Nuclear Medicine Dictation Standards

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- This presentation will begin at 11:00 a.m. central time (no sound until then)
- The slides for today's presentation are available now. Look in the chat box for the link or visit vrad.com for the webinar series link.
- Trouble connecting to audio?
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- Question? Click the question mark.
- Today's presentation is informational only - no credit is available.



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Disclaimer

- This presentation is designed to provide participants with reimbursement and coding related news, updates and guidance.
- The materials and documents presented are not intended to supersede any policies, procedures, or templates that vRad or your facility has approved and implemented, unless specifically noted.
- The information, while accurate, to the best of our knowledge, at the time of production, may not be current at the time of use.
- Information is provided as general guidance only and is not a recommendation for a specific situation. Viewers should consult official sources (CMS, ACR, AMA) or a qualified attorney for specific legal guidance.
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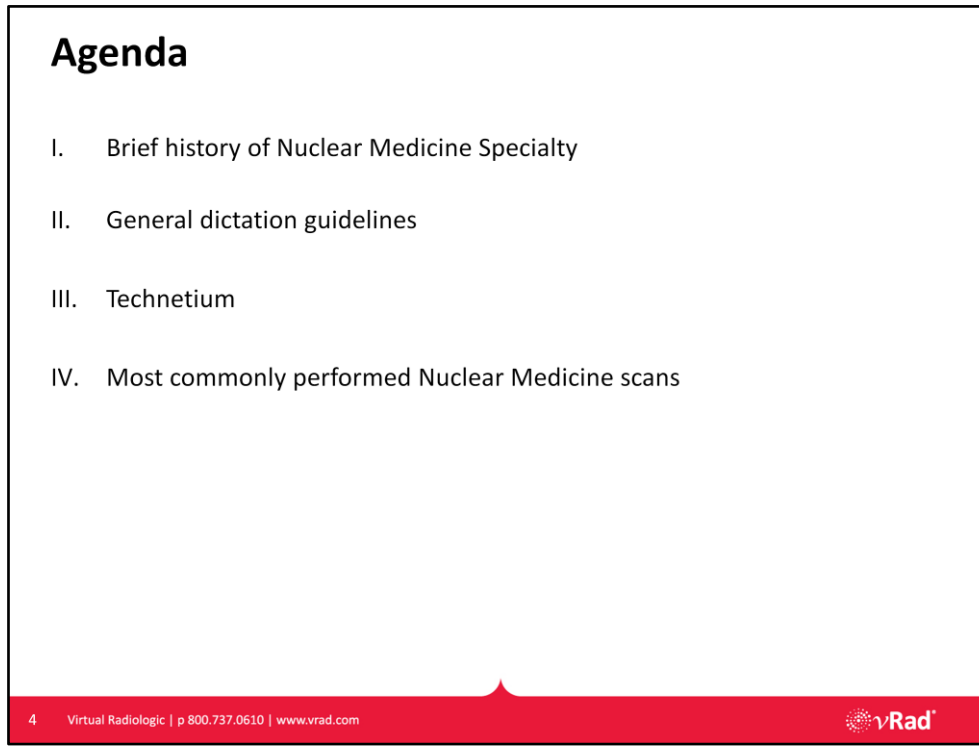
- To begin the presentation today we are going to review our disclaimer
- Read bullets

