider began the CT without contrast material, then used contrast to take more sections, you'd report 73702 instead of 73701.

Best bet: If it isn't blatantly obvious that one of the above missteps caused the denial, contact the payer before refiling the claim.