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INDUSTRY UPDATES

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How Much Exposure Do Medical Students Have to IR Programs?

According to new research published in the *Journal of the American College of Radiology*, few institutions offer formal IR subinternship rotations to medical students. "Medical students often have relatively little formal radiology education, and when clinical rotations are offered, they are frequently elective," wrote lead author Daryl T. Goldman, MD, of the Icahn School of Medicine at Mount Sinai in New York. "Prior research has demonstrated the importance of early structured exposure to both diagnostic radiology (DR) and IR and has also demonstrated the paucity of required core clerkships in diagnostic radiology."

Goldman and his colleagues added that before the recent creation of IR integrated residency, the opportunities for medical students to explore IR were limited to "brief experience" as part of a DR rotation, or as an elective within a surgical clerkship. These researchers aimed to highlight the availability of medical student education in IR and propose a basic framework for the clinical rotations. They reviewed the Liaison Committee of Medical Education (LCME) website to generate a list of accredited medical schools in the U.S. They then evaluated school websites and course listings to search for the availability of IR and DR rotations, and reviewed the curriculum of "well established' IR rotations to identify and categorize the course content.

The researchers found a total of 140 LCME-accredited medical schools which had course information. They found:

- 71 percent of schools offered an IR rotation.
- 85 percent of IR rotations were only available to senior medical students.
- 2 percent of IR rotations were offered to preclinical students.
- 8 percent of courses were listed as subinternships.
- Well-established IR clerkships included a variety of clinical settings, including: preprocedural evaluation, experience performing procedures, post-procedure management and discharge planning.

"The continued expansion and advancement of IR begins with medical student education and recruitment, and it is crucial that medical school officials and IR departments are encouraged to integrate IR into all phases of medical education," the authors concluded. "Medical student instruction is an investment in the future of radiology—this effort must be made a priority in the field."

The Importance of Pain and Shortness of Breath

Coding & Compliance Tips by Lori Shore, Industry & MBMS Expert, CPC, RCC

More and more claims are being pended each day in search of signs and symptoms. What's the reasoning behind this? "Rule out" has never been a coding option, and it never will be. Neither will "evaluate for" or any of the other ways people have tried to skirt around "rule out." The two biggest culprits: R/O DVT" and "R/O PE." Most people do not have a DVT or PE. Now what?! That's why signs and symptoms are so important. Why did the ordering physician think the patient might have a DVT or PE? It's not crucial to know that the patient had cellulitis, just that he/she had pain and/or swelling in the limb. **A sign or symptom is always preferable to a suspected diagnosis.** There's a level of excitement when any coder sees "shortness of breath" because they know it will cover almost anything (including both venous duplex for DVT and CTAs for PE)!

Another example is "evaluate for fracture" as the reason for exam. Most often the study is normal and now it needs to be pended to obtain signs and symptoms. This could all be avoided by changing the reason for exam to "pain." A radiologist is obviously going to evaluate for a fracture and a coder cannot code pain unless it is documented. There are endless amounts of examples on what NOT to do but a good place to start is with what information is being provided by your facility. Radiologists don't always get good information regarding cases but this is where techs can help. It needs to be documented that the data was obtained by the tech from the patient in the clinical history paragraph of the report in order for coders to use it. *Example: Tech reported: Patient complained of pain in left hand.* Taking these simple steps may help reduce the number of addenda requests you receive.