1. After doing the AP, lateral and odontoid views, the physician is unable to clearly view the distal cervical vertebra as well as the proximal thoracic spine. The radiologist requests an additional swimmers view to clearly visualize this area.
2. If at first both an AP and lateral femur study are performed on an ER trauma patient, and following the reading of the initial films it is determined that there is a femoral fracture, so this is then reduced and re-studied (and read by the same radiologist), but this time in only the AP projection, how should this situation be coded.
3. If bilateral AP standing as well as bilateral lateral knee studies were ordered, performed and reported, the most appropriate manner in which to charge for this service would be:
4. A patient with colon cancer receives seven radiation treatments. During the course of the treatments, the physician views the port films, reviews the treatment parameters, and assesses the patient’s response to the treatment. Code for the radiation treatment management.
5. A 78-year-old with lower back pain and leg pain is scheduled for an MRI of lumbar spine without contrast. Following the MRI, the patient is diagnosed with spinal stenosis of the lumbar region. What are the procedure and diagnosis codes?
6. A 46-year-old female with history of cervical carcinoma. She underwent placement of an ileal conduit, with subsequent development of left hydronephrosis. A retrograde ureteral catheter was recently placed. She returns today for catheter exchange. Patient was placed in the supine position. The ileal conduit was accessed. The existing catheter was removed over a guidewire and replaced with a similar 10 French 50 cm long locking pigtail catheter. Contrast was injected, confirming good position. IMPRESSION: Left retrograde ureteral catheter exchange via the ileal conduit.
7. The physician orders an ultrasound on a patient 25 weeks pregnant with twins to access fetal heart rate and fetal position.
8. Due to an elevated CEA level two years following a colon resection, the patient’s oncologist ordered a diagnostic liver ultrasound. Code this encounter.
9. The physician orders a heart CT without contrast. The tests will evaluate the amount of coronary calcium. What is the correct code?
10. A 42-year-old has a lesion on his pancreas. The physician passes the biopsy needle through the skin and removes tissue to be sent to pathology. Fluoroscopic guidance is used to obtain the biopsy. Code this encounter.
11. On a Monday, a patient presents from her doctor’s office for her annual screening

mammogram. Following the review of the films, the radiologist determines that additional

special magnification films need to be done on the same day based upon results of the

screening. How would you code the diagnostic study.

**NUCLEAR MEDICINE**

1. When coding and billing for hospital-based nuclear medicine services, the radiologist

(i.e., professional component) may bill for:

a. The study performed

b. The study performed and the injection procedure

c. The study performed, the injection procedure and the radiopharmaceutical

d. The study performed, the injection procedure, the radiopharmaceutical and all supplies

2. In a non-hospital-based setting where the radiologist owns the equipment, employs the staff and reads and performs the procedure(i.e., global component), they may code and bill for:

a. The study performed

b. The study performed and the injection procedure

c. The study performed, the radiopharmaceutical(s) used and the non-radioactive drugs injected

d. None of the above

3. As a general rule, when billing Part B for hospital based nuclear medicine procedures (diagnostic or therapeutic) it is:

a. Appropriate to bill for both the procedure and injection of the isotope

b. Appropriate to bill for both the procedure and inhalation of the isotope

c. Appropriate to bill for both the procedure and ingestion of the isotope

d. None of the above

4. In a hospital-based setting when a radiologist interprets a 24-hour thyroid uptake, the correct

way to bill for this service is:

a. 78012-26

b. 78013

c. 78014-26

d. 78012-26 and 78013-26

5. When reference is made to a 6 and 24-hour uptake and scan, the radiologist is specifically

referring to:

a. 78013

b. 78014

c. 78012 (x2) and 78013

d. 78012

6. When an injection of MDP or HDP is given and the radiologist reports, “imaging performed

during vascular flow, immediate blood pool and delayed static studies,” they are referring to a:

a. Whole body bone scan, CPT 78320

b. Three-phase bone scan, CPT 78315

c. Multiple area tumor localization, CPT 78802

d. SPECT bone scan, CPT 78320

7. Traditionally when SPECT bone imaging is performed, from a Medicare perspective, this code:

a. Is reimbursed separately in addition to the whole body bone scan

b. Is reimbursed separately in addition to a three-phase bone scan

c. Is reimbursed separately in addition to a limited area bone scan

d. Is reimbursed separately in addition to a multiple are bone scan

8. When a radiologists’ report defines, “tomographic imaging of the left ventricle after immediate stress and three-hour delay,” they are referring to:

a. Code 78472

b. Code 78473

c. Code 78451

d. Code 78452

9. When the radiologists’ report defines, “following stress and rest SPECT myocardial perfusion

imaging, the left ventricular EF was calculated at 63% and a dyskinetic area was observed in

the…,” they are referring to code(s):

a. 78453

b. 78454

c. 78451

d. 78452

10. When the radiologists’ report defines, “the resting MUGA scan demonstrated…,” they are

referring to code:

a. 78453

b. 78472

c. 78454

d. 78473

11. When the radiology report defines, “following immediate injection of 99mTc sulfur colloid,

vascular flow and static imaging was performed over the hepatic and splenic areas…” they are