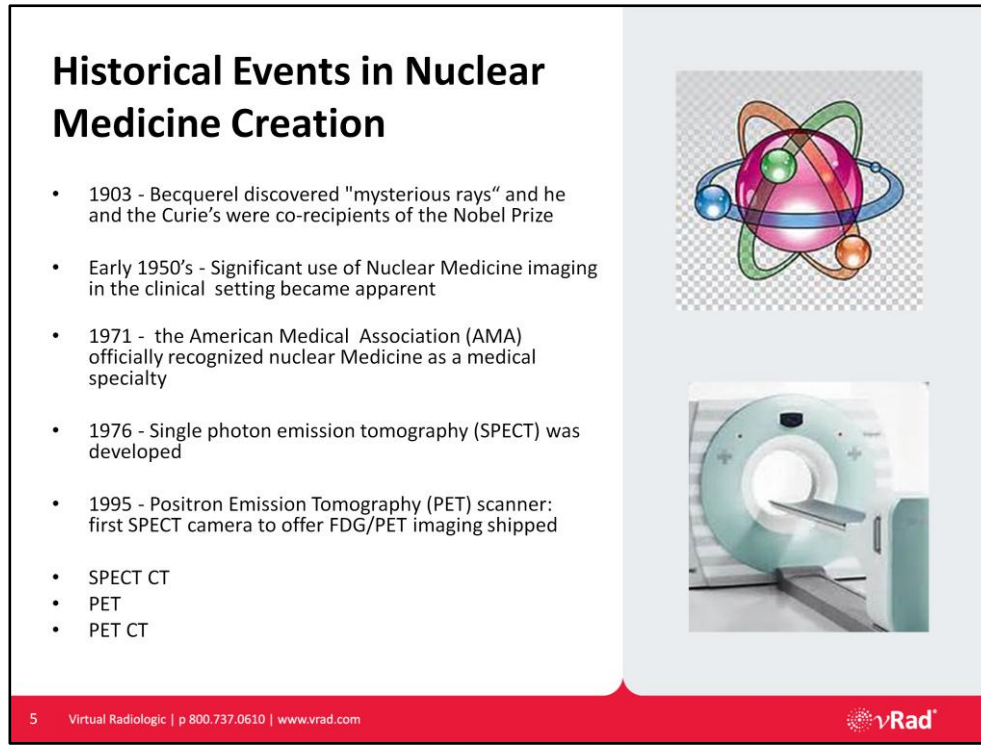


- Today's program is focusing on the top 10 Nuclear Medicine Scans performed since June 2013 and what dictations must contain in order for a coder, auditor, or payer to understand exactly what the radiologist performed on that patient.

- Coders and billers appreciate and understand that there are two primary purposes for a radiology report is to:
    - describe what was seen and found in the radiology study to help decide upon the appropriate course of treatment,
    - to communicate with referring physicians and other colleagues.

- Radiologist must realize that the documentation in their reports must support medical necessity, coding, billing and legal requirements.

- Today's presentation will help radiologists, coders and other medical professionals understand and identify dictation standards in Nuclear Medicine reports



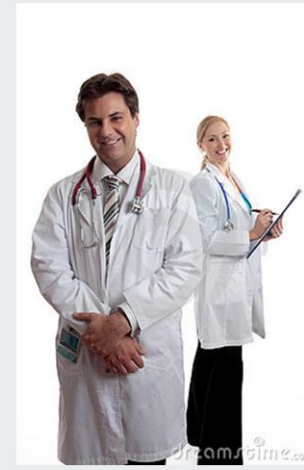
- Many of us participating in this webinar are aware that Wilhelm Roentgen discovered X-rays or Roentgen rays on November 8, 1895.

- But you might not be aware that a French physicist named Antoine-Henri Becquerel discovered "spontaneous radioactivity" with uranium salts and became the co-recipient (along with his students Marie Curie and Pierre Curie) of the 1903 Nobel Prize in physics.

- **1976** John Keyes developed the first general purpose single photo emission computed tomography (SPECT) camera.
  Ronald Jaszczak developed the first dedicated head SPECT camera.
- **1980s** The development of single photon emission tomography led to three-dimensional reconstruction of the heart and establishment of the field of Nuclear Cardiology.
- **1983** Henry Wagner carried out the first successful PET imaging of a neuroreceptor using himself as the experimental subject.
- **1995** ADAC Laboratories shipped the first SPECT camera to offer coincidence detection capable of FDG/PET imaging.

General Dictation Guidelines

- Billing HCPCS codes for radiopharmaceuticals:
  - Facilities or providers that purchase radiopharmaceuticals should submit appropriate codes for reimbursement.
  - HCPCS codes are assigned based upon numeric value. Multiple units may be billed to capture the dosage.
- Documentation of radiopharmaceuticals:
  - Name of the radiopharmaceutical.
  - Dosage in millicuries or microcuries.
- If a study is performed over the course of multiple days, the most comprehensive CPT code is billed (unless CPT parenthetical notes instruct otherwise).



Read slide

Millicuries or Microcuries

Curie - the unit of measurement for radioactivity.

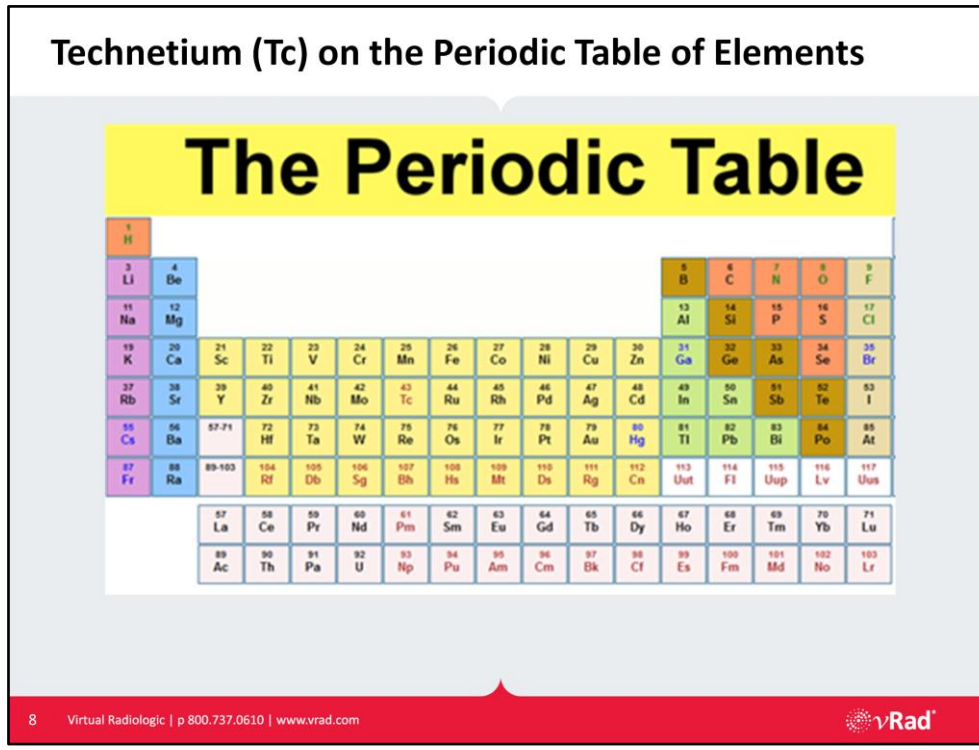
- Milli and micro are metric system prefixes:
  - Milli represents a thousandth of something
    - A millicurie is 0.001 curies
  - Micro represents a millionth of something.
    - A microcurie is 0.001 times smaller than a millicurie.
    - A microcurie is 0.000001 curies.

