The Pitfalls of Radiological Ordering and Documentation - Can you Pass an Audit?

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October 26, 2017
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The Objectives for this Webinar:

• Learn what the OIG and Private Insurers are up to regarding radiology.
• Learn the way to appropriately document a radiology order, ie: X-ray, Ultrasound, CT Scan, MRI, etc.
• Understand examples of podiatric relevant radiology studies performed using your EMR or other forms of documentation.
OIG and Private Insurers:

• APMA has learned through audits nationally that the OIG as part of the 2017 work plan added x-ray to its evaluation for appropriate and medically necessary services.

• APMA has learned through various audits that regional and national private carriers are looking more closely at your radiology procedure(s) being billed.
What constitutes a valid order?

- A valid order must contain, at minimum, the patient’s name, the test requested, clinical indications for the test, and the name and signature of the treating physician.
Orders, so what’s out there I can reference?
### CMS Manual System

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<th>Department of Health &amp; Human Services (DHHS)</th>
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<td><strong>Pub 100-02 Medicare Benefit Policy</strong></td>
<td><strong>Date:</strong> January 11, 2008</td>
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<td><strong>Transmittal 80</strong></td>
<td><strong>Change Request 5743</strong></td>
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Transmittal 79 was rescinded on December 19, 2007, and is being replaced at this time with Transmittal 80. The original Section 80.6.2 has been deleted. The remaining sections have been renumbered on the Table of Contents and manual instruction. Additionally, the section numbers in Business Requirement 5743.1 have been adjusted to reflect the change. All other information remains the same.

**Subject:** Requirements for Ordering and Following Orders for Diagnostic Tests

**I. SUMMARY OF CHANGES:** This revision incorporates language inadvertently omitted from section 15021 of the Medicare Carriers Manual when the Internet Only Manual was published.

New / Revised Material
Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

Table of Contents
(Rev. 80, 01-11-08)

80.6 - Requirements for Ordering and Following Orders for Diagnostic Tests
  80.6.1 - Definitions
  80.6.2 - Interpreting Physician Determines a Different Diagnostic Test is Appropriate
  80.6.3 - Rules for Testing Facility to Furnish Additional Tests
  80.6.4 - Rules for Testing Facility Interpreting Physician to Furnish Different or Additional Tests
  80.6.5 - Surgical/Cytopathology Exception
NOTE: Unless specified, these sections are not applicable in a hospital setting.

80.6.1 - Definitions
(Rev. 80; Issued: 11-11-08; Effective: 01-01-03; Implementation: 11-19-07)

Diagnostic Test

A “diagnostic test” includes all diagnostic x-ray tests, all diagnostic laboratory tests, and other diagnostic tests furnished to a beneficiary.

Treating Physician

A “treating physician” is a physician, as defined in §1861(r) of the Social Security Act (the Act), who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary’s specific medical problem.
Order

An “order” is a communication from the treating physician/practitioner requesting that a diagnostic test be performed for a beneficiary. The order may conditionally request an additional diagnostic test for a particular beneficiary if the result of the initial diagnostic test ordered yields to a certain value determined by the treating physician/practitioner (e.g., if test X is negative, then perform test Y). An order may be delivered via the following forms of communication:

- A written document signed by the treating physician/practitioner, which is hand-delivered, mailed, or faxed to the testing facility;
- A telephone call by the treating physician/practitioner or his/her office to the testing facility; and
- An electronic mail by the treating physician/practitioner or his/her office to the testing facility.

If the order is communicated via telephone, both the treating physician/practitioner or his/her office, and the testing facility must document the telephone call in their respective copies of the beneficiary’s medical records.
You should also be aware of the following resources

- The Social Security Act (§1862.a.1.A) states that for a test to be reasonable and necessary, it must be ordered by a physician, and the results must be used by that physician in the management of a beneficiary’s specific medical problem.
You should review the following resources

- The Medicare Claims Processing Manual (Chapter 23, Section 10.1.2) states that the ordering physician must provide the diagnostic information at the time the study is ordered.
You also should review the following resources

- The Medicare Program Integrity Manual (Chapter 3, Section 3.2.4) provides information regarding signature requirements and examples of valid methods for authentication.
X-ray CPT codes 73630, 73620, 73610 and 73600 documentation of the following must be included for proper use:

1) Actual order/views taken and reason for the order
2) Radiologic Exam including Side(s), Location and Views
3) Radiographic findings with conclusions and recommendations
Let’s review a few examples for ordering a x-ray and ultrasound study and how a report might look -

