Rule Category:
Medical

Ref: No:
2013-MN-0025

Version Control:
Version No. 1.1

Effective Date:
December 2013

Revision Date:
December 2014

Ultrasound of Abdomen - Diagnostic

Adjudication Rule

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Approved by:
Daman

Responsible:
Medical Strategy & Development Department

Related Adjudication Rules:
None

Abstract

For Members

Ultrasound technology allows doctors to "visualize" the internal organs of a patient without resorting to surgery. Abdominal Ultrasound is particularly useful in providing diagnostic images of various structures in the abdomen like liver, gall bladder, biliary tract, pancreas and kidneys. This procedure is conducted by a doctor with the assistance of a technologist skilled in operating the equipment. Ultrasound can also be used in treatment.

All health insurance plans administered by Daman will cover Abdominal Ultrasound, if medically indicated.

For Medical Professionals

Abdominal ultrasonography is the noninvasive imaging of the abdominal contents. Depending on the clinical indications, an examination may include the entirety of the Abdomen and/or Retroperitoneum, a single organ, or several organs.The medical records should document a condition(s) for which the ultrasound is an appropriate and medically necessary diagnostic study.

All health insurance plans administered by Daman will cover Abdominal Ultrasound, if medically indicated.

Note: Use of ultrasound, without thorough evaluation of organ(s) or anatomic region(s), image documentation and final written report, is not billable.

Ultrasound of Abdomen - Diagnostic

Scope

This Adjudication rule defines the reasonable medical conditions for the coverage of abdominal ultrasound. It also describes the frequency and documentation requirements for the service to be billed.

The clinical aspects of this Adjudication rule is in line with the American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), the Society for Paediatric Radiology(SPR), and the Society of Radiologists in Ultrasound(SRU).

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers Abdominal Ultrasound, if medically necessary, for all health insurance plans administered by Daman.

Indications [3, 4]

Indications for an ultrasound examination of the Abdomen and/or Retroperitoneum include but are not limited to

1. Flank, abdominal and/or back pain.
2. Signs or symptoms that may be related to Retroperitoneal and/or Abdominal regions such as jaundice, pain or haematuria.
3. Abnormalities, which are palpable such as an abdominal mass or organomegaly.
4. Laboratory values or findings on other imaging examinations that are abnormal could be suggestive of Abdominal and/or Retroperitoneal pathology.
5. Follow through of known or suspected abnormalities in the Abdomen and/or Retroperitoneum region.
6. Looking out for metastatic disease or an occult primary neoplasm.
7. Evaluation of suspected congenital abnormalities.
8. Abdominal trauma.
9. Pre and post transplantation evaluation.
10. Planning for and guiding an invasive procedure.
11. Looking out for the presence of free or loculated peritoneal and/or retroperitoneal fluid.
12. Suspicion of hypertrophic pyloric stenosis or intussusceptions.
13. Evaluation of a urinary tract infection.

Documentation Requirements for Coverage

The medical record should meet the following requirements including but not limited to:

1. Medical necessity as determined by Daman
2. Relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.
3. Interpretation report of the physician with details of the organs viewed/studied.

Additional Requirements

The documentation should provide

- Clear picture as to whether the study was complete or limited.
- a repeat examination by the same physician,
- a repeat examination by a second physician, and/or a reduced level of service.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Daman does not cover ultrasound studies that are not medically justified for management of the given condition, for any health insurance plan administered by Daman.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Complete vs Limited Study [6]

Complete Study	Limited Study
Interpretation, and written report is one that visualizes and reports on all of the structures within the anatomic region	Interpretation, and written report involve a single abdominal quadrant or organ of interest or might be a follow up exam
A "limited" exam of an anatomic region should NOT be reported for the same exam session as a "complete" exam of that same region.	If less than the required elements for a "complete" exam are reported (e.g., limited number of organs or limited portion of region evaluated), the limited code for that anatomic region should be used once per patient exam session

Frequency of Service

- Routine use of abdominal ultrasound examinations on all patients presenting with abdomen pain is not a standard practice. Practices with exceedingly high levels of normal exams and/or many patients with no follow-up

care may be audited for medical necessity [3-pg 1].

- Multiple limited retroperitoneal examinations reported on the same date of service may not be accepted unless supported with medical necessity. [2-FAQ11]

Adjudication Examples

Example 1

Question: A 56 year old man holding a Thiqa plan complains of severe pain during urination. Physician performs an imaging of one kidney. The claim received is for complete retroperitoneal U/S. How will this claim be adjudicated?

Answer: This claim will be rejected with CLAI-012, since only one kidney is examined during the procedure. This case should be reported under limited service of abdominal ultrasound.

Example 2

Question: A 75 year old patient holding a Basic plan has undergone ultrasound of abdomen. A claim is submitted with:

76705-Ultrasound, abdominal, real time with image documentation; limited and 76700- Ultrasound, abdominal, real time with image documentation; complete.

Is it appropriate for Daman to approve this claim?

Answer: No, CPT 76705 should be rejected with CLAI-012, as it is medically unlikely that initial ultrasound (CPT 76700) and follow up ultrasound (CPT 76705) are reported during same encounter.

Denial codes

Code	Code description
CODE-013	Invalid principal diagnosis (for example E-codes)
CLAI-012	Submission not compliant with contractual agreement between provider & payer
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-005	Service/supply may be appropriate, but too frequent

Appendices

A. References

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B. Revision History

Date	Change(s)
01-11-13	N.A
15-07-14	1. V 1.1 2. Disclaimer updated as per system requirements