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Radiology Trends

Did You Know?

Researchers at the University of Utah are using functional MRIs to study the brains of patients with Down Syndrome.

The FDA recently approved BioXR's Ultra Blox x-ray attenuating cream. This hand cream will provide 50% to 85% less radiation exposure to hands during fluoroscopy and other image-guided procedures.

Whole-Body CT to Treat Patients in Shock

German researchers have found that using whole-body CT for patients in shock showed a substantially lower mortality rate. The data of 16,719 severely injured patients from throughout Europe were studied. Subjects were divided into three groups: those with severe shock, moderate shock and those without shock. Over 5,000 patients

were given a whole-body CT scan after being admitted to the hospital. 1,821 patients were in severe shock and 4,280 were in moderate shock. The scans averaged between three to six minutes to perform. The patients in shock that had the whole-body CT scans showed significantly lower mortality rates. The researchers concluded that a patient

in shock has a 25% greater chance of survival if he/she has a whole-body CT scan. The scan allows for targeted treatments and pinpoints bleeding injuries for faster and more accurate treatment.

Professor Peter Biberhaler, M.D. expects use of this concept to further decrease mortality rates for major trauma patients.

X-ray Radiation May Aid in Spinal Cord Treatment

Professor Shiqing Feng, and colleagues from the Tianjin Medical University in China, have determined that a radiotherapy dose of 8 Gy can inhibit glial scar formation and inflamma-

tory reaction at the site of a spinal cord injury. A glial scar inhibits axon regeneration preventing functional recovery of the central nervous system (CNS).

The researchers are still working to find the optimal time frame to deliver the radiotherapy; although, they are thinking day seven post-injury may be the best.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

While CPT has condensed and clarified some nuclear medicine codes in recent years, the nuclear medicine section of CPT still remains challenging for some coders. The main reason for this is terminology. What CPT calls “Lymphatics and lymph node imaging” is more commonly referred to by radiologists as a sentinel node study. There is no such thing as a “Stress Thallium” as far as the CPT book goes, it’s a Myocardial Perfusion Study. Don’t try looking up a “MUGA” you won’t find that either, it’s a Cardiac Blood Pool Study!

Experience helps with terminology, but other documentation issues exist.

SPECT is pretty standard in most settings, but planar codes still exist and are the default codes. If SPECT is not documented, we have to code planar. It is a good idea to build SPECT into your templates.

PET scans require a

modifier to indicate if the study is the initial or subsequent study. Medicare will only pay for one initial PET or PET/CT per cancer diagnosis so we need to be sure we are coding this correctly.

The more information you can give coders for nuclear medicine, the better.

Scripps Studies Mobile Medical Devices

San Diego based Scripps Translational Science Institute (STSI) has begun a six-month “Wired for Health” program to study the effectiveness of mobile health devices in reducing healthcare costs. Two-hundred participants with at least one of three chronic conditions: diabetes, high blood pressure or heart arrhythmia, were selected. Half of the group was given a smart-phone with a monitor for their particular condition. When their values are considered “abnormal” the phone will prompt them to contact a nurse at HealthComp, Scripps’s third-party administrator. The other half of the group was offered HealthComp’s disease management program that includes individualized nurse education and training about their specific condition.

The goal of the study is to see if the patients with mobile devices interact more with their healthcare providers and are more successful at managing their chronic conditions, while spending fewer healthcare dollars.