A user-friendly conversion calculator can be found at:
http://www.convert-measurement-units.com/convert+Microcurie+to+Millicurie.php

Microcurie (µCi)	x 1/1000*	Millicurie (mCi)
1 (µCi)	=	.001 (mCi)
10 (µCi)	=	.01 (mCi)
100 (µCi)	=	.1 (mCi)
1000 (µCi)		

* Multiply the µCi value by 1/1000 or .001

- Read slide



- Technetium was the first element (element 43 on the periodic table shown here) to be produced artificially. It was discovered by C. Perrier and Emilio Gino Segrè in Italy in 1937 and all its isotopes are radioactive.

- It is named after the Greek word *technetos*, meaning "artificial".

Tc-99m Based Radiopharmaceuticals

Tc-99m sulphur colloid (sulfer colloid): splenic and hepatic imaging

Tc-99m pertechnetate (pertechnetate)
- thyroid imaging
- Meckel scan
- testicle imaging
- parathyroid imaging

Tc-99m MDP : bone imaging (MSK imaging) (medronate)
Tc-99m MAA : lung perfusion imaging (macroaggregated albumin)

Tc-99m Labeled Red Blood Cells (RBC)
- assessment of occult gastrointestinal hemorrhage
- assessment of vascular lesions, e.g. hepatic hemangioma

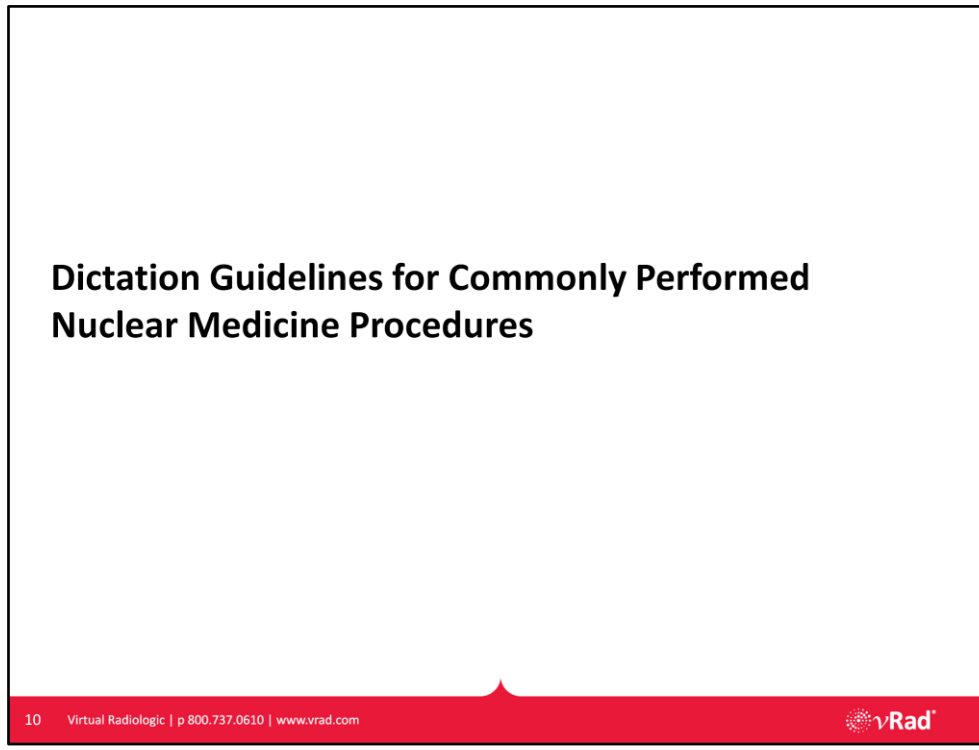
Tc-99m MAG3 : renal imaging (mertiatide)
Tc-99m DMSA : renal imaging (succimer)
Tc-99m DTPA : Gastro, renal, and respiratory imaging (pentetate)
Tc-99m Sestamibi : Cardiac and parathyroid imaging (sestamibi)
Tc-99m Mebrofenin: Hepatobiliary imaging (Choletec)
Tc-99m Tetrofosmin : Cardiovascular system imaging (Myoview)

- As demonstrated by this list, Technetium-99m is the most utilized element in Nuclear Medicine and is employed as the base radiopharmaceutical for a wide variety of Nuclear Medicine imaging studies that we are going to discuss today

- Pictured here are some of the most frequently utilized radiopharmaceuticals and the potential anatomic area(s) that can be imaged.

