

APS Update

RADIOLOGY NEWSLETTER

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Abdominal Series X-Rays

The abdominal series is broken down into four studies. They are:

- 74000** Radiologic examination, abdomen; single anteroposterior
- 74010** Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
- 74020** Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
- 74022** Complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

Coding correctly for these types of studies will depend not only on the number of views taken, but more importantly the type of views taken.

Documentation should include the number of views and the types of views such as anteroposterior, oblique, cone, decubitus, erect or supine to accurately choose the correct code. Appropriate documentation will also support the CPT code reported.

Ultrasound CPT 76770

Per CPT, to report CPT code 76770 for a complete ultrasound of the retroperitoneum it must include real time scans of the kidneys, abdominal aorta, common iliac artery, origins, and inferior vena cava. Documentation should support a comment on each and any retroperitoneal abnormalities.

If clinical history suggests urinary tract pathology with a complete evaluation of the kidneys and urinary bladder this also comprises a complete ultrasound exam. Documentation again should support a comment on each and any abnormalities and report CPT code 76770.

If an organ cannot be fully visualized despite attempts, due to obstruction, pathology or has been surgically removed, document appropriately and report the complete ultrasound CPT code.

Important Update on PECOS

PECOS, the Provider Enrollment, Chain, and Ownership System, is a national electronic database for recording and retaining data on Medicare-enrolled providers and suppliers to combat fraud and abuse.

CMS has announced that it will not enforce the expected January 2011 enrollment deadline by rejecting claims of those providers who receive orders from referring/ordering practitioners who are not enrolled in the agency's PECOS. In a January 10th update, CMS stated that it "has not yet decided when it will begin to reject claims if ordering/referring providers are not enrolled." At this time the system's automated edits to reject claims would not be "turned on" in the near future. These edits automatically deny claims for services that were ordered or referred by a physician or other eligible professional who do not have an approved file in PECOS.

APS has updated and continues to update all client NPI-related information on behalf of all of its clients. Please contact your client representative with any questions.

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New Codes for Abdomen/Pelvis

With many patients having both the abdominal and pelvis CT's performed on the same day/same session, CPT created new codes to reflect this service. Instead of reporting for each individual CT you now will be reporting one code for both. The new CPT codes are:

74176 Computed tomography, abdomen and pelvis; without contrast material

74177 with contrast material(s)

74178 without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

(Do not report 74176-74178 in conjunction with 72192-72194, 74150-74170)

(Report 74176, 74177, or 74178 only once per CT abdomen and pelvis examination)

CPT has provided a table to assist in choosing the appropriate CPT code when both are performed.

STAND ALONE CODE	74150-CT Abdomen W/O Contrast	74160-CT Abdomen W/Contrast	74170-CT Abdomen W/WO Contrast
72192- CT Pelvis W/O Contrast	74176	74178	74178
72193-CT Pelvis W/ Contrast	74178	74177	74178
72194 - CT Pelvis W/ WO Contrast	74178	74178	74178

The AMA did clarify that if an abdominal CT is performed alone or a pelvic CT is performed alone, the coding did not change for 2011. Report either an abdominal code (74150-74170) or a pelvic code (72192-72194).

Medicare Wants to Give You More Money, Really

If you have participated in the PQRI program with Medicare you know that you actually can get additional payments from Medicare. In 2011 CMS has indicated that they will institute a new program available to participants in the PQRI program which will add a similar amount to the physician's income (0.5% of all Medicare paid amounts) in return for the physician's participation in a Maintenance of Certification Program.

These programs are formal education programs with the following provisions:

- ⇒ They occur more frequently than programs designed to obtain or retain board certification.
- ⇒ An assessment of the physician's practice which incorporates a review of the use of evidence-based medicine, a survey of patient experiences and evidence of quality improvement plans based on the assessment's findings. In some circumstances feedback on the progress of the quality improvement plan may be required.

It is expected that organizations will attempt to provide such services as an outgrowth of current board certification processes and those desiring to do so had until January 31, 2011 to provide intent to do so. If they wish to offer a Maintenance of Certification Program under this process they will have to file information with CMS no later than March 31, 2011. Programs which are successful in gaining CMS approval will be able to submit documentation directly to CMS on behalf of participants qualifying the participant for the Maintenance of Certification Program bonus.

CMS indicates that they will be posting conditionally approved programs on their website as they are reviewed with the intent to have all such programs identified no later than this summer to permit physicians sufficient time to enter the program and complete the requirements for the current year.

Note that the most likely entities that will be offering such programs are those professional organizations which already provide board certification maintenance programs. Therefore, a physician may already be taking some form of these educational sessions but ensuring that the requirements, including participation in the PQRI program, are completely met remains the responsibility of the physician and their practice.

As information becomes available, APS will update you with that information. If you have questions about your participation in PQRI or your eligibility for the Maintenance of Certification program, call your practice manager.