Reader Question: X-Ray Coding

Question: If we take five x-rays of a patient's hand, should I code 73120 (Radiologic examination, hand; two views) and 73130 (... hand, minimum of three views)?

Florida Subscriber

Answer: No, but this is one of the most frequently misunderstood aspects of diagnostic radiology coding. First, you should understand that the codes are defined by the number of "views" taken, not the number of films or individual x-rays. Views refer to the position of the patient in relation to the x-ray beam. Some common x-ray views that you might perform in your office include AP (anteroposterior front to back), PA (posteroanterior back to front), oblique (angled view) and decubitus (patient lying on his or her side). Often, a technician may decide to take more than one film or x-ray of a particular view. However, for coding purposes, the number of films taken is irrelevant; only the number of views should be coded. When dictating their interpretation of the x-ray, physicians normally describe the type of views taken. If you cannot find that information in the report, you should be able to find it in the doctor's order for the x-ray.

If you have established that five views, as opposed to five films, were taken, only report 73130. Under the CPT coding rules for radiology, if a code's description states "minimum of," then that code, by definition, includes the specified number of views as well as any number of views greater than that in the code's description. If you do not take the number of views required by a code, then bill for that code with modifier -52 (Reduced services) attached. For instance, if you only took one view, code 73120-52.

Answers for You Be the Coder and Reader Questions were reviewed by Linda Bishop, CPC, CCS, corporate compliance officer, Pediatric Management Group at Children's Hospital, Los Angeles; and Kathy Pride, CPC, CCS-P, HIM applications specialist with QuadraMed, a national healthcare information technology and consulting firm based in San Rafael, Calif.