- You will notice that some radiopharmaceuticals can be used on multiple anatomic areas This is not an all-inclusive list of radiopharmaceuticals, so be sure to check with the nuclear medicine department if any site specific questions arise.

- Read



Because there are so many different nuclear medicine procedures, this presentation addresses the Nuclear Medicine procedures that are most commonly referred to vRad's radiologists.

Thyroid Imaging

78012

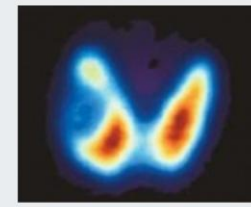
Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78013

Thyroid imaging (including vascular flow, when performed)

78014

Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)



Radiopharmaceutical(s):

- A9509
- A9512
- A9916
- A9528-A9529
- A9531

In January of this year (2013), the AMA deleted the old series of Nuclear Medicine thyroid uptake and/or imaging CPT codes and replaced them with codes 78012-78014.

Of these three new CPT Codes, 78014 was most often performed and read by our radiologists

This CPT change split the codes out based upon if it was an uptake only, a scan only, or an uptake and a scan.

Thyroid uptake is defined as “the measurement of the fraction of an administered amount of radioactive iodine that accumulates in the thyroid at selected times following ingestion.”

- The radioactive material that is absorbed allows the radiologist to identify whether the gland is overactive, underactive, or functioning normally.
- Uptake measurements may be obtained anywhere from 2 to 24 hours after the administration of a radiopharmaceutical.
- However, most frequently, uptake measurements are performed at 4-6 hours and 24 hours post radiopharmaceutical administration.
- When either single or multiple uptake measurements are obtained, code 78012 should only be reported once.

Also listed are the HCPCS codes for the radiopharmaceuticals commonly used for thyroid imaging.

Thyroid Imaging Dictation Requirements

- **Indication:** must support medical necessity
- **Exam Title:** Anatomical name of the scan (not by the radiopharmaceutical utilized)
- **Technique:** Name and dosage of radiopharmaceutical
- **Body of Report:**
  - Numeric uptake value
  - Imaging components for reporting 78014
  - Vascular flow if performed (bundled into CPT code 78014)
- **Final Impression:** Specify the uptake value:
  - Hyperthyroidism
  - Hypothyroidism
  - Normal value

- The dictation must support medical necessity by always dictating any and all related signs & symptoms, including any pertinent lab test values obtained.
- Read bullet two – again some scans may utilize radiopharmaceuticals that could also be used on another body area…Dictating the anatomical area of the scan will help alleviate any confusion to the coder, biller, payer, and/or auditor.
- Read bullet three
- Read bullet four
- Read bullet five

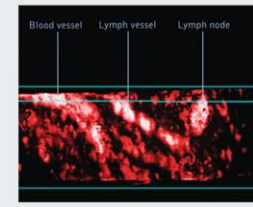
Lymph System Imaging

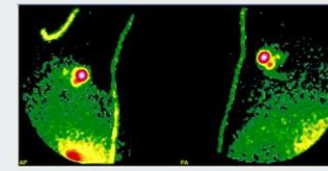
78195

Lymphatics and lymph nodes imaging

(For sentinel node identification without scintigraphy imaging, use 38792)

(For nuclear medicine lymphatics and lymph gland imaging, use 78195)





Radiopharmaceutical(s):

- A9541
- A9556

Next we will review lymph system scans:

This scan is primarily performed on breast cancer patients to determine if the cancer has metastasized and if so, through what lymph channel did it spread. It has also become more common to perform this scan on patients diagnosed with malignant melanoma for staging purposes .

Diagnostic nuclear lymphatic and lymph node imaging is a tool for studying diseases involving nodal tissue and evaluating lymphatic transport.

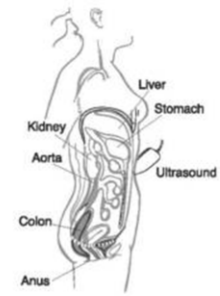
- The patient is placed in a supine position and sulfide colloid is injected according to the lymph node to be visualized.
    - For axillary and apical lymph nodes, for example, the injection is into the medial two interdigital webs of the hand and imaging is done two to four hours later.
    - For the internal mammary lymph nodes, the injection is into the posterior rectus sheath below the rib cage and imaging is dependent upon the study.
    - For the iliopelvic nodes, injection is into the perianal region with the patient in a knee to chest position.

