



Capturing Critical Elements in Ultrasound Reports

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Disclaimer

- This presentation is designed to provide participants with reimbursement and coding related news, updates and guidance.
- The materials and documents presented are not intended to supersede any policies, procedures, or templates that vRad or your facility has approved and implemented, unless specifically noted.
- The information, while accurate, to the best of our knowledge, at the time of production, may not be current at the time of use.
- Information is provided as general guidance only and is not a recommendation for a specific situation. Viewers should consult official sources (CMS, ACR, AMA) or a qualified attorney for specific legal guidance.

Agenda

- I. Documentation requirements for ultrasound imaging
- II. Components of the report
- III. Documentation requirements for ultrasound dictations
 - I. Duplex/Doppler
 - II. OB
 - III. Abdomen
 - IV. Pelvis
 - V. Retroperitoneal

Coding, Billing, and Payer's Perspective:

- **EVERY** radiology service and/or portion of a radiology procedure must be clearly documented.
- A coder **CAN NOT** assume that services were included in a procedure if they are not clearly supported by the dictation
- The omitted portion (s) of the service or procedure will not be billed
- A post-payment auditor will be reviewing the documentation to assure compliant billing practices
- This will result in lost revenue for our radiologists through suboptimal payments, procedure denials, or reimbursement take-backs

Top 4 Ultrasound (US) Related Addendum Requests

We have seen an increase in the number of addendum requests on US procedures for the following:

1. **Missing required element(s)**
2. **No dictated title**
3. **No dictated technique**
4. **Title and technique do not match**

Documentation Requirements for US Diagnostic Imaging

Components of the Report:

1. Demographics
2. Relevant clinical information
(Indication for exam)
3. Body of the report
4. Impression (conclusion or diagnosis)
5. Standardized computer generated template reports



Components of the US Report: Demographics

Demographics

- Facility name and the location where the study was performed (emergency room, outpatient, inpatient, etc.)
- Name of the patient
- Patient's date of birth
- Patient's gender
- Name of the referring provider
- **Name or type of examination (match order, title and body of report)**
- Date of the exam
- Time of the exam (important if having more than one exam per day)
- Inclusion of the following is encouraged:
 - Date of dictation
 - Date and time of transcription
 - Patient's date of birth (age)
 - Patient's gender

Components of the US Report: Indications

Relevant Clinical Information or Indications

- Reasons for the exam, such as signs and symptoms
- Pertinent personal or family medical history
- Previous exams/studies or findings that are relevant

Components of the US Report: Body of the Report

- Exam performed
- Body Area Imaged
- Unilateral or Bilateral
- Limited or Complete
- Approach(es) taken

Please refer to the ACR [“Practice Guideline for Communication of Diagnostic Imaging Findings”](#) for documentation guidelines on other types of radiology procedures

Components of the US Report: Body of the Report

Procedure and Materials:

- Technique or Procedure
- Potential limitations (encountered)
- Clinical issues
- Findings: positive and negative findings on all required elements
- Comparison studies and reports when appropriate and available

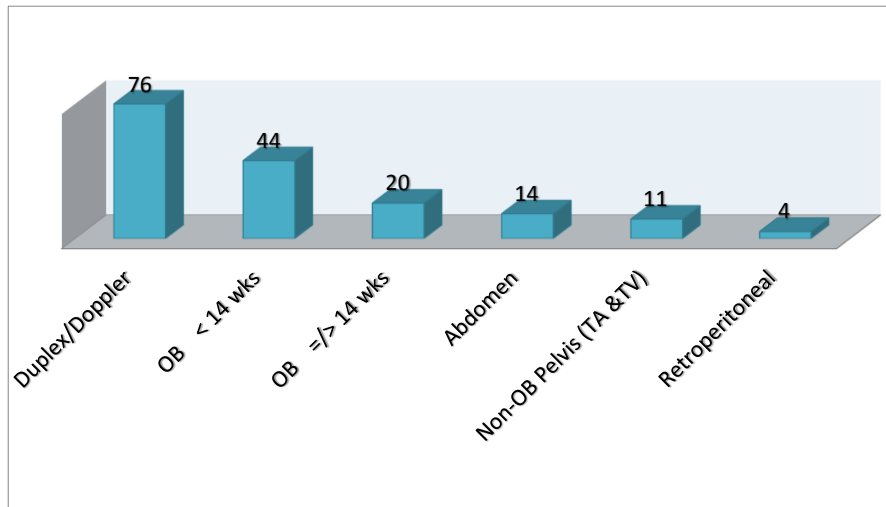
Components of the US Report: Impression

Impression (conclusion or diagnosis):

- A specific diagnosis should be given whenever possible
- A differential diagnosis should be provided when appropriate
- Follow-up or additional diagnostic studies to clarify or confirm the impression should be suggested when appropriate.