Example #1: Painful foot had stress fracture
Orders for Radiology: The following radiographs were ordered today and reviewed. They are to assist in the diagnosis: 3 views of the left foot.
Report of findings
Radiologic Exam x-ray:
Side: Left
Location: foot
Views: AP, Lateral, and Medial Oblique
(Continued)
Soft Tissue Density: increased soft tissue density and volume.
Bone Quality/Density: Osteopenia
Fracture Type: non-displaced
(Continued)
Fracture Characteristics: stress type
Radiographic comments: 3rd metatarsal exhibited cortical thickening mid shaft, this suggests a stress injury to this metatarsal.
Example #2 Post-op X-ray:

**Orders for Radiology:** The following radiographs were ordered today and reviewed. They are to evaluate the post-operative status: 3 views of the right foot.
Radiologic Exam x-ray:
Side: Right
Location: foot
Views: AP, Lateral, and Medial Oblique
Radiologic Exam (Continued):
Radiographic Findings: There was adequate resection of the head of the proximal phalanges for the 2nd and 3rd toes with contracture resolution of the 2nd and 3rd MTPJ's.
Example #3 HAV deformity evaluation

Orders for Radiology: The following radiographs were ordered today and reviewed. They are to determine the underlying etiology: 3 views of the right foot.
Radiologic Exam x-ray:
Side: Right
Location: foot
Views: AP, Lateral, and Medial Oblique
Radiographic Findings:
Soft Tissue Density: increased soft tissue density and volume at the 1st MTPJ medially and dorsally.
Sesamoid position is: # 5
1st intermetatarsal angle: 11 degrees
Hallux abductus angle: 36 degrees
Talocalcaneal angle: 34 degrees
Radiographic findings: Prominent
1st metatarsal head with subchondral cystic changes. No joint space narrowing and no osteophytes seen.
X-ray CPT codes 76881, 76882, and 76942 documentation of the following must be included for proper use:

1) Actual order-limited, complete, guidance and a reason for the order
2) Radiologic Exam including Planes: Longitudinal and Transverse Planes
3) Radiographic findings with conclusions and recommendations
4) Actual Images must be stored and made available upon request.
Example#4  Diagnostic Ultrasound of a Mass. **Orders for Radiology:**

Patient was referred for a diagnostic ultrasound. It will be used to determine what type of soft tissue abnormality is present,
Example#4 Diagnostic Ultrasound (Continued) including the need to assess for a soft tissue neoplasm and best diagnose the underlying pathology
Ultrasound Report:
Clinical Presentation: Initial Study
Ultrasound examination purpose:
To evaluate for a soft tissue mass
Technique:
Surface: anterior
Anatomical Part: Right ankle
Transducer: 10-5 MHz linear multi-frequency transducer array probe
Views: Both longitudinal and transverse planes
Findings: The growth
visualized for the right ankle anteriorly noted is hyperechoic and hypoechoic, multilobulated, no acoustic shadowing and oval shaped.
Measurements:
Length: 5.5 cm
Width: 3.4 cm
Depth: 4.0 mm
Impression: Lipoma
Ultrasound Comments: This ultrasound, extremity, nonvascular, real-time with
image documentation was created. This growth appears well contained but if unsure then further testing such as MRI may be indicated. Study Type: limited - anatomic specific
Example#5 Diagnostic Ultrasound

Orders for Radiology:

Patient was referred for a diagnostic ultrasound. It will be used to determine what type of bone/soft tissue abnormality is present, and best diagnose the underlying pathology.
Ultrasound Report: 
Clinical Presentation: Subsequent Study
Ultrasound examination of the area: To evaluate 1st MTP joint
Technique:
Surface: anterior, lateral, medial, and posterior
Anatomical Part: Right foot 1st MTPJ
Transducer: 1-5 MHz linear multi-frequency transducer array probe
Views: Both longitudinal and transverse planes
Findings: Elevated soft tissue minor soft tissue swelling here but osseous changes revealed superior to the 1st MTPJ spurring noted with soft tissue elevated around this deformity.
Measurements:
Length: 1.1 cm
Width: 1.4 cm
Impression:
Bursitis: 1st MTP joint
Other: Exostosis/Osteophyte dorsal 1st metatarsal
Ultrasound Comments: The ultrasound, extremity, nonvascular, real-time with image documentation. There was no fracture of the osteophyte seen. Study Type: complete
Conclusion: You should now know that:

• The OIG and Private Insurers are reviewing radiology.
• The way to appropriately document a radiology “order”, ie: X-ray, Ultrasound, CT Scan, MRI, etc.
• We provided examples of podiatric relevant radiology studies performed using your EMR to meet proper documentation.
Questions?

Thank you!