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## Southeast Radiology Management e-News

April 21, 2008

Volume 1, Issue 6

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Some of you have sent emails stating that you have not been receiving newsletters the past few weeks. Don't worry, you haven't missed any issues.

Our newsletter is designed to address hot topics and frequently asked questions and we rely on you to send in your questions and recommended topics, so there may not always be a newsletter to send out each week.

Please send your coding questions and topic recommendations and we will do our best to address them in a future issue. Email to: [stacie@southeastrad.com](mailto:stacie@southeastrad.com)

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**Missed some issues of our e-News or not able to locate a past issue? Don't worry! We will keep them archived for you. [e-News Archives](#)**

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### Question & Answer

#### Question:

**I am a bit confused when coding for an angioplasty of an AV graft for dialysis. There are two G codes for Medicare-G0392 and G0393, one for venous angioplasty and the other for arterial angioplasty. If there are two separate punctures at the venous anastomosis and the arterial anastomosis can I assign both of these codes?**

**Answer:** *Although there are two separate codes to describe angioplasty at the arterial anastomosis and the venous anastomosis, only one of these codes may be assigned per encounter. This is consistent with advice from SIR which considers the entire graft from the arterial anastomosis through the venous anastomosis, as well as the outflow vein approximately to the level of the axillary vein a single vessel.*

*Most payers consider AV graft procedures venous procedures and these interventions are usually coded as such. If a stenosis is treated at the arterial anastomosis in addition to the venous anastomosis, code G0393 should be assigned since this is considered one single vessel. However, if a stenosis is present at the arterial anastomosis and is treated, and there is no angioplasty performed at the venous anastomosis, some payers may treat the angioplasty of the arterial anastomosis as a peripheral arterial procedure.*

**Question:** When an MRA of the abdomen, pelvis and extremities is performed what codes should be assigned since there is no runoff code as there is for CTA (75635)?

**Answer:** *This study should be reported as follows: 74185, 73725-RT, 73725-LT.*

*In the Spring 2006 Issue (Vol.2, Issue 2) of Clinical Examples in Radiology the AMA & ACR confirmed this coding recommendation stating the following:*

*"Because the abdomen and lower extremity both overlap into the pelvis, it is appropriate to code only for the abdomen and extremities, and not the pelvis. "*

*"The CPT code descriptor for 73725 states extremity, which denotes a unilateral code; therefore the MRA of the extremities is reported twice for bilateral study."*

*The coding recommendation also goes on to say that a runoff study should provide an evaluation of the vessels at least down to the knee.*

Do you have a question that you would like to see featured in an upcoming issue?  
Email your question to: [stacie@southeastrad.com](mailto:stacie@southeastrad.com)

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## Revised ABN in Word Format

For your convenience we have converted the .pdf file posted on the CMS website to a Word document with some minor reformatting. This should assist you in customizing the new form for your facility. [Click here to download the ABN in Word format.](#)

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## CMS Resources

### 2008 Physician Quality Reporting Initiative (PQRI)

#### National Provider Conference Call with Question & Answer Session

The Centers for Medicare & Medicaid Services' (CMS) Provider Communications Group will host the second in a series of national provider conference calls on the 2008 Physician Quality Reporting Initiative (PQRI). This toll-free call will take place from 1:30 p.m. - 3:30 p.m., EDT, on Wednesday, April 30, 2008.

A PowerPoint slide presentation will be posted to the PQRI webpage at, [http://www.cms.hhs.gov/PQRI/30\\_EducationalResources.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/30_EducationalResources.asp#TopOfPage), on the CMS website for you to download prior to the call so that you can follow along with the presenters, Dr. Michael Rapp, Dr. Daniel Green and Rachel Nelson. Following the presentation, callers will have an opportunity to ask questions of CMS subject matter experts.

**NOTE:** We are pleased to announce that CMS will be offering continuing education

units (CEUs) for eligible participants; the agenda and details on how to register to obtain CEUs for this call is forthcoming.

To register for the call participants need to go to:

<http://www2.eventsvc.com/palmettogba/event/2f7d0cda539b41dfb0fa57ad119b2ba9>

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### **On the Web**

American College of Radiology - Authentication of Reports Question and Answers

[http://www.acr.org/Hidden/Economics/FeaturedCategories/mps/medicare\\_info/authenticate\\_reports.aspx](http://www.acr.org/Hidden/Economics/FeaturedCategories/mps/medicare_info/authenticate_reports.aspx)

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### **Are you getting all of the revenue to which you are entitled?**

Due to the sweeping changes in reimbursement for radiology services it is imperative that you receive all of the reimbursement to which you are entitled. If you are not 100% confident with your charge capture and coding consider an external audit. If you are interested in receiving a quote for services please contact us through our website: [www.seradmgt.com](http://www.seradmgt.com)

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### **Upcoming Seminars & Audioseminars**

<http://www.seradmgt.com/Seminars.html>

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### **Pass It On!**

Do you have a friend or colleague that would benefit from receiving our e-News? If so, please feel free to forward a copy of this e-News using the FORWARD link at the bottom of this email and enter their email addresses.

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### **Let Us Know What You Think!**

We want to make sure that the information that we provide to you is relevant and timely. Please feel free to share comments and suggestions with us about our e-News.

### **Contact Information**

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