CT & MRI Coding & Documentation Tips

June 2020
Jennifer Bash, RHIA, CIRCC, RCCIR, CPC, RCC

Director of Coding Education
Agenda

• CT/CTA
  • Types of Studies
  • Key Documentation
  • Coding Tips/Hot Topics

• MRI/MRA
  • Types of Studies
  • Key Documentation
  • Coding Tips/Hot Topics
Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

CPT codes are trademark and copyright of the American Medical Association.
Resources

• AMA
• CMS
• ACR
Standard CT & MRI Documentation

• Key Documentation
  • Body Site(s)
    • Recommend separate findings for multiple sites on same report
  • Contrast Administration
  • Contrast Supply for Global Billing
• Recommend standard report structure:
  • Indication
  • Header
  • Technique
  • Findings
  • Impression
CT & MRI Coding Tips

• Coding Tips
  • Confirm body site(s) imaged
  • Watch for report discrepancies
    • Contrast variations
  • Separate studies on same report
  • Use Caution with Protocol Names (from the AMA)

The use of protocol names in the report is misleading. CT and MRI codes were developed to be anatomic-site specific; therefore, physicians are urged to use the proper nomenclature in their reports when describing the procedures performed. Because CT/MRI studies are previewed and tailored to the clinical indications at hand, the reporting of such studies using protocol names will vary from practice to practice. Protocols will stipulate what anatomical areas need to be imaged in order to answer the clinical question at hand.
Computed Tomography (CT)

• Types of Studies
  • Head/Brain
  • Face
  • Neck
  • Spine
  • Chest
  • Heart
  • Extremities
  • Abdomen
  • Pelvis
Computed Tomography (CT)

- CT Terminology
  - Axial
  - Coronal
  - Sagittal
  - Enhanced/Unenhanced
  - Attenuation
  - Reconstruction

- Protocols to watch for:
  - CT Urogram
  - Stone Protocol
  - CT Enterography
  - PE Protocol
CT Hot Topics & Common Questions

• Low Dose Lung Cancer Screening (LDCT)
  • G0297
  • Requires an order
  • Criteria:
    • Age 55-77
    • Asymptomatic
    • Tobacco smoking history of at least 30 pack years
    • Current smoker or one that has quit smoking with the last 15 years
  • Covered once annually for patients
  • Repeat scan -71250
  • May be reported with CT chest w/contrast if medically necessary:
    • Per the ACR: *If a low dose CT for lung cancer screening on an asymptomatic patient demonstrates an unexpected but important finding, it might be very reasonable and necessary to follow up with a diagnostic contrast-enhanced CT of the thorax later the same day to fully define the abnormality identified on the non-contrast screening exam.*
Computed Tomographic Angiography (CTA)

- Types of Studies
  - Head
  - Neck
  - Chest
  - Heart
  - Abdomen
  - Pelvis
  - Extremities
  - Abdominal Aorta w/Runoff
Computed Tomographic Angiography (CTA)

- Must include 3D postprocessing
- The following support 3-D documentation
  - Maximum Intensity Pixel/Projection (MIP)
  - Volume Rendered Images
  - Surface Shaded Rendering
  - 3D Reconstructed Images
- Protocols to watch for:
  - TAVR
  - PE protocol
  - Stroke protocol
• **CT Bundled (NCCI)**

   “Computed tomography (CT) and computed tomographic angiography (CTA) procedures for the same anatomic location may be reported together in limited circumstances. If a single technical study is performed which is used to generate images for separate CT and CTA reports, only one procedure, either the CT or CTA, for the anatomic region may be reported. Both a CT and CTA may be reported for the same anatomic region if they are performed at separate patient encounters or if two separate and distinct technical studies, one for the CT and one for the CTA, are performed at the same patient encounter. The medical necessity for the latter situation is uncommon.”

• **Documentation:**
  - 3D Reconstruction
  - Vascular Findings
CTA Hot Topics & Common Questions

• Cardiac CT & CTA
  • All codes include 3D if performed
  • Only one code from range 75571-75574 should be reported for an encounter
• Codes:
  • Calcium Scoring (75571)
    • Stand-alone procedure
    • Included in the other codes in the range
  • Cardiac CT for structure and morphology (75572)
  • Cardiac CT for congenital abnormalities (75573)
  • Cardiac CTA (75574)
• FFRCT (0502T-0504T)
CTA Hot Topics & Common Questions

• CTA Abdominal Aorta and Bilateral Iliofemoral Runoff (75635)
  • Should not unbundle (NCCI):
    
    This code includes the services described by CPT codes 73706 (Computed tomographic angiography, lower extremity...) and 74175 (Computed tomographic angiography, abdomen...). CPT codes 73706 and 74175 shall not be reported with CPT code 75635 for the same patient encounter. CPT code 73706 plus CPT code 74175 shall not be reported in lieu of CPT code 75635.

