

## VISTA/CPRS CODING & REPORTING OF EMERGENT AND ABNORMAL TEST RESULTS FROM RADIOLOGY

1. PURPOSE: To state policy, procedure and responsibility for assuring that critical findings on radiology examinations are recognized by requesting physician, coded and reported appropriately.
2. POLICY: One hundred percent (100%) of all potentially life-threatening findings will require verbal or electronic communication to help in the assurance of receipt of this information to the ordering physician.
  - a. PERTINENT VISTA RADIOLOGY DIAGNOSTIC CODES AND THEIR EQUIVALENT POWERSCRIBE 360 LABELS: \*
    - 1) 1000 = No alert required
    - 2) 1001 = ABNORMAL, ATTN NEEDED
    - 3) 1002 = Critical Abnormality
    - 4) 1003 = Possible Malignancy
    - 5) 1200 = Abdominal Aortic Aneurysm (AAA) Not Present
    - 6) 945 = Lung Nodule (Alert Generated to Ordering MD)
    - 7) 1201 = Abdominal Aortic Aneurysm Present
3. RESPONSIBILITIES:
  - a. The Chief of Radiology Service is responsible for monitoring adherence to this policy and amending it as needed to meet patient care responsibilities and VISTA changes, maintaining associated electronic records and assessing data for opportunities for improvement.
  - b. The radiologists are responsible for the reporting of diagnostic codes according to listed VISTA codes. Radiology will assure the immediate calling of acute life threatening findings to a responsible person taking care of the patient once the radiologist becomes aware of such a finding. Such examples include but are not limited to acute stroke, complicated appearing effusions, mesenteric ischemia, acute thrombosis of major vessels, a new pneumothorax, new pneumoperitoneum, misdirected tubes and catheters, pulmonary embolism, new intracranial bleeds, as well as newly discovered chronic subdural hematomas, new long bone, spinal and skull fractures and abdominal aneurysms over 5cm in diameter (or rapidly growing), and any aneurysms with bleeding along with STAT requested exam interpretations. Also included would be new unexpected findings that could result in adverse conditions if not attended to promptly, i.e., an abnormal pre-op chest film.

- c. It is the ordering clinician's responsibility to provide accurate pager and telephone numbers in order to have critical/acute findings communicated from the radiologist when order is placed in CPRS. It will be the responsibility of either the ordering resident or his/her staff to follow-up on radiographic reports, including those coded that create a viewer alert, whether on inpatient or outpatient reports.
- d. **Residents and attending physicians are responsible for taking action on critical findings.**

4. PROCEDURES:

- a. All reports having immediate life-threatening findings as listed in Responsibilities will be communicated to the requesting physician or surrogate.. This information is to be placed in the report. All potentially but not immediate life-threatening findings will be reported as CODE 1001 (ABNORMALITY, ATTN. NEEDED). These will be electronically transferred as a viewer alert in CPRS. Otherwise the ordering physician or his/ her staff will be responsible for inpatient CODE 1001 findings.
- b. In the case of off-station examinations, the radiologist interpreting the exam at the facility should communicate critical information to the requesting physician. If unable to speak with requesting physician he/she communicates it to the Chief, Radiology Service.

5. REFERENCES: Veterans Administration Radiology On-Line Guide, Standard Operating Policy, Section 3.3, Communication of Results, Updated 12/3/2010

6. RESCISSION: Policy RAD-129 dated November 2014

7. FOLLOW-UP RESPONSIBILITY: Chief of Radiology Service

8. NEEDED CONCURRENCES:  
Information Technology  
Safety Officer

9. KEY WORDS:

ABNORMAL

/es

DONALD F. ORTON, M.D.  
Chief, Imaging Service