US Sendback Addendums Requested June 24, 2013 – July 5, 2013



Duplex/Doppler Requirements

CPT Codes 93880-93998

Duplex US Introduction

- **Duplex ultrasound** combines Doppler and conventional ultrasound
- Duplex US allows the radiologist to see:
 - The structure of blood vessels
 - How the blood is flowing through the vessels
 - Any obstruction in the vessels
- Color Doppler:
 - Produces a picture of the blood vessel
 - A computer converts the Doppler sounds into colors overlaid on the image
 - Provides information about the speed and direction of blood flow
- Using spectral Doppler analysis¹:
 - Duplex scan images provide anatomic and hemodynamic information
 - Identifying the presence of any stenosis or plaque in the vessels.

Documentation of the assessment of flow with color, recording a spectral waveform, and a report of the findings should all be present in the dictation.

¹ Spectral Doppler: The distribution of the amplitude (and sometimes phase) of the components of the wave as a function of frequency, and the set of frequencies, wavelengths, or related quantities involved in an ultrasonic pulse or electronic signal.

Definition from the 2006 ACR *Ultrasound Coding User's Guide*.

Duplex US Introduction

Per the introductory section of the Non-Invasive Vascular Diagnostic Studies in the 2013 AMA CPT Manual:

Non-Invasive Vascular Diagnostic Studies **93880-93998**

*Duplex scan (eg, 93880, 93882) describes an ultrasonic scanning procedure for characterizing the pattern and direction of blood flow in arteries or veins with the production of real-time images integrating B-mode two-dimensional vascular structure, **Doppler spectral analysis and color flow Doppler imaging.***

The performance of a duplex Doppler evaluation can be performed without an order from the referring physician because it would be exempt under the Ordering of Diagnostic Tests Rule test design.

2013 AMA CPT Manual Professional Edition, page 523

Coding and Documentation Tips: Duplex US

Dictations for Doppler or Duplex US scans (evaluating both the **arterial inflow** and the **venous outflow**) must specify **BOTH**:

1. Spectral Analysis or Waveform Analysis, or Peak Systolic Velocity (PSV)
AND
2. Color Flow or Doppler Color Flow

Coding and Documentation Tips: Duplex US

Doppler/Duplex US studies dictations for the following areas MUST include verbiage that both color flow and waveform analysis were interpreted:

- Intracranial (93886-93893)
- Extracranial (93880-93882)
- Upper and lower extremities
 - Arterial (93922-93931)
 - Venous (93970-93971)
 - AV Fistula (93990)
- Visceral (93975-93979)
- Penile (93980-93981)

Recommended Dictation Template/Macro to meet these requirements:

“Real time 2D, spectral waveform, and color doppler sonographic evaluation of the _____ was performed.”

OB Requirements
< 14 weeks 0 days
CPT Codes 76801-76802

< 14 weeks 0 days



10 weeks

Obstetric (OB) US vs. Non-OB US

CPT Assistant states that:

- The use of OB ultrasound codes are appropriate anytime the patient has been established to be pregnant, by any method or means, and the indications for the ultrasound study might be or could be pregnancy-related, regardless of whether the outcome might not confirm a pregnancy, or might produce a diagnosis that is not pregnancy-related.
- For the patient who has not been diagnosed as pregnant, and the indications for the ultrasound study are not pregnancy-related, the use of non-OB ultrasound codes is appropriate, regardless of whether the outcome of the study shows a pregnancy or complication related to pregnancy.

Required Elements : OB US < (less than) 14 weeks 0 day

- Required elements of a complete OB ultrasounds <14 weeks
 1. The number of gestational sacs and fetuses
 2. Gestational sac/fetal measurements appropriate for gestation
 3. Survey of visible fetal and placental anatomical structure
 4. Qualitative assessment of amniotic fluid volume/gestational sac shape
 5. Examination of maternal uterus and adnexa

Coding and Documentation Tips: OB US < (less than) 14 weeks 0 days

- The most common omitted elements in first trimester OB ultrasound cases:
 - No qualitative assessment of the amniotic fluid present for the gestational age
 - No mention of the uterus and maternal adnexa
- All elements must be included in dictated report:
 - Document elements that cannot be measured or are not visible
 - Dictate why element was not seen or measured

Coding and Documentation Tips (continued): OB US < (less than) 14 weeks 0 days

- Coders should remember that the required elements for CPT® code 76801 will be those that are "appropriate for gestation" and "visible"
- If any of the elements are not able to be measured or are not visible, then the report should document that information in order to assign 76801
- If any of the elements are not documented, the limited OB ultrasound study should be assigned (76815)
- "Qualitative assessment of amniotic fluid volume" refers to the radiologist's assessment that the volume is adequate or inadequate

