UCLA Health System

Compliance Department

RADIOLOGY

11/2010

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Radiology Services
How to Properly Document Dictated Reports

Clearly identify test or service being performed.

What type of test is being performed?

- e.g., CT, x-ray, MRI, Ultrasound

What part of the body is being examined?

- e.g., Chest, head, pelvis, abdomen, cervical spine

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What information is needed to support medical necessity?

Document relevant clinical history and indication for test

- e.g., History of Colon CA, patient w/persistent right sacral pain. Rule out fracture vs. tumor

✓ Describe technique: use of contrast, Doppler studies, Spectroscopy, KUB, post-processing imaging

- e.g., Multiple 3 mm axial CT scan images of pelvis obtained w/o contrast. Sagittal and coronal reformats were obtained.

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Document the number and type of views:

- *2 view chest x-ray, frontal and lateral*
- *Cervical spine, 4 views, AP, lateral and bilateral oblique*

Comparison to previous studies (if available)

Findings: detailed description of findings of study; report should address and/or answer any pertinent clinical issues posed by requesting physician

- *e.g., Mild narrowing of hip joint spaces bilaterally, suggestive of mild osteoarthritis. No evidence of fracture/dislocation of hip or sacrum. Sacroiliac joints appear within normal limits. No suspicious lytic or sclerotic lesions are identified within the pelvis.*

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Impression: Summary of findings and corresponding diagnoses

- Document what is known; avoid terms such as “possible,” “probable,” or “rule out”
- Diagnosis should reflect findings of exam; be as precise as possible
- In absence of a definitive diagnosis or with normal results, list signs/symptoms that prompted the necessity of the test
- When appropriate, list any differential diagnoses
- When appropriate, list any follow-up or additional diagnostic studies to clarify or confirm the impression
  - e.g. Mild osteoarthritis of hips bilaterally but no evidence of fracture or suspicious bony lesions

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Radiology Services

When the resident performs and dictates the interpretation,

- The teaching physician must personally review the test and the resident's interpretation.

- The teaching physician must document in a personal note that he/she reviewed the test and the resident's note and either agrees with it or edits the findings; co-signature is insufficient.

In the case of a procedure (e.g., arthrogram, myelography, or biopsy), if the teaching physician is present and directly participating for the entire procedure performed with a resident, either the resident or the teaching physician must document this fact.

Resources

- UCLA Compliance Office
  - Marti Arvin, Chief Compliance Officer (310) 794-6763

- Confidential Hotline 1-800 296-7188

- UCLA Compliance Website http://www.mednet.ucla.edu/compliance/.

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