

Diagnostic Radiology & Hot Topics

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Disclaimer

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Agenda

- Introduction
- Diagnostic Radiology Basics
- Radiology Documentation
- General Radiology Coding Guidelines
- Hot Topics

Resources

- AMA
- CMS
- ACR



Introduction

INTRO TO RADIOLOGY

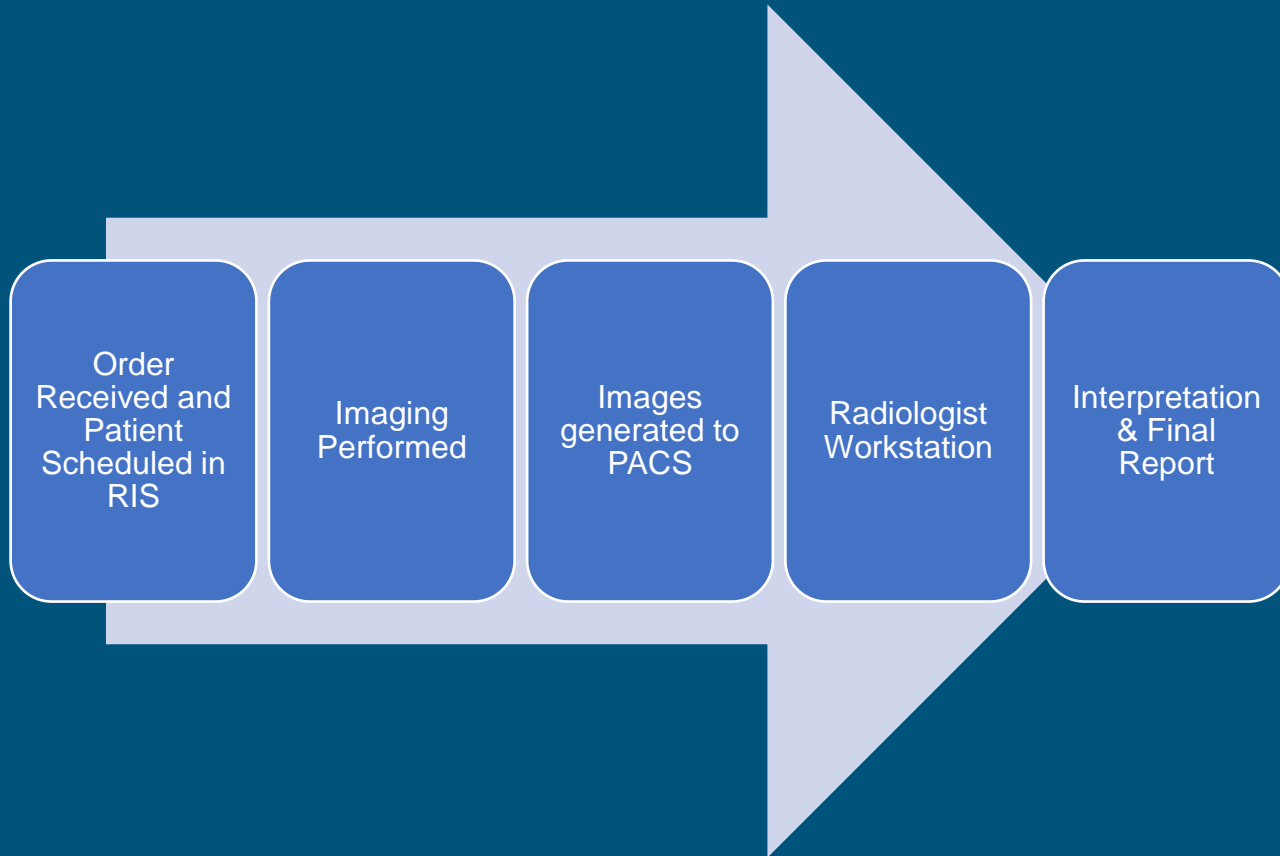
- What is radiology?
- Role of the radiologist
- Where are radiologists practicing?
 - Professional vs. Global billing
- Helpful knowledge for coding:
 - Anatomy & Terminology
 - Acronyms

Diagnostic Radiology vs. Interventional Radiology

INTERVENTIONAL RADIOLOGY	DIAGNOSTIC RADIOLOGY
<p>Patient Facing Lower Volume of Cases Treating Physician Often Multiple CPTs</p>	<p>Non Patient Facing Higher Volume of Cases Non-Treating Physician Usually Single CPT</p>

