
RADIOLOGY (MULTIPLE CHOICE)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. A 40-year-old female is scheduled for a routine screening baseline bilateral mammogram with computer-aided detection (CAD). What are the CPT® and ICD-10-CM codes reported?
 - a. 77062, 77063, Z12.31
 - b. 77067, R92.2
 - c. 77067, Z12.31
 - d. 77066, Z12.31
2. A 56-year-old patient who has been admitted requires a tunneled CV catheter insertion. The physician uses ultrasound guidance to perform the insertion. The physician documented vessel patency and that permanent recordings are in the patient's record. What CPT® codes are reported for the physician's services?
 - a. 36556, 76937-26
 - b. 36558, 76937-26
 - c. 36558, 77001-26
 - d. 36558, 76000-26
3. A parent brings her child to the ED. She thinks she swallowed a small toy figure. A radiology exam from the nose to the rectum is performed. The foreign body is not located. What CPT® code(s) is/are reported for the radiology services?
 - a. 70160, 70370, 71045, 74240, 74248
 - b. 43235, 44363
 - c. 76010
 - d. 70160, 70370, 71045, 43235, 44363
4. A 40-year-old female has cholelithiasis with chronic cholecystitis. She is in the Ambulatory Surgical Center to have a laparoscopic cholecystectomy. A dye was injected to perform an intraoperative cholangiogram. The surgeon who performed the procedure included a separate report with his interpretation of the cholangiogram that indicated there was normal, free flow into the duodenum, with no evidence of filling defects with no stones or strictures seen. What CPT® codes are reported for the professional services of the surgeon?
 - a. 47562, 74300
 - b. 47563, 74300
 - c. 47563, 74300-26
 - d. 47562, 74300-26
5. A patient with hydronephrosis has a left nephrostomy and he has agreed to a pyelography (IVP) to rule out a right renal obstruction. The patient was placed prone on the X-ray table one hour after IV infusion of contrast. Contrast flowed from the left and right renal pelvis, down the ureters into the bladder where a Foley catheter was positioned. The IVP showed no obstruction or abnormalities in the urinary tract aside from the left hydronephrosis of the pelvis. The right kidney and ureter showed no obstruction. Bladder appeared within normal limits. What CPT® code is reported for the radiological services?
 - a. 74415-26
 - b. 74400-26
 - c. 74425-26
 - d. 74420-26
6. A 25-year-old female in her last trimester of her pregnancy comes into her obstetrician's office for a fetal biophysical profile (BPP). An ultrasound is used to first monitor the fetus' movements showing three movements of the legs and arms (normal). There are two breathing movements lasting 30 seconds (normal). Non-stress test (NST) of 30 minutes showed the heartbeat at 120 beats per minute that increased with movement (normal or reactive). Arms and legs were flexed with fetus' head on its chest, opening and closing of a hand. Two pockets of amniotic fluid at 3 cm were seen in the uterine cavity (normal). Biophysical profile scored 9 out of 10 points (normal or reassuring). What CPT® code is reported by the obstetrician?
 - a. 76818
 - b. 76819
 - c. 76815
 - d. 59025, 76818
7. A 65-year-old female has a 2.5 cm x 2.0 cm non-small cell lung cancer in her right upper lobe. The tumor is inoperable due to severe respiratory conditions. She is receiving stereotactic body radiation therapy today under image guidance. Beams arranged in 8 fields will deliver 25 Grays per fraction for 4 fractions. What CPT® and ICD-10-CM codes are reported?
 - a. 77435, C34.11, Z51.0
 - b. 77371, C34.91
 - c. 77373, Z51.0, C34.11
 - d. 77431, Z51.0, C34.11

