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Radiology

A comprehensive illustrated guide to coding and reimbursement



ICD-10

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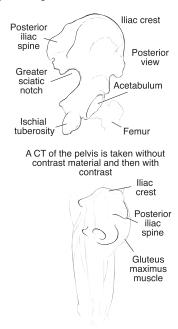
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72191

72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing



Explanation

Computed tomographic angiography (CTA) of the pelvis is performed with contrast materials and image postprocessing. CTA produces images of vessels to detect aneurysms, blood clots, and other vascular irregularities. Contrast medium is rapidly infused intravenously, at intervals, usually with an automatic injector, and the patient is scanned with thin section axial or spiral mode x-ray beams. The images are acquired with narrower collimation and reconstructed at shorter intervals than standard CT images. Three-dimensional images are generated and postprocessing reconstruction is done at a workstation on the scanner. CTA also provides information unavailable with conventional angiography, such as vessel wall thickness (mural thrombus) and the venous anatomy of a target organ and/or associated organs within the scan range. Noncontrast images, if performed, are also included in this procedure.

Coding Tips

Procedure 72191 has both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier. For computed tomographic angiography of the aorta and both lower extremities as the contrast runs down through the iliofemoral pathway (aorto-iliofemoral runoff), see 75635. Do not report 73706, 74175, or 75635 in conjunction with 72191. For combined CTA of the abdomen and pelvis, see 74174. For CTA aorto-iliofemoral runoff, see 75635. Radiology services are typically performed without anesthesia. In those rare instances where anesthesia is required, report 01922. Contrast media may be reported with HCPCS Level II codes Q9951 and Q9958–Q9967. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

D57.1 Sickle-cell disease without crisis 170.1 Atherosclerosis of renal artery

174.00	
171.02	Dissection of abdominal aorta
171.3	Abdominal aortic aneurysm, ruptured
171.4	Abdominal aortic aneurysm, without rupture
171.8	Aortic aneurysm of unspecified site, ruptured
171.9	Aortic aneurysm of unspecified site, without rupture
172.2	Aneurysm of renal artery
172.3	Aneurysm of iliac artery
174.01	Saddle embolus of abdominal aorta
174.09	Other arterial embolism and thrombosis of abdominal aorta
174.5	Embolism and thrombosis of iliac artery
177.0	Arteriovenous fistula, acquired
177.3	Arterial fibromuscular dysplasia
179.0	Aneurysm of aorta in diseases classified elsewhere
180.211	Phlebitis and thrombophlebitis of right iliac vein
180.212	Phlebitis and thrombophlebitis of left iliac vein
180.213	Phlebitis and thrombophlebitis of iliac vein, bilateral
180.8	Phlebitis and thrombophlebitis of other sites
182.3	Embolism and thrombosis of renal vein
K55.0	Acute vascular disorders of intestine
K55.1	Chronic vascular disorders of intestine
K55.8	Other vascular disorders of intestine
K55.9	Vascular disorder of intestine, unspecified
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.7	Microscopic polyangiitis
022.31	Deep phlebothrombosis in pregnancy, first trimester
022.33	Deep phlebothrombosis in pregnancy, third trimester
087.1	Deep phlebothrombosis in the puerperium
Q27.1	Congenital renal artery stenosis
Q27.2	Other congenital malformations of renal artery
Q27.34	Arteriovenous malformation of renal vessel
Q27.8	Other specified congenital malformations of peripheral vascular system
S35.01XA	Minor laceration of abdominal aorta, initial encounter
S35.02XA	Major laceration of abdominal aorta, initial encounter
S35.09XA	Other injury of abdominal aorta, initial encounter
S35.401A	Unspecified injury of right renal artery, initial encounter
S35.402A	Unspecified injury of left renal artery, initial encounter
S35.404A	Unspecified injury of right renal vein, initial encounter
S35.405A	Unspecified injury of left renal vein, initial encounter
S35.411A	Laceration of right renal artery, initial encounter
S35.412A	Laceration of left renal artery, initial encounter
S35.414A	Laceration of right renal vein, initial encounter
S35.415A	Laceration of left renal vein, initial encounter
S35.491A	Other specified injury of right renal artery, initial encounter
S35.492A	Other specified injury of left renal artery, initial encounter
S35.494A	Other specified injury of right renal vein, initial encounter
S35.495A	Other specified injury of left renal vein, initial encounter
S35.50XA	Injury of unspecified iliac blood vessel(s), initial encounter
S35.511A	Injury of right iliac artery, initial encounter
S35.511A	Injury of left iliac artery, initial encounter
S35.512A	Injury of right iliac vein, initial encounter

	S35.515A	Injury of left iliac vein, initial encounter
	S35.531A	Injury of right uterine artery, initial encounter
	S35.532A	Injury of left uterine artery, initial encounter
	S35.533A	Injury of unspecified uterine artery, initial encounter
	S35.535A	Injury of left uterine vein, initial encounter
	S35.536A	Injury of unspecified uterine vein, initial encounter
ĺ	S35.59XA	Injury of other iliac blood vessels, initial encounter
	S35.8X1A	Laceration of other blood vessels at abdomen, lower back and pelvis level, initial encounter
	S35.8X8A	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
	S35.8X9A	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
	S35.90XA	Unspecified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
	S35.91XA	Laceration of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
	S35.99XA	Other specified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
	T81.711A	Complication of renal artery following a procedure, not elsewhere classified, initial encounter
	T82.818A	Embolism of vascular prosthetic devices, implants and grafts, initial encounter
	T82.828A	Fibrosis of vascular prosthetic devices, implants and grafts, initial encounter
	T82.838A	Hemorrhage of vascular prosthetic devices, implants and grafts, initial encounter
	T82.848A	$\label{pain-from-vascular} Pain from \ vascular \ prosthetic \ devices, implants \ and \ grafts, initial \ encounter$
	T82.858A	Stenosis of vascular prosthetic devices, implants and grafts, initial encounter \ensuremath{C}
	T82.868A	Thrombosis of vascular prosthetic devices, implants and grafts, initial encounter

