

Pain Management Coding Alert

Reader Question: Stay Abreast of New Codes

Question: After a level-three evaluation and management (E/M) service for a new patient, the provider performs a two-view radiologic examination of a patient's entire spine (anteroposterior and lateral). I reported 72010 for the radiologic exam and received a denial. What did I do wrong?

North Dakota Subscriber

Answer: Your coding would have been correct a few years ago; the code you reported for the exam, 72010 (Radiologic examination, spine, entire, survey study, anteroposterior and lateral), is no longer in service.

The correct coding for your scenario would be:

- 72082 (Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views) for the exam
- 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity ...) for the E/M.

Resources updated? Your mistake sounds like it might be the product of using outdated CPT® resources. According to the Spine and Pelvis Subset of the Radiology Section in CPT® 2019, "72010 has been deleted. To report, use 72082."

This illustrates the kind of risk you run using outdated CPT® resources; if you choose an outdated code, and have no access to new resources, it's going to be a tough slog to run down the correct code.

Best bet: Though it's a pricey annual expense, you really should have new versions of CPT®, ICD-10 and HCPCS each year; if you're just trying to "update" a dated set of CPT® resources, things can fall through the cracks.