



## Radiology Views™ Newsletter – May 2009

### CTA Requirements – ACR Clarification

On 4/30/09, the ACR clarified the standards for performing and billing CTA's, due to nationwide confusion on the topic.

**ACR Standards: CTA's require 3D reconstruction imaging with permanent archive.**

Historically, CTA reconstruction was defined as 2D or 3D. Now the ACR advises that CTA requires 3D reconstruction. If "3D reconstruction" is not included in the report, we may only bill for CT of the given anatomy (IE. CT of the chest instead of CTA of the chest). We recommend that you dictate "3D reconstruction" in the report; however, acceptable phrases to support 3D also include MIP, surface shading and volume rendering. CTA may no longer be coded based on multiplanar reconstruction.

The Ohio Medicare reimbursement difference between CTA and CT is as follows:

Anatomy	CTA		CT	
	CPT	Allowed	CPT	Allowed
Head	70496-26	\$88.74	70470-26	\$64.18
Neck	70498-26	\$89.07	70492-26	\$72.68
Chest	71275-26	\$97.32	71270-26	\$69.49
Pelvis	72191-26	\$91.57	72194-26	\$61.27
Upper Extremity	73206-26	\$92.24	73202-26	\$61.27
Lower Extremity	73706-26	\$96.82	73702-26	\$61.60
Abdomen	74175-26	\$96.15	74170-26	\$70.54

The documentation of the above requirement will be available in an upcoming issue of the AMA/ACR Clinical Examples in Radiology and the ACR Radiology Coding Source. Please see the email notification of this standard from the ACR to the RBMA, included below.

***Email from ACR to RBMA dated 4/30/09:***

*In response to the many questions posted on the RBMA web site re CT vs CTA coding, the following information will be published in an upcoming issue of the AMA/ACR Clinical Examples in Radiology and ACR Radiology Coding Source.*

*Prior to 2006, 2D reconstructions and 3D renderings were coded using the old 76375 reconstruction code. At that time, the ACR issued advice that CTA required "angiographic reconstruction" imaging, and*



*was comfortable with that being either 2D or 3D. With the deletion of code 76375 and the introduction of codes 76376 and 76377 in January 2006, and because of the advances in technology, the ACR raised the bar for CTA, and gradually redefined “angiographic reconstruction” as requiring 3D (which has since been defined in ACR publications).*

*The CPT codes for CTA procedures have always required angiographic reconstruction imaging. Since “angiographic reconstruction” has not been explicitly previously defined in CPT, the ACR has interpreted this to parallel CPT definitions of the independent reconstruction code. Previously, the now deleted CPT code 76375 could be used for 2D and/or 3D reconstruction imaging, and that was used as the basis of the definition of angiographic reconstruction imaging. Since CPT codes 76376 and 76377 have been introduced, and have restricted the reporting of reconstruction imaging to 3D, such 3D imaging now serves as the basis of defining angiographic reconstruction imaging. Typically, for CTA, this includes maximum intensity pixel (MIP) reconstruction or shaded surface rendering imaging. Simple multi-planar reconstruction imaging is clearly 2D and bundled into the base procedure code, and no longer qualifies as angiographic reconstruction for CPT coding purposes.*

*It is the consensus of the Economics Committee on Coding & Nomenclature that it is necessary to have a permanent archive of 3D images acquired on a CTA study. The axial data set from which 3D images are created is insufficient for the reporting of a CTA study. When reformatted images are acquired and interpreted in addition to the CT axial images, the reformatted images are a part of the study and should be permanently archived. Just as it is required that a permanent hardcopy image be maintained for a plain film study, permanent CTA reformatted images should be permanently archived.*

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PRC will perform a limited audit of CTA's for our clients with dates of service beginning June 1, 2009. The audit information will be communicated to each practice administrator.

**If you have any questions on this or other documentation and coding topics, please call or email Don Clark, RCC, at 330.564.2608 or [dclark@prcmedical.com](mailto:dclark@prcmedical.com).**