referring to code(s):

a. 78201

b. 78201 and 78202

c. 78215 and 78216

d. 78216

12. When a radiologic report states, “after IV administration of 99mTc hepatolite, serial imaging

was performed of the GB both prior to and after the administration of CCK,” it is specifically

referring to code(s):

a. 78216

b. 78445

c. 78226

d. 78227

13. Occasionally, an imaging procedure will be performed to localize a site of gastric mucosa not

situated in its normal location. This study is defined by code:

a. 78278

b. 78264

c. 78290

d. 78261

14. When a scan is requested to define a Meckels diverticulum, this CPT code is correct:

a. 78264

b. 78220

c. 78290

d. 78278

15. When a patient is studied to localize the site of an acute GI bleed, the following CPT code

should be assigned:

a. 78262

b. 78264

c. 78278

d. 78282

16. Nuclear lung studies can be performed using ventilation, with either an aerosol (DTPA) or a

gas (133 Xe). Blood supply analysis is performed using an injected perfusion agent (MAA).

When imaging studies of the lungs are performed following the inhalation of 99mTc DTPA and

injection of 99mTc MAA, the correct code is:

a. 78580

b. 78599

c. 78598

d. 78582

17. Nuclear lung studies can be performed using ventilation, with either an aerosol (DTPA) or a gas (133 Xe). Blood supply analysis is performed using an injected perfusion agent (MAA). When imaging studies of the lungs are performed following the inhalation of 133Xe only, the correct code(s) are (is):

a. 78579

b. 78599

c. 78597 and 78598

d. 78597

18. Nuclear lung studies can be performed using ventilation, with either an aerosol (DTPA) or a gas (133 Xe). Blood supply analysis is performed using an injected perfusion agent (MAA). When an imaging study of the lungs is performed following the injection of 99mTc MAA only, the correct code is:

a. 78579

b. 78580

c. 78598

d. 78597

19. When the radiology report mentions bilateral imaging following the IV administration of

99mTc apcitide (AcuTect), they are referring to code:

a. 78456

b. 78457

c. 78458

d. 78445

20. While these radioactive materials may be used for other types of imaging, thallium, cardiolite

(sestamibi) and myoview (tetrofosmin) are primarily utilized in studies of the:

a. Heart

b. Lungs

c. Bone

d. Kidneys

21. When radioactive materials such as MAA, DTPA (aerosol) or 133Xe (xenon) are mentioned in a report, they refer to imaging studies of the:

a. Heart

b. Lungs

c. Bone

d. Kidneys

22. When radiopharmaceuticals in dosages of microcuries (uCi) such as 123 I capsules or 131 I

capsules are mentioned in a report, they are primarily referring to studies of the:

a. Parathyroid

b. Parotid glands

c. Thyroid

d. Salivary glands

23. Occasionally, there may be a patient in which there is a leaking of spinal fluid. In this scenario, cotton balls or pledgets are placed in the nostrils or external ear(s) to in effect “soak-up” any of the abnormally draining radioactive fluid. These pieces of absorbent material are then imaged and/or placed into a special device capable of detecting radioactivity. This procedure is best define by code:

a. 78630

b. 78645

c. 78650

d. 78660

24. If an imaging procedure is performed to define whether a patient has “cerebral silence” or

“brain death,” this may be evaluated utilizing a vascular flow study and 1-2 static images.

This procedure is best defined by code:

a. 78610

b. 78607

c. 78601

d. 78606

25. Following the injection procedure defined in question #24, imaging may be performed of the

spinal canal as well as when radioactive spinal fluid flows into the base of the skull and “up and

over” the ventricles. This imaging procedure most often is carried out over 2-4 days. It is best

described by code:

a. 78607

b. 78630

c. 78635

d. 78645

26. Renal imaging or imaging of the kidneys may be performed in several different methods.

When an injection of the isotope is given and imaging is carried out in a vascular flow,

extraction, concentration and excretion phase, this is defined by code:

a. 78700

b. 78701

c. 78707

d. 78708

27. As described in question #26, sometimes an abnormality is causing the kidney not to be able to excrete the radioactive urine in a normal fashion. In this situation, the physician may determine that it is necessary to give an IV injection of a diuretic (i.e., lasix or furosemide) to aid in this process. Nuclear imaging continues during this additional injection. This procedure is best

defined as code:

a. 78701

b. 78707

c. 78708

d. 78709

28. Similar to the processes defined in cases #26 and 27, a patient may have two separate full and

complete studies performed both with and without administration of a separate drug (nonradioactive) such as an ACE inhibitor. This procedure is now best defined by code(s):

a. 78707

b. 78708 (x2)

c. 78707 and 78708

d. 78709

29. When spot views (or static images) of the kidneys are performed strictly to determine size, shape, position, etc. not to determine function, this procedure is best defined by code \_\_\_\_\_. Common imaging agents are 99mTc GH or 99mTc DMSA.