A scintillation or gamma camera takes planar images of the study area on computer screen or film by detecting the gamma radiation from the radiopharmaceutical in the lymphatic tissue as it "scintillates" or gives off energy when coming in contact with the camera's detector.

Also listed here are radiopharmaceuticals HCPCS codes that are commonly used for lymph system imaging

Lymph System Imaging Dictation Requirements

- **Indication:** must support medical necessity
- **Exam Title:**
  - The anatomical name of the scan (not by the radiopharmaceutical utilized).
- **Technique:**
  - Name and dosage of radiopharmaceutical
  - Define if this was an injection only, or if it was injection with subsequent imaging
  - Specify if the injection was performed with or without imaging guidance.
  - Specify if ultrasonic guidance was performed (assign CPT 76942)
    - 76942 Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation



Ultrasound guidance is performed for needle placement. Any of a variety of procedures may be performed. Imaging supervision and interpretation only

- The dictation must support medical necessity by always dictating any and all related signs & symptoms, including any pertinent lab test values obtained
- Read bullet two – again some scans may utilize radiopharmaceuticals that could also be used on another body area…Dictating the anatomical area of the scan will help alleviate any confusion to the coder, biller, payer, and/or auditor
- Title of study should define if this was an injection only, or if it was injection with subsequent imaging
- For lymphatic system imaging - If injection only, then code 38792. If injection and imaging, code just 78195. If imaging only just report 78195
- Technique should specify if the injection was performed with or without imaging guidance. If imaging guidance (typically ultrasound) is provided, the coder will assign CPT 76942 in addition to 78195.

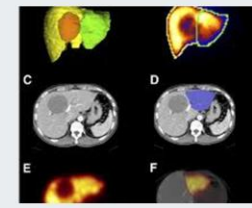
Hepatobiliary Imaging

78226

Hepatobiliary system imaging, including gallbladder when present

78227

Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed



Radiopharmaceutical(s):

- A9510
- A9512
- A9537

- The purpose of this scan is to assess the hepatocellular function and biliary duct patency. Images are obtained of the liver gallbladder, biliary ducts and small intestine. The tracer is followed from the liver through the biliary tree and into the small intestine.
- Often times this scan is to determine if a patient has cholecystitis (acute or chronic).
- Nuclear imaging is performed of the hepatobiliary ductal system, including the gallbladder if present.
- Special radiolabeled aminoacetic acids that are rapidly cleared by hepatocytes and excreted in the bile are injected into a peripheral vein.
- A scintillation or gamma camera takes planar images of the ductal system on computer screen or film by detecting the gamma radiation from the radiopharmaceutical in the body tissue as it "scintillates" or gives off energy in a flash of light when coming in contact with the camera's detector.

This imaging may be done with or without pharmacologic intervention to aid in visualizing the gallbladder and/or measuring its function.

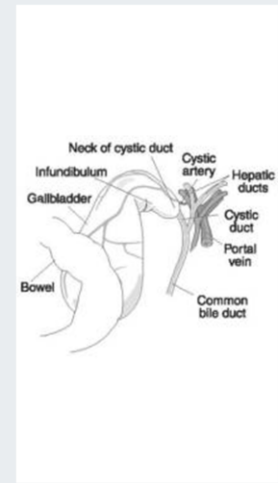
An oral agent is administered that concentrates in the gallbladder after being absorbed in the intestine and excreted by the liver.

The resulting opacification or even nonvisualization of the gallbladder can diagnose disease such as stones, polyps, and cholesterolosis.

And here is a list of the HCPCS codes for the radiopharmaceuticals commonly used for hepatobiliary imaging.

Hepatobiliary System Imaging Dictation Requirements

- **Indication:** must support medical necessity
- **Exam Title:**
  - The anatomical name of the scan
- **Technique:**
  - Name and dosage of radiopharmaceutical
  - With or without pharmacologic intervention



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- Support medical necessity by always dictating related signs & symptoms, and any pertinent lab test values.
- Title the exam with the anatomical name of the scan and not by the radiopharmaceutical utilized for the scan.

Some common agents used for pharmacologic intervention during a hepatobiliary scan that some of you might recognize are:

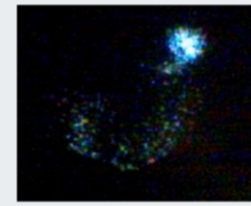
Cholecystokinin (CCK)
Sincalide
Kinevac
Morphine Sulfate (MS)

Gastric Imaging & Dictation Requirements

78264
Gastric emptying study

Dictation requirements:

- **Indication:** support medical necessity
- **Exam Title:** anatomical name of the scan
- **Technique:**
  Name and dosage of radiopharmaceutical



Radiopharmaceutical(s):
A9541
A9548

This scan is typically done on patients that are diabetic, anorexic, or that have some type of gastric outlet obstruction.