8. A patient is taken to the inpatient cardiac cath lab and 1% Lidocaine is infused into the skin of the right groin. The artery is punctured with a needle and a guidewire with a catheter is advanced into the abdominal aorta. The guidewire is removed. Contrast medium is injected through the catheter and abdominal aortography is performed. What CPT® code(s) is/are reported for the physician's services?
- a. 36200, 75605-26
 - b. 36200, 75625-26
 - c. 36200, 75630-26
 - d. 36200, 75716-26
9. The patient has malignant ascites due to ovarian cancer. She is coming back to the operating room for a planned ultrasound guided abdominal paracentesis. This is the second time she has needed fluid removed from her abdominal cavity. The global days for the initial abdominal paracentesis are zero. What CPT® and ICD-10-CM codes are reported?
- a. 49083-78, 77002-26, R18.0
 - b. 49082-76, 76942-26, R18.0, C56.9
 - c. 49082, 77012-26, R18.0, C56.9
 - d. 49083, C56.9, R18.0
10. A patient was admitted to observation status after losing control and crashing his motorcycle into the guardrail on the highway. A CT scan of the brain without contrast and the chest is performed. It revealed a fracture of the skull base with no hemorrhage in the brain. There was no puncture of the lungs. Three views of the right and left sides of the ribcage reveal fractures of the left third and fifth rib. What CPT® and ICD-10-CM codes are reported?
- a. 70460-26, 71260-26, 71101-26, S02.0XXA, S22.43XA, V27.99XA, Y92.412
 - b. 70450-26, 71275-26, 71101-26, S02.19XA, S22.41XA, V27.09XA, Y92.413
 - c. 70450-26, 71250-26, 71101-26, S02.109B, S22.43XB, V27.29XA, Y92.411
 - d. 70450-26, 71250-26, 71110-26, S02.109A, S22.42XA, V27.49XA, Y92.411

RADIOLOGY (SCRATCH)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. A 40-year-old female is scheduled for a routine screening baseline bilateral mammogram with computer-aided detection (CAD). What are the CPT® and ICD-10-CM codes reported?

CPT®: _____

2. A 56-year-old patient who has been admitted requires a tunneled CV catheter insertion. The physician uses ultrasound guidance to perform the insertion. The physician documented vessel patency and that permanent recordings are in the patient's record. What CPT® codes are reported for the physician's services?

CPT®: _____, _____

3. A parent brings her child to the ED. She thinks she swallowed a small toy figure. A radiology exam from the nose to the rectum is performed. The foreign body is not located. What CPT® code(s) is/are reported for the radiology services?

CPT®: _____

4. A 40-year-old female has cholelithiasis with chronic cholecystitis. She is in the Ambulatory Surgical Center to have a laparoscopic cholecystectomy. A dye was injected to perform an intraoperative cholangiogram. The surgeon who performed the procedure included a separate report with his interpretation of the cholangiogram that indicated there was normal, free flow into the duodenum, with no evidence of filling defects with no stones or strictures seen. What CPT® codes are reported for the professional services of the surgeon?

CPT®: _____, _____

5. A patient with hydronephrosis has a left nephrostomy and he has agreed to a pyelography (IVP) to rule out a right renal obstruction. The patient was placed prone on the X-ray table one hour after IV infusion of contrast. Contrast flowed from the left and right renal pelvis, down the ureters into the bladder where a Foley catheter was positioned. The IVP showed no obstruction or abnormalities in the urinary tract aside from the left hydronephrosis of the pelvis. The right kidney and ureter showed no obstruction. Bladder appeared within normal limits. What CPT® code is reported for the radiological services?

CPT®: _____

6. A 25-year-old female in her last trimester of her pregnancy comes into her obstetrician's office for a fetal biophysical profile (BPP). An ultrasound is used to first monitor the fetus' movements showing three movements of the legs and arms (normal). There are two breathing movements lasting 30 seconds (normal). Non-stress test (NST) of 30 minutes showed the heartbeat at 120 beats per minute that increased with movement (normal or reactive). Arms and legs were flexed with fetus' head on its chest, opening and closing of a hand. Two pockets of amniotic fluid at 3 cm were seen in the uterine cavity (normal). Biophysical profile scored 9 out of 10 points (normal or reassuring). What CPT® code is reported by the obstetrician?

CPT®: _____

7. A 65-year-old female has a 2.5 cm x 2.0 cm non-small cell lung cancer in her right upper lobe. The tumor is inoperable due to severe respiratory conditions. She is receiving stereotactic body radiation therapy today under image guidance. Beams arranged in 8 fields will deliver 25 Grays per fraction for 4 fractions. What CPT® and ICD-10-CM codes are reported?

CPT®: _____

ICD-10-CM: _____, _____

8. A patient is taken to the inpatient cardiac cath lab and 1% Lidocaine is infused into the skin of the right groin. The artery is punctured with a needle and a guidewire with a catheter is advanced into the abdominal aorta. The guidewire is removed. Contrast medium is injected through the catheter and abdominal aortography is performed. What CPT® code(s) is/are reported for the physician's services?

CPT®: _____, _____

9. The patient has malignant ascites due to ovarian cancer. She is coming back to the operating room for a planned ultrasound guided abdominal paracentesis. This is the second time she has needed fluid removed from her abdominal cavity. The global days for the initial abdominal paracentesis are zero. What CPT® and ICD-10-CM codes are reported?

