

## Part B Insider (Multispecialty) Coding Alert

### RADIOLOGY: Know The Difference Between 'Complete' And 'Incomplete' For Duplex Scans

#### Get the lowdown on when 93975 and 93976 are applicable

If you receive notes from your radiologist with minimal documentation for a duplex scan, the only road to reimbursement is clearly understanding how the procedure works--and what additional information to ask for.

What it is: A duplex scan is a noninvasive vascular diagnostic study--an ultrasonic scanning procedure display of the following:

- the two-dimensional structure of the target analysis and the vessels' motion with time
- the Doppler ultrasonic signal of the flowing blood.

**What you need:** You must have full documentation of these anatomic and physiologic parameters to report the appropriate codes. The documentation should also include a spectrum analysis and/or color flow mapping or imaging of the flowing blood, says **Cynthia A. Swanson, RN, CPC**, senior consultant for Seim, Johnson, **Sestak & Quist LLP**, in Omaha, NE.

What to do: You should assign a "limited" code, such as 93976, when the documentation describes imaging only a portion of the code descriptor's components.

**Example:** The radiologist imaged the blood flow of only a specific portion of a single abdominal organ. Report 93976. |

The beginning of the descriptor for 93975 and 93976 states "and/or," so you don't have to report a limited code just because the physician didn't study all of the anatomic areas in the descriptor. A complete abdominal study, without mention of the other anatomic areas, may still merit complete code 93975.

But for the "complete" procedure, you must see evaluation of all major vessels supplying blood flow (inflow and outflow, with or without color flow mapping) to the target organ, Buck says.

**Note:** You don't have to choose a limited code if despite best efforts (described in detail in the imaging report) the physician can't visualize the target vessels, perhaps because of overlying or intervening structures or altered surgical anatomy.

**Helpful hint:** You shouldn't assign a code for a duplex scan in conjunction with a conventional gray-scale ultrasound (US) unless the duplex exam is medically necessary and you have adequate documentation of both, Buck says. "For non-hospital patients, there is a third consideration--there should be an order for both exams," she adds.