Jennifer Bash, RHIA, CIRCC, CPC, RCC
Director of Coding Education
Agenda

• Introduction
• ICD-10 Obstacles in Radiology
• The Value of the Clinical History
• Documenting Specificity
• CMS Coverage Trends
• ICD-10 Risk Areas in Radiology
• Tools & Strategies for Improved Documentation
• Q&A
Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.

CPT codes are trademark and copyright of the American Medical Association.
Resources

• AMA
• AHA
• CMS
ICD-10 Obstacles in Radiology

- Lack of face to face time with the patient
- Poor Clinical History
- System Constraints/Limited Data Available on PACS
- Reliance on other entities for the integrity of the clinical history
- Imaging is not always conclusive
The Value of the Clinical History

- When an exam is normal, the coder will refer to the clinical history/reason for the exam.
- If the clinical history is missing, incomplete, nonspecific, or vague, there is an increased risk of denial/nonpayment due to lack of supporting documentation for medical necessity of the exam.
Documenting Specificity

• More important now than ever
• Coverage is changing
• GENERAL RULE: For all signs, symptoms, and conditions, consider:
  • Location
  • Context & Severity
  • Concurrent Signs/Symptoms and Conditions
## Documenting Specificity

<table>
<thead>
<tr>
<th>QUICK FIXES</th>
<th>AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Laterality</td>
<td>• “Rule out”</td>
</tr>
<tr>
<td>• Quadrant (abdomen, breast)</td>
<td>• “Fall”</td>
</tr>
<tr>
<td>• Specific lobe of lung</td>
<td>• ”MVA”</td>
</tr>
<tr>
<td>• Specific location of extremity</td>
<td>• “Pain”</td>
</tr>
<tr>
<td>• Specific part of an organ</td>
<td>• “Injury”</td>
</tr>
<tr>
<td></td>
<td>• “possible”, “probable”, “consistent with”, “suspicious”</td>
</tr>
</tbody>
</table>
Coverage & Medical Necessity Trends

- Medicare Coverage Database
- NCD/LCD/Private Payer Policies
- “Medical Necessity” Definition is Changing

“Still, let’s do an x-ray just to be sure.”
Medical Necessity

https://www.cms.gov/medicare-coverage-database/
ICD-10 Risk Areas in Radiology

• High Dollar Studies
  • PET
  • Noninvasive Vascular Studies
  • CT
  • MRI

• Preventive Services
  • https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
ICD-10 Risk Areas in Radiology

• PET
  • “History of Cancer”
  • Nonspecific Cancer Diagnoses
• Lower Extremity Venous Studies
  • “History of DVT”
  • “R/O DVT”
  • Leg Pain
  • Swelling
• Carotid Duplex
  • Dizziness
  • Altered Mental Status
ICD-10 Risk Areas in Radiology

• MRA Head/Neck
  • Headache
  • Numbness
  • “R/O stroke”
  • Cerebral Infarction

• CTA Chest
  • Abnormal CXR
  • Syncope & Collapse
ICD-10 Risk Areas in Radiology

- MBS
  - Dysphagia
  - Dysphasia
  - REQUIRES A SECONDARY DX
- Chest X-Ray
  - Pre-Operative Studies
Tools & Strategies for Improved Documentation

- Identify Problem Areas
  - Review Denial Trends
  - Prioritize
- Identify Source
  - Radiologist
  - Referring provider
  - Specific location/department
Tools & Strategies for Improved Documentation

• Tools for Improvement
  • Document Workflow including system access
  • Referring Provider Communication
  • Patient Questionnaire
  • Job Aides
Thank you!

Jennifer Bash, RHIA, CIRCC, CPC, RCC
Director of Coding Education

ADVOCATE Radiology Billing
10567 Sawmill Parkway, Suite 100 | Powell, Ohio 43065
jennifer.bash@radadvocate.com | www.radadvocate.com