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Audits of Transthoracic Echos, Venous Ultrasounds May Signal a Focus on Screening Services

By Nina Youngstrom

Medicare audits of two diagnostic tests—transthoracic echocardiograms and peripheral venous examinations—may point to a trend of claim denials of diagnostic tests performed to screen patients in ways that seem to fall outside a local coverage determination (LCD).

Recovery audit contractors (RACs) and several Medicare administrative contractors (MACs) are auditing transthoracic echocardiography under Targeted Probe and Educate (TPE) and at least one MAC is auditing venous ultrasounds under TPE. The overarching message is that claims will be denied when the tests are performed in the absence of signs/symptoms or other findings, said Jeanne Owens, the internal billing compliance consultant for an Illinois health system.

Both the RAC and the MAC have audited hospitals in her system. “We are getting denials and the money is being recouped,” Owens said. She thinks auditors are focusing on services that are often ordered for screening but aren’t covered under Sec. 1862(a)(1)(A) of the Social Security Act,” which says Medicare doesn’t pay for items or services that aren’t “reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.” Only certain screening tests are covered, such as colonoscopy.

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