Updates in Diagnostic Radiology for Gastrointestinal Tract

CPT® Assistant.

August 2020; Volume 30: Issue 8

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Many changes were made in the Diagnostic Radiology/Gastrointestinal Tract subsection of the Radiology section in the Current Procedural Terminology (CPT®) 2020 code set. Five codes were deleted, nine codes were revised, and two new codes were established to enhance the specificity in the code family. Numerous parenthetical notes were also added to provide instructions for users on how to appropriately report the select codes in this series. This article provides an overview of these changes.

Gastrointestinal Tract

▲**74210**
Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study
▲**74220**
Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

▶(Do not report 74220 in conjunction with 74221, 74240, 74246, 74248)◀
●**74221**
double-contrast (eg, high-density barium and effervescent agent) study

▶(Do not report 74221 in conjunction with 74220, 74240, 74246, 74248)◀
▲**74230**
Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

(For otorhinolaryngologic services fluoroscopic evaluation of swallowing function, use 92611)

74240
Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

(Do not report 74240 in conjunction with 74220, 74221, 74246)

(74241 has been deleted. To report, use 74240)

(74245 has been deleted. To report, see 74240, 74248)

74246
double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

(Do not report 74246 in conjunction with 74220, 74221, 74240)

(74247 has been deleted. To report, use 74246)

74248
Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)

(Use 74248 in conjunction with 74240, 74246)

(Do not report 74248 in conjunction with 74250, 74251)

(74249 has been deleted. To report, see 74246, 74248)

74250
Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study

(Do not report 74250 in conjunction with 74248, 74251)

74251
double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered

(For placement of enteroclysis tube, see 44500, 74340)

(Do not report 74251 in conjunction with 74248, 74250)

(74260 has been deleted. To report, use 74251)

74270
Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

(Do not report 74270 in conjunction with 74280)

74280
double-contrast (eg, high density barium and air) study, including glucagon, when administered

(Do not report 74280 in conjunction with 74270)

In 2017, several gastrointestinal (GI) tract diagnostic radiology codes were identified by the AMA/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) as potentially misvalued. These codes had Medicare utilization over 30,000 and had never been reviewed for physician work. The stakeholder specialties requested referral to the CPT Editorial Panel to update the code family to reflect current practice. Before these revisions were made, the long-standing code descriptors lacked key information on the type of study and the descriptors did not clearly indicate what components were included for a given code. The following list of revisions in this code family clarify the essential work required for each examination:

- Code 74210 was revised to include specific elements of the examination such as the use of oral contrast.
- Code 74220 was changed to specify a single-contrast agent examination of the esophagus, in contrast to new code 74221, which specifies the use of a double-contrast esophageal examination. Most important is that these procedures may not be reported together or with codes 74240, 74246, and 74248.
- Code 74230 was revised to describe a swallowing functional examination by videofluorography or cineradiography and to further define the service utilizing contrast and including scout and delayed image(s) when performed. A new parenthetical note directs users to code 92611 when an otorhinolayn-gologic fluoroscopic evaluation of swallowing function is performed. Code 92611 describes the typical work of a speech language pathologist when performing the study in conjunction with the service represented by code 74230 (Radiologic examination, swallowing function with cineradiography/videoradiography), which is reported by a radiologist.
- Code 74240 was revised to indicate a single-contrast examination of the upper GI tract and to include plain scout film (ie, KUB [kidneys, ureters, urinary bladder]) and delayed (post-examination) image(s) when performed. The new parenthetical note prohibits reporting code 74240 with codes 74220, 74221, and 74246.
- Code 74246 was revised as a child code of code 74240 and is used to report double-contrast studies of the upper GI tract, in contrast to code 74240, which describes a single-contrast study. A new parenthetical note instructs users not to report code 74246 with codes 74220, 74221, and 74240. A second parenthetical note informs users that code 74247 was deleted and to report code 74246 instead.

- Code 74250 was revised to indicate a single-contrast small intestinal examination and to include plain scout film (ie, KUB [kidneys, ureters, urinary bladder]) and delayed (post-examination) image(s) when performed. A new parenthetical note prohibits reporting code 74250 with codes 74248 and 74251.
- Code 74251 was revised to describe a double-contrast small intestinal examination that includes use of glucagon, if administered, in contrast to code 74250, which describes a single-contrast study and does not include administration of glucagon. A new parenthetical note prohibits reporting code 74251 with codes 74248 and 74250. An additional parenthetical note informs users that code 74260 was deleted and to report code 74251 instead.
- Code 74270 was revised to indicate a single-contrast colon examination, including plain scout and delayed image(s) when performed.
- Code 74280 was revised to indicate a double-contrast colon examination that includes use of glucagon when administered, in contrast to code 74270, which describes a single-contrast study and does not include administration of glucagon.