a. 78700

b. 78701

c. 78710

d. 78445

30. Occasionally, nuclear renal studies will be done to check for reflux or “backwards flow” from the urinary bladder up into the kidneys. This procedure is best defined as code:

a. 78730

b. 78761

c. 78740

d. 78725

31. When static imaging of the scrotum is performed with a vascular flow to aid in diagnosis of

acute torsion or acute epididymo-orchitis, the following code is correct:

a. 78701

b. 78708

c. 78761

d. 78601

32. The following imaging agents may all be used when performing imaging studies to detect or

monitor malignant neoplasms. They are 67Ga (gallium) oncoscint, CEA scan, prostascint,

verluma and myoscint. Codes used to describe these studies fall in the following range:

a. 78300–78320

b. 78580–78596

c. 78800–78804

d. 79005–79999

33. When computer processing images or data acquired during a nuclear medicine scan, the

following codes describe this portion of the study:

a. 78223

b. 78472–78473

c. 79005–79999

d. None of the above

34. When a radiology report mentions the terminology “monoclonal antibody imaging” they are

referring to:

a. Tumor localization studies (codes 78800–78804)

b. Inflammatory process or abscess imaging (78805–78807)

c. Lung imaging (codes 78580–78596)

d. GI imaging (codes 78201–78291)

35. When a radiology report mentions terminology such as “tagged white cells” or “labeled white cell” imaging, they are referring to:

a. Tumor localization studies (codes 78800–78804)

b. Inflammatory process or abscess imaging (78805–78807)

c. Lung imaging (codes 78580–78596)

d. GI imaging (codes 78201–78291)

36. Scintimammography is best defined by CPT code(s):

a. 78306

b. 78805–78807

c. 78800

d. 78195

37. When sentinel node imaging is performed, this is best described by code:

a. 78191

b. 78195

c. 78800

d. 78801

38. If the radiology report contains the phrase, “following multiple injections about the breast area of filtered sulfur colloid,” this is referring to the injection procedure for:

a. Sentinel node localization

b. Tumor imaging

c. Liver scanning

d. Hemangioma scanning

39. Referring to question #38, if following these injections no nuclear imaging (scintigraphy) is

performed, in this scenario, the only code to submit would be:

a. 19290

b. 38792

c. 19120

d. 36005

40. The acronym “PET” refers to:

a. Portable exercise treadmill

b. Positron emission tomography

c. Positive emission test

d. None of the above

41. Currently, the following codes are acceptable to Medicare carriers when billing for PET studies:

a. CPT codes in the 78XXX series

b. Level II G-codes

c. Both A and B

d. None of the above

42. When a radiology report mentions the terminology of, “multiple coincidence detection” or

MCD,” they are referring to studies that in effect, will currently be coded the same way as:

a. Myocardial perfusion studies

b. Bone SPECT

c. PET scans

d. Thyroid therapy procedures

43. Radionuclide or radioisotope therapy is defined by the following series of codes:

a. 78000-78099

b. 78000-78999

c. 79005-79445

d. 79005-79999

44. When a radiology report mentions, “treatment of Graves Disease,” they are referring to \_\_\_\_\_, defined by CPT code \_\_\_\_\_.

a. Hashimoto’s thyroiditis, 79101

b. Hypothyroidism, 79200

c. Hyperthyroidism, 79300

d. Hyperthyroidism, 79005

45. When the radioactive materials Strontium 89 or “metastron” Samarium 153 or “quadramet” are mentioned in a radiology report, they are describing radiopharmaceutical therapy by (and code):

a. Intra-articular administration (79440)

b. Interstitial radioactive colloid (79300)

c. Intravenous administration (79101)

d. Intracavitary administration (79200)

46. Assuming Category I (CPT) codes are available for assignment, when coding for a PET/CT

study, any of the 6 codes in CPT can be used:

a. True

b. False

47. If a PET/CT scan is performed to allow precise image fusion, it is correct to code separately for the PET scan as well as the CT scan:

a. True

b. False

48. If after a radionuclide voiding cystourethrogram, the patient’s bladder is examined by a nonimaging technique (i.e., ultrasound), the correct code to submit for this portion of the exam is:

a. 51798

b. 78730

c. 76857

d. None of the above

49. If after a radionuclide voiding cystourethrogram, the patient’s bladder is examined by ultrasound imaging, the correct code to submit for this portion of the exam is:

a. 76856

b. 76857

c. 76775

d. 76999

50. If after a radionuclide voiding cystourethrogram, the patient’s bladder is examined by nuclear

imaging, the correct code to submit for this portion of the exam is:

a. 78710

b. 78725

c. 78730

d. 78799

51. If an intravenous injection of a radiopharmaceutical is made in the radiology department and

the patient subsequently goes to the OR for localization of a parathyroid adenoma, which

code(s) is/are submitted? No images are taken.

a. 38792

b. 38792 and 78195

c. 78070

d. 78808

52. If an injection of methylene blue was made to attempt to locate a sentinel node, the correct

code(s) to define this service would be:

a. 38792

b. 38792 and 78195

c. 38900

d. 38900 and 78195