

Sustainable Reduction in Complete Abdominal Ultrasound Downcoding Following Introduction of Structured Reporting

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To create and implement a structured report template that includes the required imaging elements for complete abdominal ultrasound and will automatically populate with the goal of reducing the percentage of complete abdominal ultrasound studies that are downcoded to limited abdominal ultrasound studies to less than 10% within one year of implementation.

Background

- Complete abdominal ultrasound reporting requires inclusion of eight imaging elements (CPT® 76700):
 - Aorta

- Kidneys
- Common bile duct
- 6. Liver
- Gallbladder
- Pancreas
- Inferior Vena Cava
- Spleen
- Reports including fewer than eight elements are downcoded to limited abdominal ultrasound (CPT® 76705).
- Prior studies have shown 12.6-24.9% rate of report incompletion.^{1,2}
- Frequently missed elements:1,2
 - Spleen (41%)
- Aorta
- IVC (<10%)
- Improved completion rates have been demonstrated after the introduction of structured macro.²
- Potential downcoding ramifications:
 - Lost revenue
- Time correcting
- Report accuracy
- Delayed results
- Repeated exams
- Satisfaction

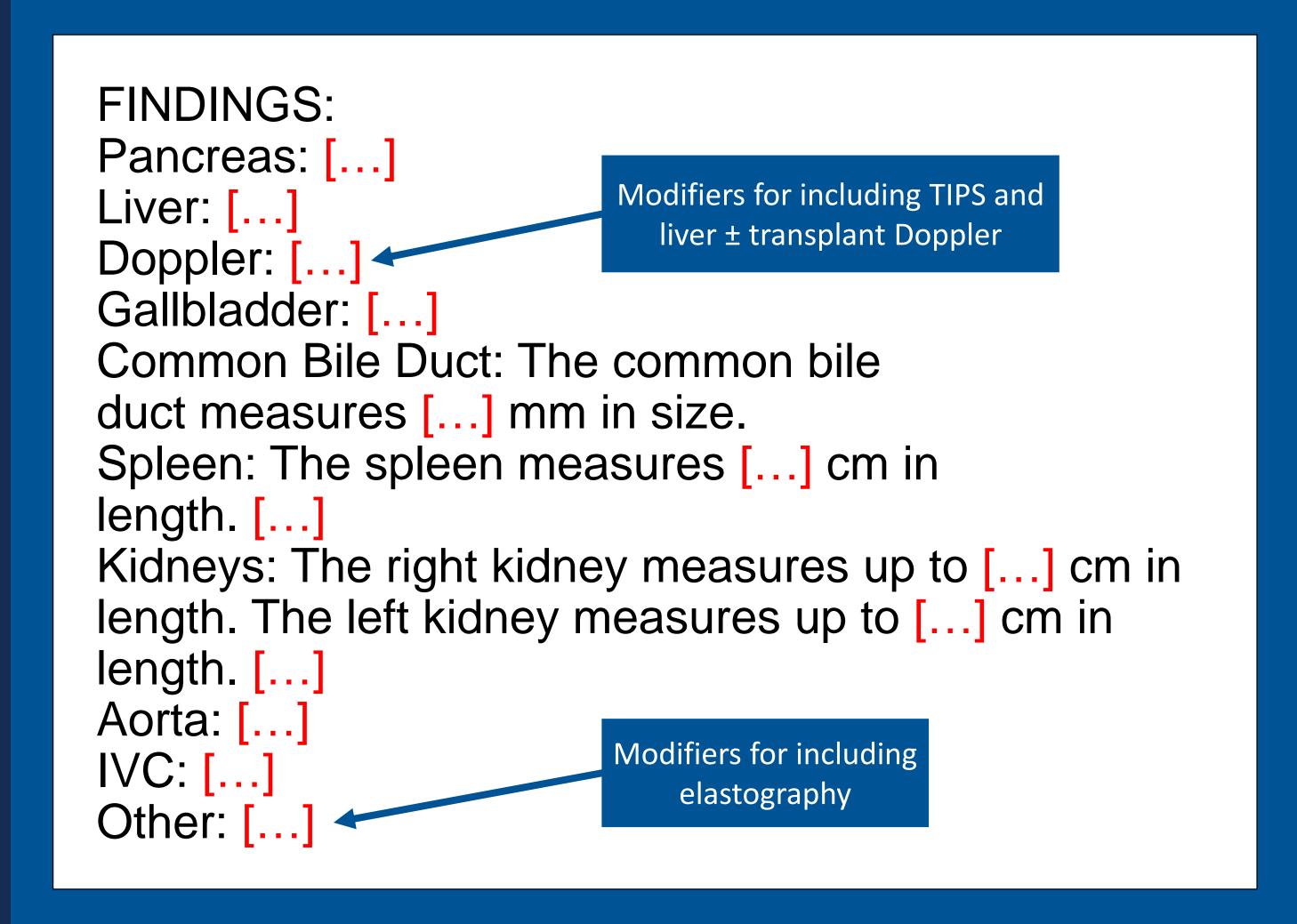
Study Design

- 1. Determine downcoding rate at UFHealth Shands Hospital (Gainesville, FL) in FYQ2 2016 (Oct. Dec.).
- 2. Create a structured template for complete abdominal ultrasound reports that will automatically populate when studies are loaded.
- Compare quarterly data pre-, 1 year post-, and 2 years post-template implementation.