Clinical Examples in Radiology, volume 3:7, Winter 2007

***OB Requirements
= or > 14 weeks 0 days***

CPT Codes 76805-76810

= or > 14 weeks 0 days



28 weeks

Required Elements : **OB US = or >14 weeks 0 days**

Complete OB ultrasounds = or >14 weeks must include all these elements:

1. Number of fetuses and amniotic/chorionic sacs
2. Measurements appropriate for gestational age
3. Survey of intracranial/spinal/abdominal anatomy
4. 4 chambered heart
5. Umbilical cord insertion site
6. Placenta location
7. Amniotic fluid assessment (AFI)
8. When visible, examination of the maternal adnexa

Coding and Documentation Tips: OB US = or > 14 weeks 0 days

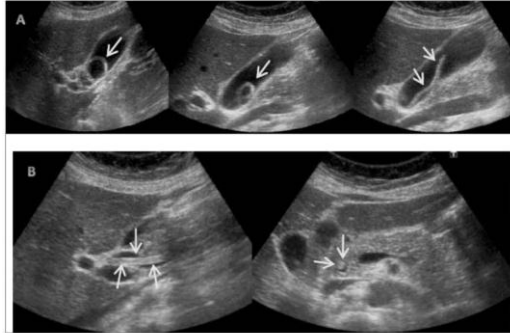
- The most common omitted elements in second or third trimester OB ultrasound cases:
 - No mention of the number of heart chambers
 - No mention of the umbilical cord insertion site
 - No mention of the maternal adnexa (visualized) or reason for non-visualization
- All elements must be included in the dictated report:
 - Document elements that are not visible so that the complete OB US can be captured
 - Dictate why element was not seen

Abdominal Requirements

CPT Codes 76700, 76705

Required Elements: Abdomen US

- ✓ Liver
- ✓ Gallbladder
- ✓ Common Bile Duct (CBD)
- ✓ Pancreas
- ✓ Spleen
- ✓ Right Kidney
- ✓ Left Kidney
- ✓ Upper Abdominal Aorta
- ✓ Inferior Vena Cava (IVC)
- ✓ Any Demonstrated Abnormalities in the Abdomen



Coding and Documentation Tips: Abdomen US

- The elements most commonly missed on complete abdominal US reports:
 - Aorta and/or Inferior vena cava (IVC)
 - Pancreas
 - Spleen
- All elements must be listed or mentioned in the dictation: even if not visible:
 - List and explain why an element was not visualized
 - “the spleen was surgically absent”
 - Do not use generic phrase, such as: “The study is limited by overlying bowel gas.”
- If a **limited US** is ordered and performed, specify “limited” in the dictated title and technique of the report:

Pelvis Requirements

CPT Codes 76856-76857, 76830

Required Elements: Non-OB Female Pelvic US

- Description AND Measurements of the Uterus and Adnexal Structures
- Measurements of the Endometrium
- Measurement of the Bladder (when applicable)
- Any Pelvic Pathology Imaged

Required Elements: Male Pelvic US

- Evaluation and Measurement (when applicable) of the Urinary Bladder
- Evaluation of the Prostate and Seminal Vesicles (to the extent they are visualized transabdominally)
- Any Pelvic Pathology Imaged

Coding and Documentation Tips: Pelvis US

- The elements most commonly missed on a female pelvic US report:
 - Bladder
 - Endometrial measurement
- Dictation must mention each separate element/organ that could not be visualized and why (e.g., obscured by bowel gas or surgically absent).
- If a limited US is ordered and performed, specify this in the dictated title and the technique section of the report.

Retroperitoneal Requirements

CPT Codes 76770, 76775

Required Elements: Retroperitoneal US

With Urinary Tract Pathology

- Bilateral Kidneys
- Bilateral Ureters
- Bladder

Without Urinary Tract Pathology

- Bilateral Kidneys
- Abdominal Aorta
- Common Iliac Artery Origins
- Inferior Vena Cava (IVC)

Coding and Documentation Tips: Retroperitoneal US

- Most commonly missed element on a retroperitoneal US with urinary tract pathology:
 - Bladder measurement
- Most commonly missed element on a retroperitoneal US without urinary tract pathology:
 - Iliac artery origins
 - Inferior Vena Cava (IVC)
- To support billing a complete study, the dictation must mention each element/organ, including those that could not be visualized and why
- If a limited US is ordered and performed, specify this in the dictated exam title and technique section of the report.

References

1. *ACR Practice Guideline for Communication of Diagnostic Imaging Findings*
2. *ACR Radiology Coding Source™*, Radiology Coding Source Archive January - February 2007 Noninvasive Vascular Diagnostic Studies
3. *Clinical Examples in Radiology (Winter 2006, Vol. 2, Issue 1)*
4. *Clinical Examples in Radiology, volume 3:7, Winter 2007*
5. *CPT Assistant*, October, 2001
6. *2006 ACR Ultrasound Coding User's Guide*
7. *2013 AMA CPT Manual, Professional Edition*