

Changes to X-Ray Codes for 2016

CPT® has made some changes to a few commonly billed x-ray codes. Their rationale was based on the AMA/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) Relativity Assessment Workgroup (RAW) valuation process. The Workgroup marked codes 72170, 73500, 73520, and 73550 for “restructuring as bundled services for hip, pelvis, and femur.” As a result, CPT® added “a new family of six bundled codes (73501-73503, 73521-73523) for hip and pelvis radiologic examination with a specific number of views.” These will **replace deleted codes 73500, 73510, 73520, 73530, 73540, and 73550**. In addition, “two new codes (73551, 73552) were established to describe the specific number of views of the femur... in order to more clearly define the work performed, and to reflect current clinical practice.”

The thoracolumbar procedures have been updated with the addition of four new codes 72081-72084. **These will replace deleted codes 72010, 72069, and 72090**; and the revision of code 72080. According to CPT®, “these changes simplify the reporting procedures for scoliosis evaluations and other studies; address current changes in clinical practice; and provide a coding structure similar to the structure of other imaging families.”

The table below explains the changes that were made to these codes, effective January 1, 2016.

Deleted X-Ray Code	New Code	Additional Choices
73500 hip, unilateral 1 view	73501 Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	
73510 complete minimum of 2 views	73502 Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	73503 minimum of 4 views
73520 hips, bilateral, minimum 2 views each hip	73521 Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	73522 3-4 views 73523 minimum of 5 views
73540 pelvis & hips, infant or child, minimum 2 views	73501 Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	73502 2-3 views 73503 minimum of 4 views
73550 femur 2 views	73551 Radiologic examination, femur; 1 view	73552 minimum 2 views
72010 Radiologic examination, spine, entire, survey study, anteroposterior and lateral	72082 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); 2 or 3 views	
72069 Radiologic examination, spine, thoracolumbar, standing (scoliosis)	72081 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); one view	72082 2 or 3 views 72083 4 or 5 views 72084 minimum of 6 views
72090 scoliosis study, including supine and erect studies	72081 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (e.g., scoliosis evaluation); one view	72082 2 or 3 views 72083 4 or 5 views 72084 minimum of 6 views
REVISIONS		NOTE
72080 thoracolumbar, 2 views	thoracolumbar junction , minimum of 2 views (revised description in bold font) <i>should include examination of the thoracolumbar junction*</i>	* The junction between the thoracic spine and the lumbar spine, the part of the vertebral column from the eleventh thoracic vertebra to the first lumbar vertebra.
72020 spine, single view, specify level	For a single view that includes the entire thoracic and lumbar spine, use 72081	

FAQs:

Can I report 72020 Radiologic examination, spine, single view, specify level with another spine study; is there a limit to how many times you may report 72020?

According to *CPT® Assistant* October 2015,

“Code 72020, Radiologic examination, spine, single view, specify level, **may be reported only once per session**. If the same or **another level is studied at a separate session on the same date of service, each study may be reported separately**. A modifier (e.g., 59, 76, and 77) may be required to denote that two separate and distinct studies were performed **at different times on the same day**. As the use of modifiers is payer specific, it is advisable to check with individual payers to determine how these procedures should be reported.” [Emphasis added]

Which code should I use to report a bilateral hip X-ray, three to four views?

According to *CPT® Assistant* October 2015,

“Effective January 1, 2016,...New codes for hip have been established in the CPT 2016 code set to report hip X rays. For bilateral hip X rays, use code 73521, 73522 or 73523. For unilateral hip X rays, use code 73501, 73502, or 73503. **The precise code to use can be determined simply by counting the number of views.**” [Emphasis added]

With this in mind, the most appropriate code would be procedure code 73522 *hips, bilateral, with pelvis, 3-4 views*.

ⁱ CPT® Changes 2016 Radiology Diagnostic Radiology (Diagnostic Imaging)