The explanation for the new codes includes the following:

- Code 74221 is a child code to code 74220 and describes a double-contrast study.
- Code 74248 is an add-on code that describes a small intestine follow-through study, including multiple serial images. Code 74248 is reported in conjunction with codes 74240 and 74246 and may not be reported with code 74250 or 74251.

The explanation for why some codes were deleted includes the following:

- Code 74241 described services that are now included as part of code 74240.
- Codes 74245 and 74249 are now reported with codes 74240, 74246, and/or 74248.
- Code 74260 was deleted because it was reported infrequently. Its services overlapped with the services represented in code 74251.
- The services represented in code 74247 overlapped with the services described in code 74246.

The following clinical examples and procedural descriptions reflect typical clinical scenarios when it would be appropriate to report these codes.

Clinical Example (74220)

A 65-year-old female presents with dysphagia and odyno-
phagia. A single-contrast esophagus study is requested for evaluation of possible esophageal spasm or achalasia.

Description of Procedure (74220)

Position the patient. Obtain scout fluoroscopic image of the chest and upper abdomen. Direct the administration of oral contrast agents by the patient. Observe patient swallow contrast liquids, using different consistencies as needed, in multiple positions for the thoracic esophagus, and take multiple additional spot views. Direct the patient to various

positions to better visualize the thoracic esophagus, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast passes the gastroesophageal junction. Observe patient under fluoroscopic guidance and perform additional maneuvers as needed, swallow water to assess for gastroesophageal reflux. Observe patient swallow a 13-mm barium tablet under fluoroscopic guidance, if needed. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Clinical Example (74221)

A 71-year-old male with history of gastroesophageal reflux presents with worsening odynophagia and chest pain. A double-contrast esophagram is requested for evaluation of possible esophageal ulcer or mass.

Description of Procedure (74221)

Position the patient. Obtain scout fluoroscopic image of the chest. Direct the administration of effervescent sodium bicarbonate crystals and water. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow thin and thick liquids in multiple positions for the thoracic esophagus, and take multiple additional spot views. Repeat swallowing attempts, and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast passes the gastroesophageal junction. Observe patient under fluoroscopic guidance perform additional maneuvers as needed, swallow water to assess for gastroesophageal reflux. Observe patient under fluoroscopic guidance swallow a 13-mm barium tablet, if needed. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Clinical Example (74240)

A 76-year-old female presents with dysphagia. A single-contrast upper gastrointestinal examination is requested for evaluation of possible esophageal dysmotility or hiatal hernia.

Description of Procedure (74240)

Position the patient. Obtain scout fluoroscopic image of the abdomen. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow liquids, of different consistencies as needed, in multiple positions for the thoracic esophagus, stomach, and duodenum, and take multiple additional spot views. Repeat swallowing attempts, and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus, stomach, and duodenum, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the duodenojejunal junction. Observe patient under fluoroscopic guidance and perform additional maneuvers as needed, swallow water to assess for gastroesophageal reflux. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Clinical Example (74246)

A 65-year-old male presents with chronic anemia and abdominal pain. A double-contrast upper gastrointestinal examination is requested for evaluation of possible gastric or duodenal ulcer or mass.

Description of Procedure (74246)

Position the patient. Obtain scout fluoroscopic image of the chest and abdomen. Direct the administration of effervescent sodium bicarbonate crystals and water. Direct the administration of glucagon as needed. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow thin and thick liquids in multiple positions for the thoracic esophagus, stomach, and duodenum, and take multiple additional spot views. Repeat swallowing attempts and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus, stomach, and duodenum, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the duodenojejunal junction. Use paddle palpation to assist visualization of gastric and proximal small bowel folds, as needed. Observe patient under fluoroscopic guidance and perform additional maneuvers as needed swallow water to assess for gastroesophageal reflux. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Clinical Example (74248)

A 67-year-old male with abdominal pain and concern for hiatal hernia, during a single-contrast upper gastrointestinal study under fluoroscopic guidance, requires additional evaluation of dilated small bowel loops discovered during the study and undergoes small intestine follow-through study. [**Note:** This is an add-on service. Only consider the additional work related to small intestine follow-through study.]

