

### LCD Information

and test for occult blood. When the ordering physician is a consultant (e.g. the patient has been referred from a family practitioner to a specialist), the consulting physician should have expertise in the diagnosis of abdominal or retroperitoneal disease and perform a history and physical exam typical of a bona fide consulting medical specialist. The ordering physician then decides which of the available tests are medically necessary to provide useful diagnostic information. Documentation of this patient assessment prior to testing, may be requested of the ordering physician by the contractor if necessary in prepay or postpay adjudication of the rendering (billing) provider's claim.

When the ordering physician is a consulting physician, he may perform the ultrasound test personally or it may be performed by a technician working under his supervision. Alternatively, the ultrasound may be performed by an independent diagnostic facility such as an IDTF. Although emergent or rare exceptions may occur, in general the sonographer (who is not the treating physician) must have at least an adequate capsule medical history of the patient's previous examinations, symptoms, history, and reasons for the test, to perform an adequate, goal-directed examination. Mere transmission of an ICD-9-CM code and a CPT code do not accomplish this. This A/B MAC notes that guidance for IDTFs ICD-9-CM code and CPT code in a written physician's order) represents an absolute regulatory minimum requirement for any test, no matter how minor the test or the illness in question. Per this LCD, such minimum information is inadequate to perform an effective, goal directed study with the abdominal and retroperitoneal ultrasound codes.

The accuracy of diagnostic ultrasound depends on the knowledge, skill, and experience of the sonographer and physician. Physicians who perform and/or interpret the studies must be capable of demonstrating training and experience specific to the study performed or interpreted and maintain documentation for post payment review.

All abdominal and retroperitoneal diagnostic studies must be either (1) performed by a trained physician, or (2) performed under the general supervision of a trained physician by a technologist who has demonstrated minimum entry level competency by being credentialed as described below, or (3) performed in laboratories accredited in abdominal ultrasound.

When a physician is not the sonographer, appropriate and required technologist certification is: preferably the Registered Diagnostic Medical Sonographer (RDMS) credential preferably with specialization in abdominal studies, or the Registered Vascular Technologist (RVT) credential from the American Registry for Diagnostic Medical Sonography. These requirements will be deferred for two years (until April 10, 2008) for the office practices of cardiologists, radiologists, general or vascular surgeons, provided the supervising physician both reviews the quality of testing and interprets the test.

Appropriate laboratory accreditation includes preferably the American Institute for Ultrasound in Medicine (AIUM) or the American College of Radiology (ACR), or, the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).

A complete study is indicated when multiple organs must be visualized, or information from both sides of the body is required. A limited study is indicated when the clinical findings relate to a single organ, single abdominal quadrant, single side of the body, or for follow-up of an identified limited region or organ.

Major diagnostic indications below have been separated for abdominal and