There are two potential phases to this study:

Solid –Sulfer Colloid (mixed with scrambled eggs typically)
Liquid – DTPA (a beverage to drink)

Once ingested the patient lies down and scans are taken by the gamma camera for the next one to two hours.

Calculations are made to determine what percentage of radioactive material is emptied from the stomach into the duodenum, and what percentage does not get emptied and stays in the stomach.

If both phases are obtained on the same date of service, only bill 78264 one time (consider adding modifier 22).

- Support medical necessity by always dictating related signs & symptoms, and any pertinent lab test values
- Title the exam with the anatomical name of the scan and not by the radiopharmaceutical utilized for the scan.
- And here is are two radiopharmaceuticals commonly used for Gastric Imaging.

GI Blood Loss Imaging and Dictation Requirements

78278

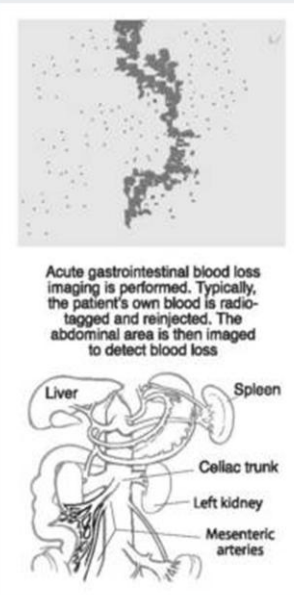
Acute gastrointestinal blood loss imaging

Radiopharmaceutical(s):

- A9541
- A9560

Dictation Requirements:

- **Indication:** support medical necessity
- **Exam Title:** the anatomical name of the scan
- **Technique:**
  Name and dosage of radiopharmaceutical



- The name of this test tells us what the purpose is…to identify if a patient has an acute GI hemorrhage and where it is located.
- Detection of a hemorrhage depends on the localization of radiotracer that has filtered out of the blood vessel and into the surrounding bowel lumen. Different angle images may be necessary to rule out bleeding that may be obstructed by other organs, such as the liver and spleen.
- If this scan is performed over multiple days, submit the charge only once.
- This CPT is for 2D or planar imaging…if SPECT CT imaging 3D is done along with planar imaging, the CPT code 78299 should be billed for SPECT CT and 78278 should be billed for the planar images

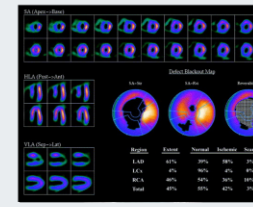
Myocardial Perfusion Imaging

78451

Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

78452

Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection



Radiopharmaceutical(s):

- A9500 – A9502
- A9505
- A9526
- A9538
- A9560

- Another Nuclear Medicine procedure that is commonly interpreted is the Myocardial Perfusion Scan.

- For tomographic myocardial perfusion imaging, the patient receives an intravenous injection of a radionuclide, usually thallium or technetium-99m, which localizes only in nonischemic tissue. SPECT (single photon emission computed tomographic) images of the heart are taken immediately to identify areas of perfusion vs. infarction. SPECT imaging differs from planar imaging by using a single or multiple-head camera that rotates around the patient to give three-dimensional tomographic imaging of the heart displayed in thin slices. In the non-stress version of the procedure, radionuclide is injected and images are taken without stress induction.

- In 78451, a single study is performed at rest or stress. If the test is to be done at a stress condition, it is induced with the standard treadmill exercise test or pharmacologically with the infusion of a vasodilator.

- In 78452, multiple studies are done at rest and/or stress with a second injection of radionuclide given again in the redistribution and/or resting phase just prior to resting images being taken.

- And here is a list of the HCPCS codes for the radiopharmaceuticals commonly used for myocardial perfusion imaging.

Myocardial Imaging Dictation

- **Indication:** support medical necessity
- **Exam title:** anatomical name of the scan
- **Technique:**
  - Name and dosage of the radiopharmaceutical
  - Specify if the study was performed:
    1. Planar only
    2. Planar with SPECT Imaging
    3. Performed at rest
    4. Performed during stress
    5. Performed at rest and also during stress
    6. How was the stress portion achieved:
       - Exercise
       - Adenosine injection

CPT codes 78451-78452 include:

- Wall motion,
- Ejection fraction (EF)
- Attenuation correction (AC)

NOTE: Dictation needs to contain all of these elements if they were part of the study

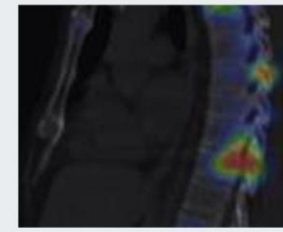
- Support medical necessity by always dictating related signs & symptoms, and any pertinent lab test values.
- Title the exam with the anatomical name of the scan and not by the radiopharmaceutical utilized for it.
- Technique: read bullet three.