Description of Procedure (74248)

Position the patient. Direct the administration of effervescent sodium bicarbonate crystals and water as needed. Direct the administration of glucagon as needed. Direct the administration of oral contrast agents by the patient. Direct the patient to various positions to better visualize the duodenum, and proximal, mid, and distal small bowel in all four quadrants and distribute barium along all mucosal surfaces. Continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the terminal ileum and reached the cecum. Use paddle palpation to assist visualization of small bowel segments. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Clinical Example (74250)

A 77-year-old male in the emergency department (ED) with a history of prior abdominal surgery presents with abdominal pain and distension. A single-contrast small intestine study is requested for evaluation of possible small bowel obstruction due to adhesions.

Description of Procedure (74250)

Position the patient. Direct the administration of oral contrast by the patient. After allowing time for contrast to reach the small bowel, take a spot radiograph of the abdomen. Evaluate proximal, mid, and distal small bowel segments under fluoroscopy and take multiple additional spot views. Continue to perform intermittent fluoroscopy and spot radiographs until the contrast has reached the colon. Direct the patient to various positions to better visualize small bowel loops in all four abdominal quadrants. Use paddle palpation to assist visualization of small bowel segments. Supervise the acquisition of overhead radiographs obtained by the technologist. Compare the current imaging to all pertinent available prior studies. Dictate a report.

Clinical Example (74251)

A 66-year-old male presents with abdominal pain and weight loss. Double-contrast small intestine study is requested for evaluation of suspected malabsorption syndrome.

Description of Procedure (74251)

Position the patient. Insert the enteric catheter. Monitor the advancement of the catheter under fluoroscopy until the catheter tip is positioned in the duodenum. Administer barium through the catheter using a syringe until barium reaches the distal small bowel. Administer air through the catheter using a pump. Evaluate proximal, mid, and distal small bowel loops under fluoroscopy and take multiple spot views. Continue to perform intermittent fluoroscopy and spot radiographs until the contrast has reached the colon. Direct the patient to various positions to better visualize small bowel segments through the abdomen and in any specific area of interest. Use paddle palpation to assist visualization and separation of bowel segments. Remove the enteric catheter. Supervise the acquisition of overhead radiographs obtained by the technologist. Compare the current imaging to all pertinent available prior studies. Dictate a report.

Clinical Example (74270)

An 81-year-old male presents to the emergency department (ED) with worsening abdominal pain, distension, and melena. A single-contrast colon study is requested for evaluation of suspected colonic obstruction.

Description of Procedure (74270)

Position the patient. Review the scout abdominal radiograph(s) to ensure the colon is clear of stool. Perform a digital rectal examination to assess for rectal mass or stricture. Insert the rectal tube. With the patient in decubitus position, start the administration of barium under fluoroscopic visualization. Direct the patient to various positions to allow filling to the level of the cecum. Take multiple spot views including a lateral rectosigmoid view, the splenic and hepatic flexures, the cecum, and ileocecal region. Assess for reflux of barium into the terminal ileum. Use paddle palpation to assist visualization of the terminal ileum. Supervise the acquisition of overhead and decubitus films and postevacuation films obtained by the technologist. Compare the current imaging to all pertinent available prior studies. Dictate a report.

Clinical Example (74280)

A 65-year-old male presents with a history of colon polyps and recent episodes of hematochezia. A double-contrast colon study is ordered following an incomplete colonoscopy.

Description of Procedure (74280)

Position the patient. Review the scout abdominal radiograph(s) to ensure the colon is clear of stool. Perform a digital rectal examination to assess for rectal mass or stricture. Insert the rectal tube. With the patient in decubitus position, start the administration of barium and some air under fluoroscopic visualization. Direct the patient to various positions to allow filling to the level of the cecum. Return the patient to the upright position and drain excess barium. Move the patient to the prone and supine positions to distribute air and barium along all mucosal surfaces. Take multiple spot views including a lateral rectosigmoid view, the splenic and hepatic flexures, the cecum, and ileocecal region. Assess for reflux of barium into the terminal ileum. Use paddle palpation to assist visualization of the terminal ileum and any overlapping colonic segments. Supervise the acquisition of overhead and decubitus films and postevacuation films obtained by the technologist. Compare the current imaging to all pertinent available prior studies. Dictate a report.