- a. 49083-78, 77002-26, R18.0 c. 49082, 77012-26, R18.0, C56.9
b. 49082-76, 76942-26, R18.0, C56.9 d. 49083, C56.9, R18.0

CPT®: _____

ICD-10-CM: _____, _____

10. A patient was admitted to observation status after losing control and crashing his motorcycle into the guardrail on the highway. A CT scan of the brain without contrast and the chest is performed. It revealed a fracture of the skull base with no hemorrhage in the brain. There was no puncture of the lungs. Three views of the right and left sides of the ribcage reveal fractures of the left third and fifth rib. What CPT® and ICD-10-CM codes are reported?

- a. 70460-26, 71260-26, 71101-26, S02.0XXA, S22.43XA, V27.99XA, Y92.412
b. 70450-26, 71275-26, 71101-26, S02.19XA, S22.41XA, V27.09XA, Y92.413
c. 70450-26, 71250-26, 71101-26, S02.109B, S22.43XB, V27.29XA, Y92.411
d. 70450-26, 71250-26, 71110-26, S02.109A, S22.42XA, V27.49XA, Y92.411

CPT®: _____, _____, _____

ICD-10-CM: _____, _____, _____, _____

ANSWER KEY

1. A 40-year-old female is scheduled for a routine screening baseline bilateral mammogram with computer-aided detection (CAD). What are the CPT® and ICD-10-CM codes reported?
- a. 77062, 77063, Z12.31
 - b. 77067, R92.2
 - c. 77067, Z12.31
 - d. 77066, Z12.31

ANS: C

Rationale: In the CPT® Index look for Mammography/Screening Mammography or Mammography/ with Computer-Aided Detection (CAD). Code 77067 is for the screening bilateral mammography with computer aided detection. Look in the ICD-10-CM Alphabetic Index for Screening/neoplasm (malignant) (of)/breast/routine mammogram and you are guided to Z12.31.

2. A 56-year-old patient who has been admitted requires a tunneled CV catheter insertion. The physician uses ultrasound guidance to perform the insertion. The physician documented vessel patency and that permanent recordings are in the patient's record. What CPT® codes are reported for the physician's services?
- a. 36556, 76937-26
 - b. 36558, 76937-26
 - c. 36558, 77001-26
 - d. 36558, 76000-26

ANS: B

Rationale: The physician inserts a tunneled CV catheter (central venous). The patient is 56 years old and there is no indication that a port or pump is involved. In the CPT® Index look for Central Venous Catheter Placement/Insertion/Central/Tunneled without Port or Pump 36557, 36558, 36565. The correct code is 36558. The physician uses ultrasound guidance, which is reported with 76937. In the coding guidelines for Central Venous Access Procedures, it states that imaging can be reported separately. The codes you are referred to are 76937 and 77001. Because the imaging used is ultrasound, report with 76937. Note that 76937 is an add-on code and it can only be reported if the physician documents selected vessel patency and permanent ultrasound recordings are in the patient records. Modifier 26 is appended to report the professional component.

3. A parent brings her child to the ED. She thinks she swallowed a small toy figure. A radiology exam from the nose to the rectum is performed. The foreign body is not located. What CPT® code(s) is/are reported for the radiology services?
- a. 70160, 70370, 71045, 74240, 74248
 - b. 43235, 44363
 - c. 76010
 - d. 70160, 70370, 71045, 43235, 44363

ANS: C

Rationale: The radiology exam is performed to locate a foreign body, yet no foreign body is found. In the CPT® Index look for X-ray/Nose to Rectum/Foreign Body. Refer to the code description and the correct code is 76010.

4. A 40-year-old female has cholelithiasis with chronic cholecystitis. She is in the Ambulatory Surgical Center to have a laparoscopic cholecystectomy. A dye was injected to perform an intraoperative cholangiogram. The surgeon who performed the procedure included a separate report with his interpretation of the cholangiogram that indicated there was normal, free flow into the duodenum, with no evidence of filling defects with no stones or strictures seen. What CPT® codes are reported for the professional services of the surgeon?
- a. 47562, 74300
 - b. 47563, 74300
 - c. 47563, 74300-26
 - d. 47562, 74300-26

ANS: C

Rationale: The patient is having her gallbladder removed along with having a dye injection for an intraoperative cholangiogram. The cholangiogram is performed to make sure there are no gallstones, tumors or strictures causing partial or total obstruction of the flow of dye into the duodenum. In the CPT® Index look for Cholecystectomy/Any Method/with Cholangiography 47563, 47605, 47620. Code 47563 describes a laparoscopic cholecystectomy with cholangiography. There is a parenthetical note for intraoperative cholangiography radiological supervision and interpretation, see 74300, 74301. For the radiology service you can also look in the CPT® Index for Cholangiography/Intraoperative directing you to 74300-74301. Code 74300 is the correct code. The procedure is performed in the Ambulatory Surgical Center indicating the radiological service will need modifier 26 for the professional service. The surgeon only performed the radiological supervision and interpretation (the professional component) and did not own the equipment used to perform this service.