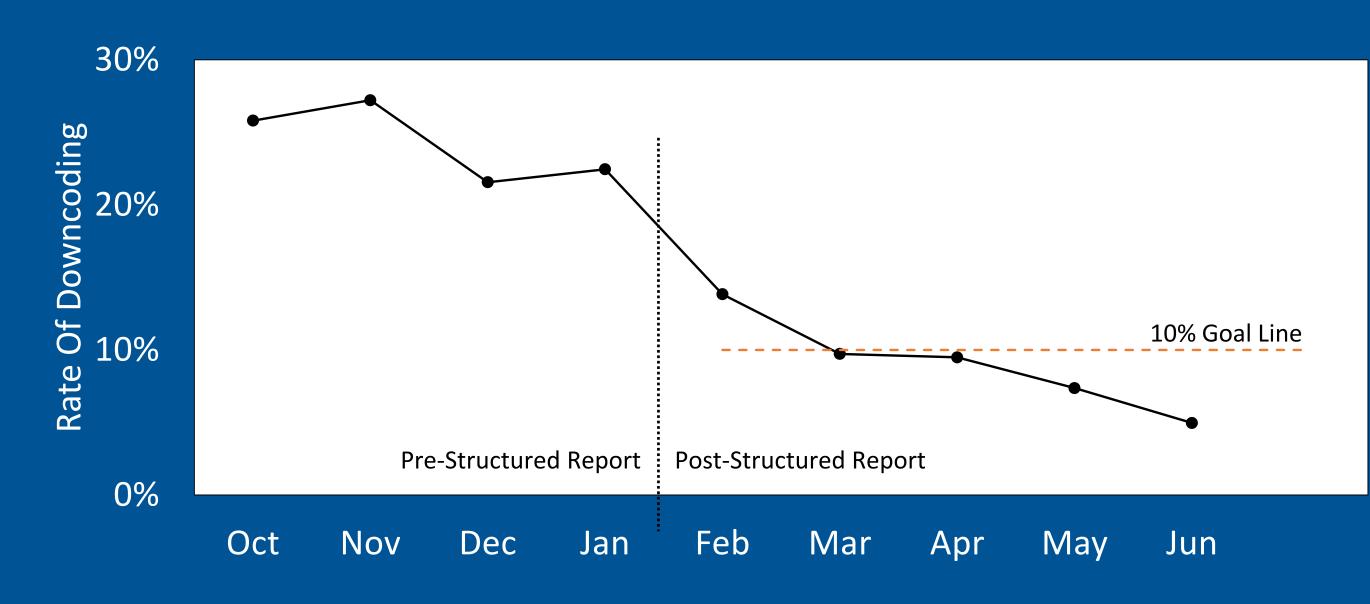
Pre-Template Data

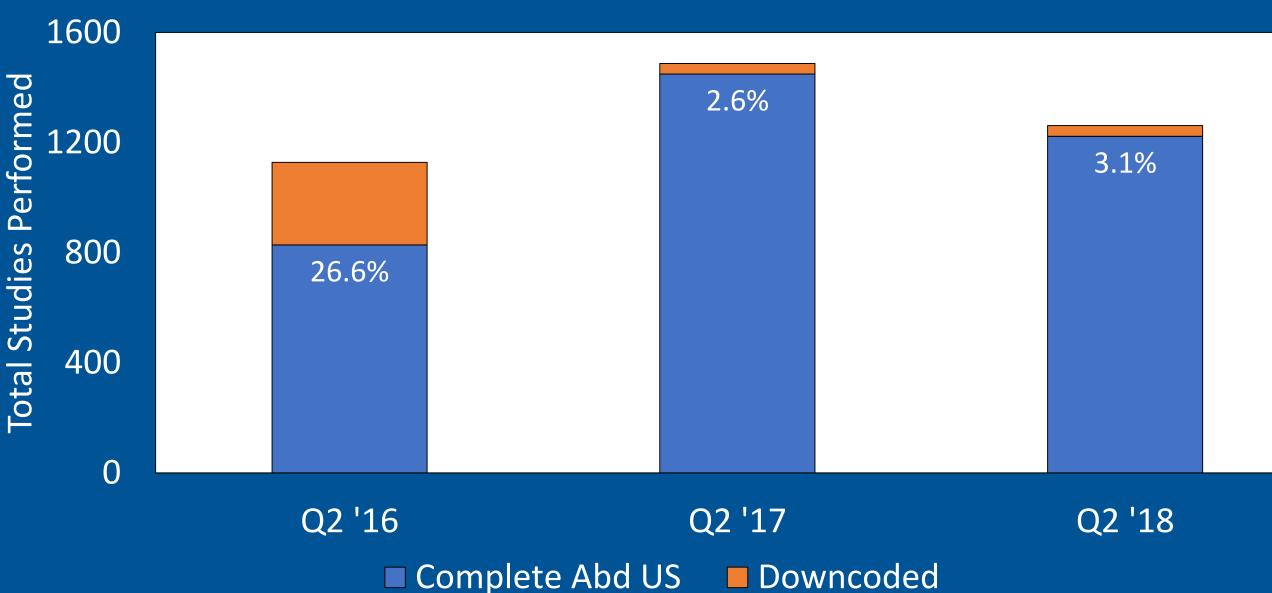
- FYQ2 2016 at UFHealth Shands Hospital, 26.6% (300 of 1128) of orders for complete abdominal ultrasound were downcoded to limited abdominal ultrasound.
- Loss of 0.22 RVU for physician (\$11) and nonphysician (\$135) services per downcoded study, totaling \$43,800 lost reimbursement for FYQ2 2016.
- FYQ2 2016 addendum rate of 1.7% (19/1128).

Template



Results





Conclusions

- Downcoding decreased by 89% and with sustained improvement for at least 2 years (p<0.01).
- RVU preservation generated additional \$35,000/Q for facility and \$2880/Q for physician practice.
- Quarterly addendum rate decreased by >50% (0.6% in '17 and 0.8% in '18, p<0.01).

References

- Duszak et al. Physician documentation deficiencies in abdominal ultrasound reports: frequency, characteristics, and financial impact. J Am Coll Radiol. 2012 Jun;9(6):403-8.
- Patil et al. Implementation and evaluation of a performance improvement intervention to address physician documentation deficiencies in abdominal ultrasound. Ultrasound Q. 2014 Jun;30(2):97-9.