Diagnostic Radiology Basics

TYPICAL WORKFLOW



MODALITIES IN RADIOLOGY

- Diagnostic Imaging Modalities
 - Diagnostic X-Ray
 - Women's Imaging
 - Ultrasound
 - CT
 - MRI
 - Nuclear Medicine

Radiology Documentation

THE RADIOLOGY REPORT

- Dictation
- Macros/Templates
- Report Format:
 - Report Title/Header
 - Clinical History
 - Technique
 - Findings
 - Impression



SOURCE DOCUMENTATION

- Purposes:
 - Communication of Findings
 - Billing
 - Compliance
 - Legal
 - Quality Payment Program
- “Auditable and verifiable”



Radiology Coding

CPT CODING BASICS

- Category I, II, & III CPT codes
- Unlisted Codes
- Radiology Subsection of CPT
- Coding a Report

Modality Considerations

MODALITY	KEY DOCUMENTATION
X-RAY	Number of views Laterality
MAMMO	Screening/Diagnostic Tomosynthesis Laterality
DEXA	Axial/Appendicular Vertebral Fracture Assessment
CT/MRI	Contrast Administration

Modality Considerations

MODALITY	KEY DOCUMENTATION
CTA	3D Technique
ULTRASOUND	Limited/Complete
DUPLEX	B-Mode/Gray Scale Imaging Color Flow Spectral Analysis Laterality
NONINVASIVE PHYSIOLOGIC STUDIES	ABI Waveforms # of Levels
NUCLEAR MEDICINE	Radiopharmaceutical Limited/Whole Body Planar/SPECT Single/Multiple

ICD-10 CODING BASICS

- Highest Specificity
- Signs and Symptoms
- Incidental Findings

CODING COMPLIANCE

- Upcoding
- Unbundling
 - National Correct Coding Initiative (NCCI) Edits
 - NCCI Policy Manual
- Modifiers
 - Repeat procedures same DOS
 - Separate studies

**Both the coder and the radiologist are responsible for understanding their roles in compliance. The coders need to follow the authoritative guidelines and the physicians need to document accurately for services rendered.*

CODING RESOURCES

- Authoritative Guidance
- Societies
- Consultants
- Articles/Publications
- When to Use Caution

Current Hot Topics

Current Hot Topics

- Views vs. Images
- Ultrasound-Nonvisualization
- MRI Volume Quantification
- Vertebral Fracture Assessment
- Lower Extremity Vein Mapping

Views vs. Images

- CPT codes are based on number, and in some cases TYPE, of views and NOT on the number of images.
- A view is a projection-angle at which the body part is viewed
- Dependent on size of what is being imaged
- If multiple images of the same view are obtained, it still only counts as one view for coding purposes.
- If repeat views of the exact same structure/plane are performed, this is counted as one view for coding purposes
- Encourage providers to make this distinction

Nonvisualization-Ultrasound

- In order to report a complete ultrasound code, ALL of the required elements must be documented in the report or the reason given that a required element could not be visualized.
- Potential reasons for nonvisualization of a specific element:
 - Surgical Absence (must specify which organ(s) have been surgically removed)
 - For abdominal ultrasound, certain elements may be obstructed by bowel gas or other structure
 - For OB ultrasound, it may be too early in gestation to evaluate certain elements, such as the placenta and amniotic fluid levels.
- If the report does not describe the required elements or give a reason for nonvisualization, then a limited study must be reported.

MRI Volume Quantification

- *Neuroquant**
- Definition
- Typically in conjunction with MRI brain
- Alzheimers
- Should not be reported with 76377



Vertebral Fracture Assessment

- From the AMA:
 - *VFA is essentially a lateral radiographic image upon which vertebral body stature is measured to determine if any compression has occurred.*
- VFA:
 - Evaluates vertebral body shape
 - Always includes a lateral view of both lumbar and thoracic vertebrae
 - Qualitative study
 - Diagnostic output is an IMAGE
- FRAX-Fracture Risk Assessment Tool
 - NOT considered VFA from a coding perspective
 - No additional code to report

Lower Extremity Vein Mapping

- Typically Pre-CABG
- Without spectral analysis-Nonvascular extremity US (76882)
- With spectral analysis-verify veins evaluated
 - Even if bilateral, likely should be coded as a LIMITED study
- Watch for medical necessity issues

Q&A



Thank you!

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