HCPCS Equivalent Codes

N/A

T82.898A

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
72191	8.57	8.57	N/A	Α	1(1)

implants and grafts, initial encounter

Other specified complication of vascular prosthetic devices,

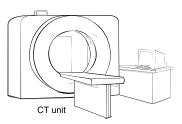
	Modifiers			Medicare Reference	
72191	51	N/A	N/A	80*	None
* with documentation					

72192-72194

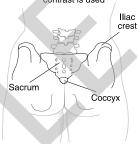
72194

72192 Computed tomography, pelvis; without contrast material72193 with contrast material(s)

without contrast material, followed by contrast material(s) and further sections



CT images of the pelves are performed. Report 72192 when no contrast is used, and 72193 when contrast is used



Explanation

Computed tomography directs multiple narrow beams of x-rays around the body structure being studied and uses computer imaging to produce thin cross-sectional views of various layers (or slices) of the body. It is useful for the evaluation of trauma, tumor, and foreign bodies as CT is able to visualize soft tissue as well as bones. Patients are required to remain motionless during the study and sedation may need to be administered as well as a contrast medium for image enhancement. These codes report an exam of the pelvis. Report 72192 if no contrast is used. Report 72193 if performed with contrast and 72194 if performed first without contrast and again following the injection of contrast.

Coding Tips

Procedures 72192–72194 have both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier. If 3-D reconstruction is rendered, see 76376–76377. For computed tomographic colonography, see 74261–74263. For combined CT of the abdomen and pelvis, see 74176–74178. Do not report 72192–72194 in addition to 74261–74263. Contrast media may be reported with Q9951 and Q9958–Q9967. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

HCPCS Equivalent Codes

N/A

77072

77072 Bone age studies



Radiographic studies are made of a child's developing bone structure

The studies are then compared to images of normal bone development for that age





Explanation

Bone age studies are a way of estimating the stage of development or skeletal decline of a child based on an x-ray, usually of the nondominant hand and wrist. The x-ray is compared to the bone structure standards equal to the child's chronological age. This allows for identifying growth failure and the need for treatment before the child's bones fuse, after which additional growth is not possible. For children younger than age 3, films of multiple areas (e.g., wrist, knee, and foot) lead to greater accuracy.

Coding Tips

Procedure 77072 has both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier. Radiology services are typically performed without anesthesia. In those rare instances where anesthesia is required, report 01922.

ICD-10-CM Diagnostic Codes

	_
M89.121	Complete physeal arrest, right proximal humerus
M89.122	Complete physeal arrest, left proximal humerus
M89.123	Partial physeal arrest, right proximal humerus
M89.124	Partial physeal arrest, left proximal humerus
M89.125	Complete physeal arrest, right distal humerus
M89.126	Complete physeal arrest, left distal humerus
M89.127	Partial physeal arrest, right distal humerus
M89.128	Partial physeal arrest, left distal humerus
M89.129	Physeal arrest, humerus, unspecified
M89.131	Complete physeal arrest, right distal radius
M89.132	Complete physeal arrest, left distal radius
M89.133	Partial physeal arrest, right distal radius
M89.134	Partial physeal arrest, left distal radius
M89.138	Other physeal arrest of forearm

M89.139	Physeal arrest, forearm, unspecified
M89.151	Complete physeal arrest, right proximal femur
M89.152	Complete physeal arrest, left proximal femur
M89.153	Partial physeal arrest, right proximal femur
M89.154	Partial physeal arrest, left proximal femur
M89.155	Complete physeal arrest, right distal femur
M89.156	Complete physeal arrest, left distal femur
M89.157	Partial physeal arrest, right distal femur
M89.158	Partial physeal arrest, left distal femur
M89.159	Physeal arrest, femur, unspecified
M89.160	Complete physeal arrest, right proximal tibia
M89.161	Complete physeal arrest, left proximal tibia
M89.162	Partial physeal arrest, right proximal tibia
M89.163	Partial physeal arrest, left proximal tibia
M89.164	Complete physeal arrest, right distal tibia
M89.165	Complete physeal arrest, left distal tibia
M89.166	Partial physeal arrest, right distal tibia
M89.167	Partial physeal arrest, left distal tibia
M89.168	Other physeal arrest of lower leg
M89.169	Physeal arrest, lower leg, unspecified
M89.18	Physeal arrest, other site
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development
	in childhood
R62.52	Short stature (child)
R62.59	Other lack of expected normal physiological development in

HCPCS Equivalent Codes

childhood

N/A

Terms To Know

bones. Hard, rigid tissue of the skeletal system made of both living organic cells and inorganic mineral components.

professional component. Portion of a charge for health care services that represents the physician's (or other practitioner's) work in providing the service, including interpretation and report of the procedure. This component of the service usually is charged for and billed separately from the inpatient hospital charges.

technical component. Portion of a health care service that identifies the provision of the equipment, supplies, technical personnel, and costs attendant to the performance of the procedure other than the professional services.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
77072	0.65	0.65	N/A	Α	1(2)

	Modifiers				Medicare Reference
77072	N/A	N/A	N/A	80*	None
* with d	ocumenta	ation			