

Is There an Appropriate Use of 76856/76857 in Urological Practice?

Mark N. Painter^{*,†}

From PRS Urology SC, Thornton, Colorado

Abstract

Introduction: Ultrasound and other diagnostic services have been under increasing scrutiny by payer organizations due to suspected overuse for monetary gain. For the urology practice ultrasound has grown in utility for diagnosis and treatment.

Methods: Articles and coding resources were reviewed in this discussion of the appropriate use of ultrasound codes.

Results: With increasing financial pressure from all fronts to regulate the appropriate use of technology in the treatment of patients and the targeted elimination of unnecessary tests, urology practices will be required to practice diligence in prescribing, providing and reporting all tests. Understanding ultrasound codes and their appropriate use requires an understanding not only of the codes themselves but also the alternative codes available for reporting.

Conclusions: This article provides an overview of the CPT[®] coding options relative to ultrasound use in the urology practice.

Key Words: ultrasonography, health expenditures, clinical coding

Abbreviations and Acronyms

AMA = American Medical Association

AUA = American Urological Association

CPT[®] = Current Procedural Terminology

E&M = evaluation and management

ICD = International Classification of Diseases

PVR = post-void residual

The use of ultrasound in the urology practice has been under increasing scrutiny. Part of the problem comes from the specialty of radiology. Many specialties have incorporated the use of radiological services and equipment for the convenience of the patient. At the same time the use of radiological services has grown exponentially, prompting many to accuse specialists of increasing the number of radiological services they provide not just for the convenience of the patient but for financial gain. Radiologists have joined in this chorus to preserve their place in the treatment of patients and for their own business interests. One of the

services that has been in the crosshairs is the use of ultrasound for the diagnosis and treatment of urological problems.

With increasing financial pressure from all fronts to regulate the appropriate use of technology in the treatment of patients as well as the targeted elimination of unnecessary tests, urology practices will be required to exercise diligence in prescribing, providing and reporting all tests.

Materials and Methods

Past articles were reviewed, as were the AMA CPT manual, the CPT Assistant, AUA publications, as well as opinions and rulings issued by the Centers for Medicare & Medicaid Services related to the listed CPT codes.

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* Correspondence: PRS Urology SC, Thornton, Colorado (e-mail address: markp@prsdata.com).

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Results and Discussion

Several sources should be considered when determining the appropriate use of a CPT code. The AMA CPT manual provides specific directions.

“When reporting codes for services provided, it is important to assure the accuracy and quality of coding through verification of the intent of the code by use of the related guidelines, parenthetical instructions, and coding resources, including CPT Assistant and other publications resulting from collaborative efforts of the American Medical Association with medical specialty societies.”¹

In other words, the first place to look is the CPT, where you should read the descriptions and any parenthetical guidelines as well as any CPT Assistant guidance for the code. AUA notes and directives should also be considered. In addition, if you are contracted with a payer, this includes being a participating or nonparticipating provider with Medicare. Therefore, you will need to refer to the payer for additional or overriding directives.

Throughout this article the AMA (CPT) and the AUA guidance on payer rules will be referenced generally. However, you are encouraged to check payer billing rules routinely for guidelines or directives to ensure proper reporting and payment.

Two of the codes that have been reviewed and found to be abused are the codes for ultrasound of the pelvis.

Code 76856 Ultrasound, pelvic (nonobstetric), real time with image documentation; complete

According to AUA Coding Tips, this code is for “evaluation & measurement (when applicable) of the urinary bladder, evaluation of prostate and seminal vesicles (visualized transabdominally), and any pelvic pathology (bladder tumor, enlarged prostate, free pelvic fluid, pelvic abscess) must be performed and documented.”²

Code 76857 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

By implication, code 76857 would be reported for a service to evaluate and measure (when applicable) any 1 or a combination of the organs or areas previously listed, but not all of those listed. Understanding these codes and their appropriate use requires knowledge not only of the codes themselves but also of the alternative codes available for reporting ultrasound commonly used for circumstances that also call for ultrasound in urology. Specifically, there are 3 codes that are considered close in definition to 76856 and 76857, namely 51798, 76770 and 76775.

Code 51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging

According to the March 2011 AUA *Health Policy Brief*, in code 51798,

“A hand-held doppler unit is used to perform this measurement of the bladder. The small transducer is passed across the abdomen. The transducer emits and detects high-pitched sounds beyond the range of human hearing. The sound waves are reflected back from the structures in the body and are converted into a picture. This type of unit will print out the volume and draw a graph of the bladder or provides some other printed report. This is not considered an ‘ultrasound image.’ When performing a post-voiding residual (PVR) using a hand-held unit with a simple printout, use CPT code 51798 for Medicare and commercial carriers.”³

The AUA and CPT have provided additional interpretation of this code to indicate that the intention is to cover those services that are intended to measure PVR in the bladder, regardless of the type of equipment.

Also in the Health Policy Brief, “CPT® code 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation limited or follow-up (eg, for follicles)* is a diagnostic ultrasound used to examine one specific organ, such as the bladder. The medical necessity should be documented for this diagnostic ultrasound. This code should not be used if the intent of the test is to obtain a PVR.”³

Code 76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete

According to AUA questions and answers for imaging/radiological procedures, this code “should be billed if the clinical history suggests urinary tract pathology, and evaluation of both kidneys & bladder.”²

Code 76775 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited

This code should be reported for the ultrasound imaging of 1 or both kidneys and/or the ureters but not for ultrasound of the bladder alone. A further consideration for reporting each of the codes previously listed is the directive from the AMA relative to Evaluation and Management Guidelines:

“The actual performance and/or interpretation of diagnostic tests/studies ordered during a patient encounter are not included in the levels of E&M services. Physician performance of diagnostic test/studies for which specific CPT®

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