Documenting X-Ray Services

Here are some guidelines.

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Many providers perform x-ray imaging and image interpretation rather than refer these services elsewhere. This can provide convenience to patients as they don't have to go to another facility for imaging. Furthermore, it can speed time to diagnosis and perhaps allow the patient to start targeted treatment sooner than if they had to go somewhere else to have imaging performed.

There are extensive documentation and compliance guidelines that accompany the provision of x-ray services when submitting claims for payment to third-party payers.[1] Both an order and a narrative report of the interpretation are required and there are required elements of both of these. Each third-party payer may have their own guidelines, but most follow the guidelines promulgated by The Centers for Medicare and Medicaid Services (CMS) in the Medicare Benefit Policy Manual, Chapter 15, Section 80.

These guidelines include the requirement that an order be written for the imaging study. The order must include:

- Patient name
- Test requested
- Body part/laterality
- Views, number and type for x-rays
- Plane(s) for ultrasound
- Clinical indication(s) for the test
- Name and signature of the treating physician

The names of the views should be written out. Merely documenting "two views" or "three views" does not satisfy the requirement to list the x-ray views ordered. The requirement to list the clinical indication for the test ordered means providers have to document why the study is being performed, even if that reason may seem obvious to the provider. Clinical indications may include, "evaluate for fracture" or "localize foreign body" or "evaluate for bone infection." Most auditors do not consider merely listing a complaint such as "pain" or "ulcer" to satisfy the requirement of documenting the clinical indication for the study.

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In addition to and separate from the order, providers are also required to document a report of the study performed when submitting for payment for the professional component of the study. That report must include:

- Patient name
- Test requested
- Body part/laterality
- Views, number and type for x-rays
- Plane(s) for ultrasound
- Findings
- Soft tissue density
- Bone quality
- Pertinent finings

The findings should include those other than only the area of interest. Even though there is overlap between the requirements of the order and the requirements accompanying the report, it is suggested that these two elements be fully documented independent of each other and titled as "Imaging Order" and "Imaging Report." Despite the redundancy, following this guidance helps an auditor or third-party payer representative find what they are looking for if a documentation review is ever performed. **PM**

Reference

[1] Medicare Benefit Policy Manual, Chapter 15, Section 80.

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