

CTA

The question frequently arises as to the difference between traditional computed tomography and computed tomography angiography and the technical requirements for the reporting for the CTA codes.

At the present time, the following Category I CTA codes exist:

70496 – Head
70498 – Neck
71275 – Chest (non-coronary)
72191 – Pelvis
73206 – Upper Extremity
73706 – Lower Extremity
74175 – Abdomen
75635 – Abdominal aorta and bilateral iliofemoral lower extremity runoff

The descriptors for all of the CTA codes state “without contrast material(s), followed by contrast material(s) and further sections, including image post-processing.” According to the *AHA Coding Clinic for HCPCS* (Volume 5, Number 1 First Quarter 2005), “the portion of the CTA exam referred to as “without contrast material(s)” represents the images taken to calibrate the scanner and to identify the anatomic region to be evaluated during the “with contrast” portion of the study.” *Clinical Examples in Radiology* (Volume 1, Issue 3, Summer 2005) also states, “When a localizer image is not obtained it is still appropriate to report the CTA procedure codes. In such circumstances, a reduced service modifier is not required.” This clarification is important because many organizations have expressed concern that the “without contrast” portion actually refers to a diagnostic images versus the definition previously listed. If the exam is performed without diagnostic non-contrast images this does not change the code assignment.

Another question that frequently arises relates to the definition of “post processing”. Imaging post processing refers to the 2-D and 3-D reconstructions of the CT dataset. The 2-D reformatted images can be created in multiple planes, then interpreted, annotated and archived as hard copy, electronic files or both. The 3-D or volume-rendered reconstructions are typically evaluated in multiple projections. The work of 3-D reformatting is quite extensive, usually performed on a separate work station. The 3-D codes 76376 and 76377 should not be assigned in addition to the CTA codes. CT imaging of an anatomic region is not always considered CT angiography even if the primary concern involves the blood vessels. The key distinction between CT and CTA is that CTA includes image postprocessing such as maximum intensity profile (MIP) or 3-D renderings.

A CTA study includes acquisition of localizing images (without contrast) and contrast-enhanced images, reformatting of those images (post processing) and interpretation of both the axial source images and the reconstructed images.

References

AMA/ACR Clinical Examples in Radiology – Volume 1, Issue 3; Summer 2005
AHA Coding Clinic for HCPCS – Volume 5, Number 1; First Quarter 2005
ACR Bulletin Coding Article, June 2002