5. A patient with hydronephrosis has a left nephrostomy and he has agreed to a pyelography (IVP) to rule out a right renal obstruction. The patient was placed prone on the X-ray table one hour after IV infusion of contrast. Contrast flowed from the left and right renal pelvis, down the ureters into the bladder where a Foley catheter was positioned. The IVP showed no obstruction or abnormalities in the urinary tract aside from the left hydronephrosis of the pelvis. The right kidney and ureter showed no obstruction. Bladder appeared within normal limits. What CPT® code is reported for the radiological services?
- a. 74415-26
 - b. 74400-26
 - c. 74425-26
 - d. 74420-26

ANS: B

Rationale: A radiographic exam of the urinary tract is performed with IV injection of contrast medium and radiographs are taken. This is performed to assess the anatomy and function of the kidneys, bladder, and ureters. In the CPT® Index look for X-ray/with Contrast/Urinary Tract or Urography/Intravenous. Reviewing the codes in the numeric section leads you to report 74400 for an intravenous pyelography. Modifier 26 is appended to indicate the professional service.

6. A 25-year-old female in her last trimester of her pregnancy comes into her obstetrician's office for a fetal biophysical profile (BPP). An ultrasound is used to first monitor the fetus' movements showing three movements of the legs and arms (normal). There are two breathing movements lasting 30 seconds (normal). Non-stress test (NST) of 30 minutes showed the heartbeat at 120 beats per minute that increased with movement (normal or reactive). Arms and legs were flexed with fetus' head on its chest, opening and closing of a hand. Two pockets of amniotic fluid at 3 cm were seen in the uterine cavity (normal). Biophysical profile scored 9 out of 10 points (normal or reassuring). What CPT® code is reported by the obstetrician?
- a. 76818
 - b. 76819
 - c. 76815
 - d. 59025, 76818

ANS: A

Rationale: A biophysical test (BPP) measures the health of the fetus during pregnancy. Points are given (0, 1 or 2) in five areas (fetal movement, tone, heart rate, breathing, amniotic fluid volume). This is found in the CPT® Index by looking for Fetal Biophysical Profile directing you to 76818, 76819. A non-stress test (NST) monitors the baby's heart rate over a period of 20 minutes or more looking for accelerations with the baby's movements. Because fetal non-stress testing is included in code 76818, code 59025 is not reported separately.

7. A 65-year-old female has a 2.5 cm x 2.0 cm non-small cell lung cancer in her right upper lobe. The tumor is inoperable due to severe respiratory conditions. She is receiving stereotactic body radiation therapy today under image guidance. Beams arranged in 8 fields will deliver 25 Grays per fraction for 4 fractions. What CPT® and ICD-10-CM codes are reported?
- a. 77435, C34.11, Z51.0
 - b. 77371, C34.91
 - c. 77373, Z51.0, C34.11
 - d. 77431, Z51.0, C34.11

ANS: C

Rationale: Patient is having stereotactic radiation therapy technique delivered, not managed, in a large radiation dose to tumor sites in the upper right lobe of the lung. In the CPT® Index look for Radiation Therapy/Stereotactic Body referring you to 77373. Codes 77371-77373 do not need modifier TC or 26, because they are facility only codes. 77373 is correct with stereotactic body radiation not exceeding 5 fractions.

According to ICD-10-CM guideline I.C.2.a. "If a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy, assign the appropriate Z51.-code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis." In the ICD-10-CM Alphabetic Index look for Encounter/radiation therapy (antineoplastic) which directs you to Z51.0. In the ICD-10-CM Table of Neoplasms look for Neoplasm, neoplastic/lung/upper lobe and select from the Malignant Primary column referring you to C34.1-. Verification in the Tabular List indicates a 4th character is needed, report 1 for the right lung.

