

PreferredOne

DEPARTMENT:	Pricing & Payment	APPROVED DATE: 09/30/2018
POLICY DESCRIPTION:	CT for Suspected Appendicitis Without Prior Ultrasound	
EFFECTIVE DATE:	1/1/2019	
PAGE:	1 of 2	REPLACES POLICY DATED:
REFERENCE NUMBER:	P#34	RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for the billing of CT evaluation of suspected appendicitis before ultrasound was performed. According to Choosing Wisely campaign, CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is nearly as good in experienced hands. Since ultrasound will reduce radiation exposure, ultrasound is the preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach reduces potential radiation risks and has excellent accuracy, with reported sensitivity and specificity of 94 percent.

POLICY: PreferredOne will not reimburse for a CT related procedure on members less than 18 years of age with a primary or secondary diagnosis of appendicitis when performed within 30 days prior to the diagnosis and did not have an ultrasound performed within 30 days prior to the diagnosis

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandated by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
2. Any claim for a member who is less than 18 years of age who has a CT related procedure with a primary or secondary diagnosis of appendicitis when performed within 30 days prior to the diagnosis and did not have an ultrasound performed within 30 days prior to the diagnosis will not be reimbursed.
3. Ultrasound procedure codes: 76700, 76705, 76830, 76856, 76857
4. CT procedure codes: 72192, 72193, 72194, 74150, 74160, 74170, 74176, 74177, 74178

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DEFINITIONS:

REFERENCES: Medical Management Document on Coverage Determination Guidelines
MP/C009