• Requires 3D
3D Reconstruction Codes

- 76376: 3D rendering with interp and reporting of CT, MR, US or other tomographic modality, NOT requiring image postprocessing on a separate workstation
- 76377: 3D rendering with interp and reporting of CT, MR, US or other tomographic modality, requiring image postprocessing on a separate workstation

Documentation & Coding Tips

- Nonvascular
- On a separate workstation?
- Concurrent supervision (From AMA Clinical Examples in Radiology)
  - “Concurrent means active participation in and monitoring of the reconstruction process that includes: design of the anatomic region that is to be reconstructed; determination of the tissue types and actual structures to be displayed (eg, bone, organs, and vessels); determination of the images or cine loops that are to be archived; and monitoring and adjustment of the 3D work product.”
Magnetic Resonance Imaging (MRI)

- Types of Studies
  - Head/Brain
  - Face
  - Neck
  - Spine
  - Chest
  - Breast
  - Heart
  - Abdomen
  - Pelvis
  - Extremities
Magnetic Resonance Imaging (MRI)

- MRI Terminology
  - T2 weighting
  - Diffusion weighting
  - FLAIR
  - STIR sequences
- Protocols
  - Stroke Protocol
MRI Hot Topics & Common Questions

• Combination Studies
  • Not reported separately for additional sequences (from the AMA):
    
    The limited imaging of the pituitary glands, orbits, maxillary sinus, or IACs that is performed as part of a brain study is not coded separately as it was not performed as a separate and distinct dedicated study. Such body parts usually receive routine evaluation, to a limited extent, on a brain MRI examination. Additional sequences performed through such contiguous structures are a part of the base procedure code and are not reported separately.

  • Require separate order, medical necessity, and dedicated imaging
  • Separate findings
  • Modifier -59 or -XS

• Examples
  • MRI Brain and Orbits
  • MRI Brain and IAC
  • MRI Brain and Pituitary
MRI Hot Topics & Common Questions

• MRCP
  • Often used as substitute for ERCP
  • No specific code Category I CPT Code
  • HCPCS Level II code S8037
    • Medicare and most payers will not reimburse this code
  • MRI Abdomen Code + 3D Reconstruction
    • 3D must be done under concurrent supervision
MRI Hot Topics & Common Questions

- MRI Volume Quantification
  - Typically in conjunction with brain MRI
  - From the ACR’s Radiology Coding Source
    “If MRI data is loaded onto the vendor’s computer system at an off-site location for post processing, it is not appropriate to report CPT code 76377. In this scenario, additional volume quantification following magnetic resonance imaging (MRI) is not reported with the 3D rendering code 76377 because there is no concurrent physician supervision or separate identifiable physician work involved. The vendor generates a summary report that is then used by the physician treating the patient as part of an evaluation and management service. The ACR believes that this service is included in the base MR code and is not separately reportable.”
Magnetic Resonance Angiography (MRA)

- Types of Studies
  - Head
  - Neck
  - Chest
  - Spinal Canal
  - Abdomen
  - Pelvis
  - Extremities
MRA Coding Tips

- MRI is Bundled (NCCI):
  Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) procedures for the same anatomic location may be reported together in limited circumstances. If a single technical study is performed which is used to generate images for separate MRI and MRA reports, only one procedure, either the MRI or MRA, for the anatomic region may be reported. Both an MRI and MRA may be reported for the same anatomic region if they are performed at separate patient encounters or if two separate and distinct technical studies, one for the MRI and one for the MRA, are performed at the same patient encounter. The medical necessity for the latter situation is uncommon.

- MRV & MRA
- Post processing not required
MRA Hot Topics & Common Questions

- MRA Aortoiliac Runoff
  - No specific code like CTA
  - ACR recommends 74185 & 73725 (x2)
  - Do not code separately for pelvic MRA
  - Runoff must include the femoral artery with evaluation at least to level of the knee
Q&A
Thank you!

Jennifer Bash, RHIA, CIRCC, RCCIR, CPC, RCC
Director of Coding Education

ADVOCATE Radiology Billing
10567 Sawmill Parkway, Suite 100 | Powell, Ohio 43065
jennifer.bash@radadvocate.com | www.radadvocate.com