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Radiology Trends

Did You Know?

Georgetown University researchers have found a compound in vegetables, such as cabbage, cauliflower and broccoli, that protected rats and mice from lethal doses of radiation.

In a study published in JAMA, patients with early breast cancers (stage 0—IIA), who received more direct radiation to the heart during treatment, have a higher risk of heart disease.

Radiologists Spend Third of Time Reading Images

Researchers at the University of British Columbia in Vancouver recently published a study in the *Journal of the American College of Radiology* stating that radiologists only spend 36.4% of their time reading images. Dr. Deljit Dhanoa and his team had trained observers follow 14 staff radiologists in 3 different hospital settings in the fall of 2012. Only diagnostic radiologists were included in the study. The observations lasted approximately 154 hours over 20 days and began at 8:00am and ended between 4:00pm

and 5:00pm daily.

“It is a generally perceived notion that radiologists spend most of their working day in a dark room interpreting images. Although, this may have been an accurate perception in the past, the role of the modern radiologist has evolved to provide more than image-interpretation service.”, wrote Dhanoa.

The other 43.8% of the radiologists’ day in the study consisted of supervising and monitoring studies, image-guided procedures, teaching house staff,

attending meetings, consulting with physicians and direct patient care. Time developing protocols for study requests accounted for 12.7% of their day and 7.1% was personal time. The total clinical time spent was 87.7% of their day. Clinical productivity was difficult to determine since most radiologists average 6 interruptions an hour.

Ultrasound Used With tPA to Treat Strokes

Ultrasound used in combination with tPA therapy may increase the rate of artery recanalization in ischemic stroke patients. This was reported in a study published in *Stroke*. The study was sponsored

by the U.S. National Institutes of Health (NIH) and conducted at the University of Texas Science Center and University of Alabama Birmingham.

The study showed higher rates of sustained com-

plete recanalization in patients with ischemic stroke, caused by proximal intracranial occlusion, when tPA therapy was followed by sonothrombolysis as opposed to patients who received tPA therapy alone.

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Cosmetic Interventional Radiology

In 2007 interventional radiologist, Ziv Haskal, offered an all-day symposium called “Cosmetic IR”. More than 600 interventional radiologists attended and has since become an event at the annual meeting of the Society of Interventional Radiology (SIR). This year, Dr. Abbas Chamsuddin presented a session entitled, “Laser Liposuction in Interventional Radiology”. Dr. Chamsuddin presented a study conducted by he and his colleagues at the Center for Laser and Interventional Surgery in Atlanta. 2,200 patients underwent laser liposuction on various body parts. Laser liposuction removes more fat than standard liposuction and also stimulates collagen production that tightens the skin.

Dr. Chamsuddin says his interest in laser liposuction developed after working with fiber optic endovenous laser technology for the treatment of varicose veins. He went through a training period of performing 25 different cases in 5 different body areas under the guidance of a trained physician.

Coding and Compliance Tips by Lori Shore, CPC,RCC

The CPT changes have been published for 2014 and, as expected, there is more bundling in interventional radiology. Breast biopsies are now bundled with clip placement and specimen radiographs and coded based on guidance modality in code range 19081-19086. Breast localizations now also include radioactive seed placements and will be coded based on guidance modality in code range 19281-19288. Endovascular repairs of the visceral aorta have been moved from Category III codes to CPT codes 34841—34848. Stent placements will now be coded based on whether an artery or vein was involved and excludes the codes already bundled; lower extremity, cervical carotid, extracranial vertebral, intrathoracic carotid, in-

tracranial or coronary. Embolizations will now include all radiological supervision and interpretation and will be coded based on whether an artery or vein was embolized and the condition being treated. The new code range for embolizations is 37241– 37244.

All site-specific drainage catheter codes are being replaced with 3 codes, 49405-49407. These codes represent percutaneous visceral and peritoneal/retroperitoneal drain-

ages as well as transvaginal/transrectal drainage of the peritoneal/retroperitoneal area.

Four new E/M codes have been added for interprofessional telephone/internet consults. Codes 99446—99449 are based on time and require a verbal and written report be sent to the requesting physician.

These codes go into effect on January 1, 2014.