If Stress study is performed, bill the applicable code from 93015-93018 separately.

Musculoskeletal Imaging

78306
Bone and/or joint imaging; whole body

78315
Bone and/or joint imaging; 3 phase study



Radiopharmaceutical(s):
- A9503
- A9538
- A9561
- A9580

MSK imaging is another one of vRad's frequent Nuclear Medicine studies. These scans are performed for a variety of reasons, including:

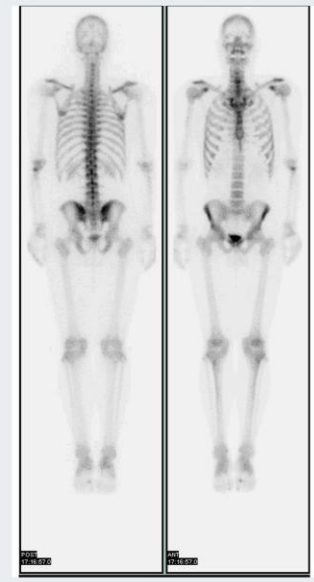
Discovering malignancy
Diagnosing stress fractures

3 Phase scans are primarily for differentiating cellulitis vs. ostemyelitis.

And again, we have provided a list of the HCPCS codes for the radiopharmaceuticals commonly used for musculoskeletal imaging.

Musculoskeletal Imaging Dictation Requirements

- **Indication:** support medical necessity
- **Exam Title:** the anatomical name of the scan
- **Technique:**
  - Name and dosage of the radiopharmaceutical
  - State that images were obtained from head to at least the level of the knees
- **Body of the report:**
  Three phase bone scan dictations contain three components (code 78315):
  - Initial vascular flow
  - Blood pool images
  - Delayed static images



- Support medical necessity by always dictating related signs & symptoms, and any pertinent lab test values.
- Title the exam with the anatomical name of the scan and not by the radiopharmaceutical utilized for the scan.
- Read bullet 3
- Read bullet 4

Pulmonary Imaging

78579

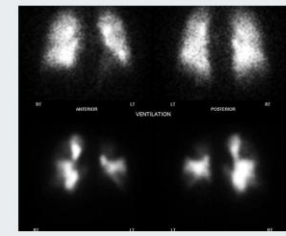
Pulmonary ventilation imaging (e.g., aerosol or gas)

78580

Pulmonary perfusion imaging (e.g., particulate)

78582

Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging



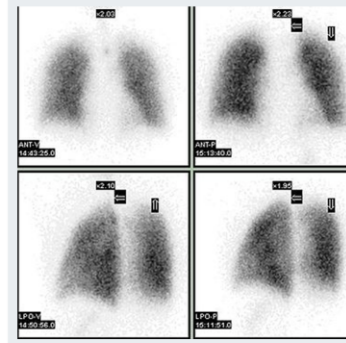
Radiopharmaceutical(s):

- A9539
- A9540
- A9558
- A9567

- Pulmonary ventilation and perfusion scans are performed frequently. The primary indication for these scans is shortness of breath (S.O.B.). This scan will identify if the S.O.B. is being caused by a pulmonary embolism.
- Nuclear ventilation imaging of the lungs is designed to show the regional distribution of inspired air throughout the lung tissue and the uptake and clearance dynamics of the lungs.
- In CPT code 78582, Ventilation and perfusion imaging of the lungs is used to detect pulmonary embolisms and the percentage of total perfusion and ventilation attributable to each lung.
- Perfusion imaging is done after a venous injection of radioactive macroaggregated albumin is given to the patient. The albumin particles are too large to pass through the pulmonary capillary bed and accumulate there as they are strained out. This localization of particles is proportional to the blood flow and thereby maps lung perfusion.
- A nuclear ventilation image is obtained to complement the perfusion image. For a single breath image, a posterior view of the thorax is taken as the patient inhales radiolabeled Xenon gas in a single breath and holds it as long as possible. This image obtained from the gamma camera that detects the radioactivity from the gas in the lungs shows well-ventilated areas having uniform activity and poorly ventilated areas with decreased or absent radioactivity.
- And once again, we have provided a list of the HCPCS codes for the radiopharmaceuticals commonly used for pulmonary imaging .

Pulmonary Imaging Dictation Requirements

- **Indication:** support medical necessity
- **Exam Title:** anatomical name of the scan
- **Technique:**
  - Name/dosage of radiopharmaceutical
  - Administration of radiopharmaceutical
    - Inhaled (gas or aerosol) in the ventilation scan
    - Injected in the perfusion lung scan
    - Both in the vent and perfusion scan



Again our top two dictation requirements are supporting medical necessity and providing the coders with an anatomical description of the area imaged, and not the radiopharmaceutical that was used in the scan.

Read bullet 3

Perfusion = following IV injection of MAA radioactive material mixes within the blood flow and serves as a map for blood supply supporting lung perfusion.

