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## Southeast Radiology Management e-News

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**[e-News Archives](#)**

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**Southeast Radiology Management is pleased to announce that we are now offering a FREE radiology coding discussion forum! To subscribe to the list go to: <http://lists.topica.com/lists/SERADlist>**

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### **Now Available!**

Two coding articles that were originally published in the Journal of AHIMA are now available on our website:

[Deciphering Dialysis Access Maintenance Coding - May 2008](#)

[Coding for Mammography Services - July 2007](#)

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### **Abdominal, Retroperitoneal & Pelvic Ultrasound Coding Tips**

Although CPT has defined those elements required for complete abdominal, retroperitoneal, and pelvic ultrasounds, confusion still remains regarding the correct application of these codes, particularly because there are common elements associated with each of the codes. The following information is a summary of published coding guidance and recommendations:

#### **Report code 76700 for a complete abdominal ultrasound when:**

- All of the following are documented - Liver, gall bladder, common bile duct, pancreas, spleen, kidneys\*, and the upper abdominal aorta and inferior vena cava including any demonstrated abdominal abnormality.

*\*Examination of kidneys as part of an abdominal exam include documentation of renal length and sinus. For detailed evaluation of the kidneys see 76770/76775.*

#### **Report code 76705 for a limited abdominal ultrasound for the following instances:**

- One or more of the elements required for code 76700 are not mentioned
- A single organ

- A specific quadrant or quadrants
- A limited follow-up evaluation

**Report code 76770 for a complete retroperitoneal ultrasound when:**

- All of the following are documented - Kidneys, abdominal aorta, common iliac artery origins, and inferior vena cava, including any demonstrated retroperitoneal abnormality.
- Ultrasound of the kidneys and urinary bladder is performed and clinical history suggests urinary tract pathology. (It is not necessary to describe the ureters. Doppler evaluation is typically required to visualize the ureters.)

**Report code 76775 for a limited retroperitoneal ultrasound when:**

- One or more of the elements required for code 76770 are not mentioned (with the exception of a complete evaluation of the kidneys and bladder with urinary tract pathology)
- Kidneys only examined

**Report code 76700 and 76770 when\*:**

- All above requirements for both 76700 and 76770 are met. (For example: Abdominal ultrasound consisting of liver, gall bladder, common bile duct, pancreas, spleen, kidneys, and the upper abdominal aorta and inferior vena cava including any demonstrated abdominal abnormality **AND** retroperitoneal ultrasound consisting of detailed exam of the kidneys and bladder.)

*\*Both exams must be ordered, performed and medically necessary.*

**Report codes 76700 and 76775 when\*:**

- All above requirements for both 76700 and 76775 are met. (For example: Abdominal ultrasound consisting of liver, gall bladder, common bile duct, pancreas, spleen, kidneys, and the upper abdominal aorta and inferior vena cava including any demonstrated abdominal abnormality **AND** retroperitoneal ultrasound consisting of detailed exam of the kidneys **OR** bladder.)

*\*Both exams must be ordered, performed and medically necessary.*

**Report code 76856 for a complete pelvic ultrasound when:**

- All of the following are documented for **females** - A description and measurements of the uterus and adnexal structures, measurement of the endometrium, measurement of the bladder (when applicable), and a description of any pelvic pathology (eg, ovarian cysts, uterine leiomyomata, free pelvic fluid)
- All of the following are documented for **males** - Evaluation and measurement (when applicable) of the urinary bladder, evaluation of the prostate and seminal vesicles to the extent that they are visualized transabdominally, and any pelvic pathology (eg, bladder tumor, enlarged prostate, free pelvic fluid, pelvic abscess).

### Report code 76857 for a limited pelvic ultrasound when:

- One or more of the elements required for code 76856 are not mentioned
- Bladder only examined
- Reevaluation of one or more pelvic abnormalities previously demonstrated on ultrasound

References:

*CPT 2008, Professional Edition*

*CPT Assistant, May 1999*

*Clinical Examples in Radiology, Volume 3, Issue 4; Fall 2007*

*Clinical Examples in Radiology, Volume 4, issue 2; Spring 2008*

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## Question & Answer

### Question:

What are the appropriate codes for reporting an IVC filter removal?

**Answer:** The two CPT codes that describe the removal of an IVC filter are 37203 and 75961. In addition to these two codes, the appropriate code for the catheter placement should also be assigned (36010 or 36011).

If the retrieval is unsuccessful then it would be appropriate to report the proper code for the catheter placement as well as an IVC gram, code 75825, when documented.

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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## CMS to Develop Imaging Efficiency Measures - Request for Input

L&M Policy Research, LLC, and its partners, the National Imaging Associates and the Lewin Group, have been contracted by the Centers for Medicare & Medicaid Services to develop imaging efficiency measures. In preparation for additional work on this project, L&M would like to take the opportunity to ask the public for suggestions for imaging efficiency measures that could potentially be considered for development. For this project, the development of the efficiency measures is focused on applying evidence-based medicine to improve the efficient use of imaging technologies based on clinical practice guidelines and tied to health care quality outcomes. Specifically, these measures address one or more of the following types of domains:

**Duplication** - imaging studies that are duplicative within a short time of each other without identified clinical indication, representing a potential source of waste and inefficiency.

**Overlap** - imaging studies using different imaging modalities, on the same area of the body, within a short time of each other that serve the same clinical purpose, without an

identified clinical indication for such overlapping studies.

**Screening** - imaging studies that are solely for screening purposes without identified clinical indications for such services based on symptoms or existing diagnoses.

**Negative Studies or Clinically non-contributory studies** - imaging studies that are negative in a large percentage of the cases, or are that are clinically non-contributory to the subsequent clinical course of care.

**Studies with and without contrast** - imaging studies repeated in a short period of time on the same body area differing only in whether contrast is used.

**Adjacent Body Areas** - Imaging studies repeated in a short time on adjacent body areas.

### **Coordination of Care**

There is an Excel spreadsheet that should be used to submit your input. Given the scope of this request, L&M will only be able to accept suggestions provided in that format. The Excel spreadsheet can be downloaded at the following website:

<http://www.imagingmeasures.com>

Suggestions submitted in this form should be sent to the following address no later than June 9, 2008: [ImagingMeasures@LMpolicyresearch.com](mailto:ImagingMeasures@LMpolicyresearch.com)

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### **CMS Resources**

**New Chapter in Medicare Claims Processing Manual for Independent Diagnostic Testing Facilities (IDTF)**

Transmittal 1504 - <http://www.cms.hhs.gov/Transmittals/downloads/R1504CP.pdf>

MM5815 - <http://www.cms.hhs.gov/MLNMArticles/downloads/MM5815.pdf>

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### **On the Web**

**American College of Radiology - Practice Management Resources**

These resources are intended to assist ACR members with managing various aspects of the billing process for their practices, such as evaluating payer contracts, selecting a billing company, diagnosing billing problems, and more.

[http://www.acr.org/Hidden/Economics/FeaturedCategories/Coding/prac\\_mgmt\\_resources.aspx](http://www.acr.org/Hidden/Economics/FeaturedCategories/Coding/prac_mgmt_resources.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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