

Abdominal Aortic Aneurysm Screening (76706)

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Effective January 1, 2017, code 76706, Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA), should be used to report AAA ultrasound screening. This code was established in support of the recommendation of the United States Preventive Services Task Force (USPSTF) for screening ultrasound evaluation of the aorta. Per the ultrasound guidelines, code 76706 includes interpretation and report of the results of the screening. Do not report code 76706 for performance of screening that does not include clinician interpretation and creation of a report. This article discusses the USPSTF abdominal aortic ultrasound screening recommendations and other codes for aortic ultrasound.

Abdomen and Retroperitoneum

● 76706

Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

▶(For ultrasound or duplex ultrasound of the abdominal aorta other than screening, see 76770, 76775, 93978, 93979)◀

An abdominal aortic aneurysm is a weakening in the wall of the infrarenal aorta that results in a bulge in this part of the aorta, typically with an anteroposterior diameter of 3 cm or greater in the adult population. AAAs often go undiagnosed because a large proportion of patients are asymptomatic until the aortic aneurysm ruptures, which is generally acute and often fatal. Most individuals who experience AAA rupture do not survive, with a mortality rate estimated near 90%. The risk of rupture is proportional to aneurysm size. Larger aneurysms are more likely to rupture than smaller aneurysms.

Screening is recommended to detect aneurysms early and to implement timely risk modification strategies. The USPSTF recommends that clinicians selectively offer screening with ultrasonography for AAA in males aged 65 to 75 years who have smoked. The Centers for Medicare & Medicaid Services allows screening of males age 65 to 75 who have smoked at least 100 cigarettes in their lifetime, but also allows assessment of any Part B beneficiary who has a family history of abdominal aortic aneurysms. Prior to January 1, 2017, a

screening study for AAA was reported with HCPCS code G0389, Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening.

It is not appropriate to report either code 76770, Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete, or code 76775, Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited, for AAA screening. Codes 76770 and 76775 should only be used for complete (or limited, in the case of code 76775) diagnostic ultrasound imaging of the retroperitoneum when there are clinical signs or symptoms that warrant such an examination (eg, evaluation of a palpable or pulsatile mass).

Clinical Example (76706)

A 65-year-old obese male smoker undergoes a screening duplex scan for abdominal aortic aneurysm.

Description of Procedure (76706)

The technologist who performs the examination is supervised. The ultrasound examination is interpreted, with evaluation of the target structures, and the measured aortic diameter is confirmed. ♦