



Radiology Trends

Medical Billing and Management Services

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Did You Know?

Women with the BRCA1 or BRCA2 gene mutations who have had mammograms or chest x-rays before age 30 are more likely to develop breast cancer than those carrying the gene who were not x-rayed, according to researchers from Amsterdam published in the British Medical Journal.

Australian researchers reported in *Cancer Epidemiology, Biomarkers & Prevention* that screening mammography reduces breast cancer mortality by 49%.

ABUS Cost-effective Screening Modality for Dense Breasts

A study in the Journal of Diagnostic Medical Sonography compared Automated Breast Ultrasound (ABUS) to MRI as an addition to mammography in women with dense breasts. The study found ABUS comparable to MRI in reliability in asymptomatic women.

ABUS has been approved for diagnostic use but has yet to be approved for screening purposes. The Food and Drug Administration has recommended that ABUS be

approved for screening purposes this April.

The pilot study conducted at Nova Southeastern University in Winter Springs, Florida only included 24 asymptomatic women with breast density of greater than 50% on digital mammography. ABUS exams were compared to enhanced MRI studies done within a week of the ABUS exam. They found the modalities to be comparable in differentiating benign and malignant lesions based on shape, margins, orientation, etc.

While both modalities have limitations, researchers noted the practicality of ABUS for large populations including less technical training, ease of use, less variability and relative cost. Researchers concluded, "Our study offers a platform for further research in using the automated breast sonography procedure as part of a larger study of asymptomatic patients with mammographically dense breasts."

Central Line Bloodstream Infections Reduced

The Agency for Healthcare Research and Quality (AHRQ) began a program to reduce central-line bloodstream infections in intensive care units in 2009. In data just

released the number of infections has been reduced by 40% saving more than 500 lives and \$34 million in healthcare costs. The Comprehensive Unit-based Safety Pro-

gram (CUSP) was developed by Dr. Peter Pronovost, director of the Armstrong Institute for Patient Safety and Quality at Johns Hopkins.

ICD-10 Corner

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We are two years away from the implementation of ICD-10. How are you preparing? Here are a few things you should be doing now to prepare.

- Incorporate more specificity into your dictation
- Update your templates
- Work with your hospital IT staff to incorporate patient history into your RIS/PACS system

The more you do to prepare now the easier it will make what is sure to be a difficult transition to this new coding system for all.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

October is Breast Cancer Awareness Month. I thought it would be a good time to review some of the coding issues associated with mammography. Did you know you can be paid for a screening and a diagnostic study on the same day? If a patient presents for a screening mammography that finds "something" and additional diagnostic films are necessary on the same day, both studies can be billed. Add modifier GG to the diagnostic study. If the patient is scheduled for a screening mammography but presents with

symptoms you can add modifier GH to the diagnostic study to indicate that the study was originally supposed to be a screening.

While most of the industry uses digital mammography, film codes still exist and are the default. Make sure that your documentation mentions digital.

Computer-aided detection is also pretty standard. It should also be documented in the body of the report, not just the header. I suggest that you name the program used, i.e. R2 image

checker, iCAD, etc. This could be helpful in the event you change CAD systems and need to know which one was used for the reading.

One area of confusion for coders is "history of breast cancer". Is this a current cancer or a true history? It is helpful to just list cancer if the patient is still receiving treatment and history only if the patient has completed treatment.

Don't forget to let us know if you'll be doing reduced price or free screenings this month!



Visit us in Booth 204 at
the RBMA Fall
Educational Conference
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