

# CMS Limitations Guide - Radiology Services

Starting October 1, 2015, CMS will update their existing medical necessity limitations on tests and procedures to correspond to ICD-10 codes. This limitations guide provides you with the latest changes.

This guide is not an all-inclusive list of National Coverage Documents (NCD) and Local Coverage Documents (LCD). You can search by LCD or NCD or keyword and region on the CMS website at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?clickon=search>.

CMS will deny payment if the correct diagnosis codes are not entered on the order form, and your patient's test or procedure will not be covered. We compiled this information in one location to make it easier for you to find the proper codes for medically necessary diagnoses.

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

We will continue to update this list as new CMS limitations are announced. You can always find the most current list at: [www.munsonhealthcare.org/medicalnecessity](http://www.munsonhealthcare.org/medicalnecessity).

If you have any questions, please contact Kari Smith, Office Coordinator, at **(231) 935-2296**, or Karen Popa, Director, Patient Access Services, at **(231) 935-7493**.

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## Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

US Aorta Screening (G03.89) (Preventive Services)

### HCPCS/CPT Codes

G03.89 – Ultrasound exam for AAA screening

### ICD-10-CM Codes

No specific diagnosis code

Contact local Medicare Administrative Contractor (MAC) for guidance

### Who Is Covered

Medicare beneficiaries:

- With certain risk factors for AAA; **and**
- Who receive a referral from their physician, physician assistant, nurse practitioner, or clinical nurse specialist

### Frequency

Once in a lifetime

### Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

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**The patient must be included in at least one of the following three risk categories in order to support medical necessity for an US AORTA SCREENING:**

1. Has a family history of abdominal aortic aneurysm
2. Is a man between the ages of 65-75 who has smoked at least 100 cigarettes in his lifetime
3. Is a beneficiary who manifests other risk factors in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding AAA, as specified by the Secretary of Health and Human Services, through the national coverage determination process

\*Also, effective for dates of services on and after January 1, 2007 Medicare will pay for a one-time ultrasound screening for AAA, for beneficiaries who meet the following criteria:

1. Receives a referral for such an ultrasound screening as a result of an initial preventive physical examination (IPPE)
2. Receives such ultrasound screening from a provider or supplier who is authorized to provide covered ultrasound diagnostic services
3. Has not been previously furnished such an ultrasound screening under the Medicare Program