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# Radiology Trends

## Did You Know?

MRI results suggest that the longer a patient has type 2 diabetes, the more brain volume is lost, according to research published online on April 29th in [Radiology](#).

## Strategies for Lowering Screening Radiation Doses

Optimizing CT imaging protocols and applying radiation dose reduction techniques is essential to ensure the best imaging results with the lowest radiation dose, according to an article published in the [American Journal of Neuroradiology](#). There are several factors that affect radiation dose during imaging tests, including Collimation, table speed and pitch, which are interlinked parameters that affect the diagnostic quality and radiation dose of an imaging study. In order to reduce radiation dosages, strategies have been implemented, including automated tube current modulation, which is the most widely available technical innovation for significant radiation dose reduction. CT imaging can be done with lower radiation doses, regardless of patient size or which body part is being scanned. Although procedures have been developed, more needs to be done to further reduce radiation doses during diagnostic imaging. New approaches include: Automated organ-based current modulation, which is a technique that reduces the tube current for certain projections to avoid direct exposure of the thyroid gland and ocular lens, and other radiosensitive organs. "There are significant variations between sites and scanners in imaging protocols with a wide range of radiation doses for the same scan indication," the authors wrote.

## Did You Know?

A new technique based on near-infrared spectroscopy (NIRS) used during an intravascular ultrasound (IVUS) procedure is the first to directly visualize unstable lipid core plaque, according to an article in the [Journal of Invasive Cardiology](#).

## Arizona Enacts Breast Density Notification Law

Arizona became the 15<sup>th</sup> state to pass a breast density patient notification law in late April. According to the 'Are You Dense?' Advocacy group, breast density predicts the accuracy of mammographic screening. Also, utilizing adjuvant breast screening tools can increase detection of early stage breast cancer for women with dense breast tissue up to 100 percent. The group also states that breast density is one of the strongest risk factors associated with breast cancer.

Governor Jan Brewer signed the bill, which will become effective October 1. The law requires that a health care institution or facility that categorizes a patient as having heterogeneously dense or extremely dense breasts based on breast image reporting, and the data system established by the American College of

Radiology, must include an informational summary with the mammography report sent to the patient. The summary explains the patient has dense breast tissue and encourages the patient to discuss with their health care provider their dense breast tissue and other breast cancer risk factors. They can then along with their physician decide if additional screening options are right for them. A federal density reporting bill, the Breast Density and Mammography Reporting Act, was introduced to the U.S. House of Representatives in October 2013. It was referred to the Subcommittee on Health in November 2013.

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## Coding and Compliance Tips by Lori Shore, CPC,RCC

Timing is everything! This holds particularly true with the new thrombolytic infusion therapy codes (other than coronary), 37211-37214. These codes are based on date of service. A date of service is considered midnight until 11:59pm for any given date. With that being said, it is important for coders to know the exact time when you began the infusion therapy. Why? If you began the infusion at 10:00pm and continued for four hours, that would constitute two days of service, thus allowing us to bill for an initial day of infusion as well as a subsequent day. Most times we only receive documentation that infusion therapy began and planned to continue to a given period of time.

When thrombolytic infusion therapy begins and ends on the same date of service, only the code for the initial date of service is billable. Likewise, if you end infusion therapy on a subsequent day of treat-

ment, you can only bill for the cessation of thrombolytic therapy and not for both the cessation and a subsequent day of treatment. Catheter changes, repositioning, contrast injections and imaging are all bundled into code 37213 for subsequent thrombolytic therapy. The code for cessation of therapy, 37214, also includes catheter removal and vessel closure.

## GAO Releases Report on Effect of Imaging Accreditation

The U.S. Government Accountability Office (GAO) has released a report to the U.S. Department of Health and Human Services and various congressional committees outlining the impact that Medicare imaging accreditation has had on access to advanced diagnostic imaging. The bottom line? It's not clear. The report follows implementation of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), which required that beginning January 1, 2012, suppliers of the technical component of advanced diagnostic imaging (ADI) services (CT, MRI, and nuclear medicine, including PET) be accredited to receive Medicare payment for these services. One of the major concerns about the requirement has been that it could disrupt Medicare beneficiaries' access to these services if some imaging service providers are unwilling or unable to become accredited, according to the GAO.

The report did find that the number of advanced diagnostic imaging services provided to Medicare beneficiaries in the office setting began declining before, and continued declining after, the accreditation requirement began. But whether this decline is solely attributable to the accreditation requirement is unclear, the GAO said.

In particular, advanced imaging use tapered off at the same time that public and private policies designed to slow imaging utilization and spending—such as Medicare payment reductions, prior authorization policies, and radiation dose awareness—were ramping up. "The findings suggest that the overall decline was driven, at least in part, by factors other than accreditation" the GAO wrote. However, even if the effect of the accreditation requirement on access to advanced imaging in the office setting is murky, accrediting organizations and accredited advanced imaging suppliers said that any effect on the access was likely limited, according to the GAO.