SUBJECT/TITLE: ORDERING RADIOLOGY TESTS AND SERVICES

PURPOSE: To provide radiology services in a patient-centered manner and ensure that radiology consultation requests include:

1) Accurate and complete information to ensure patient safety and quality of care.
2) Adequate diagnostic information to ensure safe and effective use of diagnostic and therapeutic imaging services.
3) Sufficient information to document and monitor compliance with federal, state and third-party payer rules, regulations, and guidelines.

DEFINITION: None

BACKGROUND:

In accord with the American College of Radiology Practice Guidelines, a request for radiologic consultation includes (1) pertinent clinical findings, (2) a working diagnosis or presenting signs or symptoms, and (3) the specific question to be answered by the radiology study. Such information assists both in promoting optimal patient care through interpretation of images based on appropriate clinical information and enhances the cost-effectiveness of diagnostic examinations by utilizing the optimal imaging strategy.

Section 4317(b) of the Balanced Budget Act (BBA) requires that referring physicians provide diagnostic information to the testing entity at the time the test is ordered. Along with a valid order, the referring physician should provide ICD-10-CM diagnosis code and/or diagnostic information (sign or symptom) that sufficiently describes the reason for the diagnostic test or service.

POLICY:

All requests for non-emergent radiology consultation services must be completed and accurately using electronic order entry, and Decision Support and must be signed or countersigned by a physician or authorized licensed independent practitioner (e.g., physician assistant, advanced registered nurse practitioner) who is responsible for the patient’s care. All required fields must be completed in order for services to be provided.