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Radiology Trends

Did You Know?

A new study indicates that women have a more difficult time recovering from concussions than men, based on brain activation patterns seen on functional MRI (fMRI) during working memory tasks.

USPSTF Rejects Expanded Breast Screening Guidelines

In a move that is already drawing fire from breast screening proponents, the U.S. Preventive Services Task Force (USPSTF) in late April declined to expand its recommendation on which women should receive regular mammography screening, instead issuing a draft of new breast screening guidelines that are largely similar to its more conservative guidance from 2009. The new guidelines recommend that women in their 50s only receive mammography screening every two years, rather than annually as is advocated by many women's health, oncology, and radiology groups. They also stop short of recommending screening for women in their 40s, repeating the task force's belief that the benefits of screening in this age group do not outweigh the purported harms of screening. USPSTF generated a firestorm of criticism in 2009 when it rescinded its previous recommendation that women ages 40 and older receive mammography exams every one to two years. In making the change, USPSTF at the time said it based its revision on a meta-analysis of the major randomized controlled trials (RCTs) of screening mammography.

MRI Screening Spots Pancreatic Cancer in Selected Patients

An MRI-based surveillance program for individuals at risk for familial pancreatic cancer showed great promise for detecting cancer and premalignant lesions.

In a small cohort of 40 individuals at risk for familial pancreatic cancer, pancreatic lesions were detected in 40% by MRI surveillance over a mean follow-up of 12.9 months. Five of those patients underwent surgery for treatment of the lesion, reported Marco Del Chiaro, MD, PhD, of the Karolinska Institute in Stockholm, and colleagues.

Three out of the five patients who underwent resection had pancreatic ductal adenocarcinoma and the other two had intraductal papillary

mucinous neoplasia of intermediate dysplasia while the remaining 35 patients are under surveillance. "So there is a clear and unequivocal need for affordable screening strategies based on reliable biomarkers and efficient imaging modalities," he said. He stated that there are no biomarkers for diagnosing early-stage disease, and that population screening with radiographic imaging or endoscopic procedures is not clinically or economically feasible for a cancer that represents only 3% of estimate new cancers annually.

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No Need For CT: Contrast US Can Follow Up Solid-Organ Injuries

Contrast-enhanced ultrasound (CEUS) can be used in favor of CT for following up solid-organ injuries in children and young adults, avoiding unnecessary radiation exposure in this vulnerable population, according to researchers from King's College Hospital in the United Kingdom. In the hope of reducing unnecessary radiation exposure in children and young adults, the researchers sought to compare the performance of CEUS with CT for following up such patients who have blunt or penetrating solid-organ injuries.

The group found that CEUS detected all of the same complications that CT did on follow-up imaging. What's more, CEUS found several complications that were missed on CT. Researcher Dr. Annamaria Deganello and colleagues retrospectively reviewed all referrals between 1999 and 2013 to the King's College Hospital level I trauma center, ending up with 766 consecutive patients who had received CT after sustaining abdominal trauma. There were 161 females and 605 males, with a mean age of 15 years (range, 9 months to 20 years).

"Our initial experience shows that CEUS diagnostic accuracy equals that of CT," said Dr. Deganello. "We could correctly diagnose all complications that were seen on CT, but we could do it in a safe, radiation-free way [and that's] very important for these children. CEUS can really be a viable alternative to CT for the follow-up of [solid-organ] injuries in this vulnerable population," she concluded.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Complete or Limited Breast Ultrasounds

For many years we didn't have to think about documentation or coding for breast ultrasounds. There was only one code, unilateral or bilateral for whatever was imaged. That is no longer the case, as of 2015, and it is creating a lot of questions about what is considered a complete study. CPT code 76641 is now used to indicate that a complete ultrasound of the breast, unilateral, was performed. This means that all four quadrants of the breast were imaged and includes the axilla, when performed. CPT code 76642 is for a limited study or less than four quadrants imaged. This would be reported for localized studies.

The issue is that most documentation does not state that the entire breast, or all four quadrants, were imaged. This is making code selection difficult for coders and thus delaying claims as we seek clarification and/or addendums. Updating the templates at your practice will help to rectify this issue.

While you are updating your templates, why not add breast site specificity as we move toward the implementation of ICD-10-CM in less than six months? Breast cancer diagnoses rarely now contain the specific site of the neoplasm. Adding this will aid in code selection in ICD-10.