
Southeast Radiology Management e-News

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Clarification of Q & A for July 23, 2008

This email is being sent to provide further clarification on the answer provided to the question in the current newsletter issue listed below.

In the May/June 2007 of the ACR Coding Source published after the recommendation referenced in Clinical Examples in Radiology, the ACR stated the following:

"When a derived study is reformatted in 2-D planes (e.g., axial and sagittal planes), the technical component is not reported, as it is considered included in the initial CT procedure. In this case, the 2-D reformats are considered part of the original CT Therefore, it would not be appropriate to report the technical component However, if 3-D rendering had been ordered and obtained with documentation of medical necessity, it would be appropriate to report code 76376 or 76377 for the technical component."

Reference: ACR Coding Source, May/June 2007

We apologize for an confusion.

Question & Answer

Our physicians are creating reformatted images from CT exams. For example, a patient will present for a CT of the abdomen and later that day, the radiologist will utilize reconstructions for an examination of the thoracic spine. Can we code for the reconstructed thoracic images? If so, what is the appropriate code to assign?

If you are coding and billing for the radiologist it is appropriate to code and bill the CPT code for a CT of thoracic spine with the -26 modifier. In the hospital setting, the code for the CT of the thoracic spine may also be assigned, however modifier -52 should be appended to the code. This recommendation was made by the AMA and ACR in the Spring 2006 issue of Clinical Examples in Radiology. The rationale for appending the -52 for hospital billing is that there is lesser work in creating the reconstructed images, than having the patient back for a separate exam.

Reference: Clinical Examples in Radiology, Volume 2, Issue 2; Spring 2006

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