



## Radiology Views™ Newsletter – October 2010

**EFFECTIVE OCTOBER 1, 2010 – REVISION TO CURRENT LOCAL COVERAGE DETERMINATIONS**

### **WHAT YOU NEED TO KNOW:**

Ohio Part B Carrier has updated some of the radiology-related Local Coverage Determinations (LCD) which indicate which diagnoses Medicare will allow for each procedure.

### **WHAT DOES THIS MEAN?**

Effective October 1, 2010, Ohio's Medicare Carrier has added diagnosis codes to the list that meet medical necessity and are now payable for the procedures listed below:

<b>PROCEDURE</b>	<b>NEW PAYABLE DIAGNOSES</b>
Cardiac Radionuclide Imaging	784.92 Neck pain
CT heart - congenital heart disease	786.30 Hemoptysis 786.39 Other hemoptysis
NIVT - Venous extremity studies	786.30 Hemoptysis 786.31 Acute idiopathic pulmonary hemorrhage infants 786.39 Other hemoptysis
Paravertebral Facet Injections	724.03 Spinal stenosis lumbar w/o neurogenic claudication
MRA Abdomen & MRA Pelvis	447.70 Aortic ectasia, unspecified 447.72 Abdominal aortic ectasia 447.73 Thoracoabdominal aortic ectasia
MRA Chest	447.71 Thoracic aortic ectasia 447.73 Thoracoabdominal aortic ectasia

For a complete list of diagnosis codes that meet medical necessity requirements for the procedures listed above go to [www.palmettogba.com](http://www.palmettogba.com).

Be sure to check out our November Radiology Views™ Newsletter for an update of CPT procedure code changes that will take place in 2011.

If you have any questions on this or other documentation and coding topics, please call or email Wendy Block, at 330.564.2618 or [wblock@prcmedical.com](mailto:wblock@prcmedical.com).