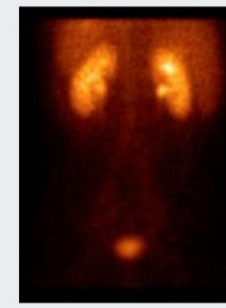
Ventilation = inhalation of an aerosol or gas that demonstrates the well ventilated areas with consistent radioactivity and poorly ventilated areas with little or no radioactivity.

Kidney Imaging

78707
Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

78708
Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic

78709
Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)



Radiopharmaceutical(s):
- A9539
- A9550-A9551
- A9562

The next Nuclear Medicine procedure that we will cover is Kidney imaging. This study is sometimes call a renogram or a triple phase renal scan.

In CPT code 78707, the radiopharmaceutical injection takes place followed by immediate images showing the tracer flow into the kidneys. Over the next ½ hour, scans are taken to watch the flow excreted by the kidneys and flowing down the ureters to the bladder.

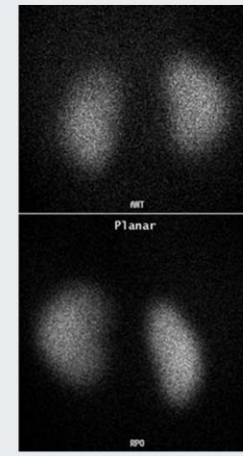
CPT code 78708 is the same procedure as the one I just described, but an additional drug is given either before or during the scan (Captopril/Lasix).

CPT code 78709 is billed when two or more studies are performed, including with and without pharmacologic intervention.

And here is a list of the HCPCS codes for the radiopharmaceuticals commonly used for genitourinary (kidney) imaging.

Kidney Imaging Dictation Requirements

- **Indication:** support medical necessity
- **Exam title:** the anatomical name of the scan
- **Technique:**
  - Name and dose of radiopharmaceutical
  - Diuretic injected for intervention



Again our top two dictation requirements are supporting medical necessity and providing the coders with an anatomical description of the area imaged, and not the radiopharmaceutical used for the scan.

Read bullet 3

PET CT Imaging

78814

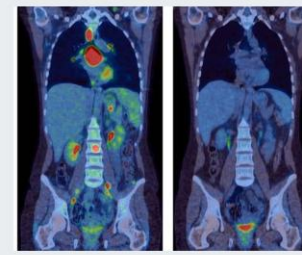
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)

78815

PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; skull base to mid-thigh

78816

PET with concurrently acquired CT for attenuation correction and anatomical localization imaging; whole body



Radiopharmaceutical(s):

- A9552
- A9580

CPT code 78815 represents the most common body area scanned in Positron Emission Tomography (PET) procedures today – skull base to mid thigh. The CT portion of the PET CT scan is for anatomical localization of the scanned area and the two are layered together to better differentiate any areas identified for a more detailed examination

Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body.

Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body.

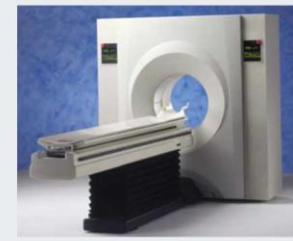
The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET alone has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer. In some areas, PET alone can be underestimated or misinterpreted without accurate, anatomical correlations to the CT scan.

Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging.

Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.

PET CT Imaging Dictation Requirements

- **Indication:**
  - Support medical necessity
  - Be as specific as possible about the patient's history time line
- **Exam Title:** anatomical name of the scan
- **Technique:**
  Name and dose of radiopharmaceutical



Again our top two dictation requirements are supporting medical necessity and providing the coders with an anatomical description of the area imaged, and not the radiopharmaceutical that was used for the PET scan.

Read bullet 3

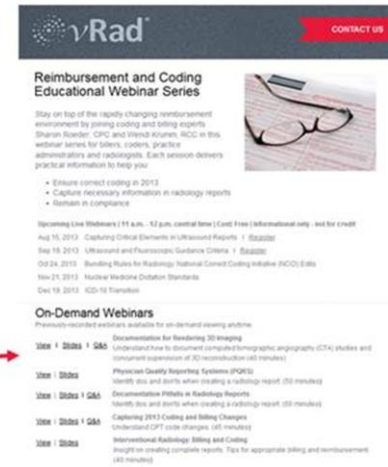
This concludes today's presentation on Nuclear Medicine dictation standards. Thank you for attending today's webinar.

Resources

- *2013 AMA CPT Manual, Professional Edition*
- Society of Nuclear Medicine and Molecular Imaging (SNMMI) http://www.snm.org
- 2013 SNMMI & Medlearn *Nuclear Medicine & PET Coder*
- Nuclear Medicine: Thyroid Imaging (Codes 78012-78014). *CPT® Assistant*; June 2013; Volume 23: Issue 6.
- *EncoderPro Online Application*; OPTUM

Please submit your questions.

Answers, with supporting resources, will be posted on the webinar series web-page.



vRad team members with specific scenarios or questions are encouraged to contact Sharon Roeder and Wendi Krumm for further support.