

A Partner with Specialty Physicians

MANAGEMENT SERVICES NETWORK



## MSN UPDATE

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To: MSN Clients and Friends,

**T**he OIG (Office of Inspector General) recently published a report regarding over utilization of ultrasound services. A mandatory audit was conducted to show the following:

- Average per-beneficiary spending on ultrasound in high-use counties was over three times that for beneficiaries in the rest of the country.
- Twice as many beneficiaries received ultrasound services in high-use counties as in the rest of the country.
- When these beneficiaries received ultrasound services, they received more services than other beneficiaries receiving ultrasound services in the rest of the country.
- The ratio of ultrasound providers to beneficiaries in high-use counties was over three times that for the rest of the country.

As a result of the audit, claims were examined for the presence of a limited set of “questionable” characteristics. While the majority of these characteristics appear to relate to the ordering doctor, those less common are still prevalent in high-use counties and are worthy of noting. To see the entire report, please click on the following link: <http://www.oig.hhs.gov/oei/reports/oei-01-08-00100.pdf>

One of the “questionable” code combinations shown in Appendix-A is that of a complete transvaginal US (76830) and a complete transabdominal (ie, nonobstetric pelvic) US (76856). Though we legitimately perform, code and bill for these procedures performed on the same day, because the OIG has shared their results with the RAC’s (Recovery Audit Contractor), the number of audited claims (and thus resubmittals) associated with this combination is certain to rise. Therefore, we should take this opportunity to ensure that our dictation supports the coding and billing of both procedures. Below are a few points to remember, for both coders and physicians.

- **Radiologists:** **There is no “standard” for dictating these procedures other than the ACR guideline on communication of diagnostic findings. However, we encourage you to dictate two very distinct and separate reports (or sections of the same report) addressing each the transabdominal and transvaginal ultrasound. This will enable us to justify to the payer (or RAC auditor) that both procedures were performed and medically necessary. It also eliminates any confusion among the coders and prevents unnecessary downcoding**
- **Coders:** **As with any radiology procedure in question, please communicate with your physicians or MSN office manager and discuss any documentation deficiencies so that what is being done can be better documented and more completely billed. Remember, one of the real “value added” contributions to a practice from an experienced MSN coder is not just cranking out the codes, but raising the bar for everyone in the practice.**

We hope that you find this information helpful.