8. A patient is taken to the inpatient cardiac cath lab and 1% Lidocaine is infused into the skin of the right groin. The artery is punctured with a needle and a guidewire with a catheter is advanced into the abdominal aorta. The guidewire is removed. Contrast medium is injected through the catheter and abdominal aortography is performed. What CPT® code(s) is/are reported for the physician's services?
- a. 36200, 75605-26
 - b. 36200, 75625-26
 - c. 36200, 75630-26
 - d. 36200, 75716-26

ANS: B

Rationale: The physician gains access to the aorta through the right groin (femoral artery). In the CPT® Index look for Catheterization/Aorta. The procedure is reported with 36200. In the CPT® Index look for Aorta/Aortography or see Aortography/Aorta Imaging. Abdominal aortography is performed which is reported with 75625. There is no documentation that both iliofemoral arteries of the lower extremities were also performed, code 75630 is not reported. The services were provided by the physician in the inpatient setting. Append modifier 26 to indicate the professional component.

9. The patient has malignant ascites due to ovarian cancer. She is coming back to the operating room for a planned ultrasound guided abdominal paracentesis. This is the second time she has needed fluid removed from her abdominal cavity. The global days for the initial abdominal paracentesis are zero. What CPT® and ICD-10-CM codes are reported?
- a. 49083-78, 77002-26, R18.0
 - b. 49082-76, 76942-26, R18.0, C56.9
 - c. 49082, 77012-26, R18.0, C56.9
 - d. 49083, C56.9, R18.0

ANS: D

Rationale: The patient is coming in for a subsequent (second or staged) abdominal paracentesis. In the CPT® Index look for Paracentesis/Abdomen directing you to 49082, 49083. Code 49083 includes imaging guidance, so the radiology codes are not separately reported. 49083 does not have a post-operative period because it has 000 for the global days indicator. Modifier 58 is not required.

Look in the ICD-10-CM Alphabetic Index for Cancer and you are directed to see also Neoplasm, by site, malignant. Go to the ICD-10-CM Table of Neoplasms and look for Neoplasm, neoplastic/ovary and select from the Malignant Primary (column) guiding you to code C56.-. In the Tabular List a 4th character is reported to complete the code. Malignant ascites is found by looking for Ascites/malignant which directs you to code R18.0. In the Tabular List there is a code first note under code R18.0 indicated to "Code first malignancy, such as: malignant neoplasm of ovary (C56.-); secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)." This means the malignant ascites is reported as a secondary code and the ovarian cancer is reported as the primary diagnosis code.

10. A patient was admitted to observation status after losing control and crashing his motorcycle into the guardrail on the highway. A CT scan of the brain without contrast and the chest is performed. It revealed a fracture of the skull base with no hemorrhage in the brain. There was no puncture of the lungs. Three views of the right and left sides of the ribcage reveal fractures of the left third and fifth rib. What CPT® and ICD-10-CM codes are reported?
- a. 70460-26, 71260-26, 71101-26, S02.0XXA, S22.43XA, V27.99XA, Y92.412
 - b. 70450-26, 71275-26, 71101-26, S02.19XA, S22.41XA, V27.09XA, Y92.413
 - c. 70450-26, 71250-26, 71101-26, S02.109B, S22.43XB, V27.29XA, Y92.411
 - d. 70450-26, 71250-26, 71110-26, S02.109A, S22.42XA, V27.49XA, Y92.411

ANS: D

Rationale: First, look CPT® Index for CT Scan/without contrast/Brain. The first radiological code is 70450 because a CT scan without contrast of the brain was performed. Next, look in the CPT® Index for CT Scan/without contrast/Thorax. Code 71250 is correct because thorax is a synonym for chest, and the CT was performed without contrast. Code 71275 is a CTA (computed tomographic angiography) which is used for imaging vessels to find a blood clot, aneurysm and other vascular irregularities in the chest making it an inappropriate code to report for this scenario. Then, look in the CPT® Index for X-ray/Ribs. Confirmation in the numeric section shows 71110 is correct for the three views taken bilaterally (left and right side) of the ribs. Modifier 26 denotes the professional service performed in a facility setting.

The first diagnosis is found in the ICD-10-CM Alphabetic Index by looking for Fracture, traumatic/skull/base directing you to code S02.10-. Verification in the Tabular List indicates the codes needs seven characters to be complete. Report 9 for the 6th character and then A for 7th character to indicate initial encounter. Two left ribs were fractured. Look in the Alphabetic Index for Fracture, traumatic/rib/multiple guiding you to S22.4-. Verification in the Tabular List indicates the need for seven characters to complete the code. Report 2 for as the 5th character for the left side. Report placeholder X for the 6th character and then an A for initial encounter as the 7th character. The next two codes are found in the External Cause of Injuries Index.