Reducing "Rule Out" in Radiology

The term "rule-out" is commonly used in outpatient care to eliminate a suspected condition or disease. While this term works well for clinicians, it wreaks havoc on coding and reimbursement. This is particularly true in the outpatient setting where rule-out codes are not accepted as a primary diagnosis by most payers. Radiology coders can improve the situation, educate radiologists and ensure revenue integrity for outpatient exams by taking three important steps: educate, prevent and communicate.

Educate:

- Create a list of all procedures performed by your organization along with associated symptom and abnormal finding codes. Check which are reimbursable and which are not.
- Find out which codes meet medical necessity edits for your local carrier.
- Always look for a definitive diagnosis code if you can.

Prevent:

- Work with a physician liaison to educate radiologists about rule-out diagnosis and associated reimbursement issues.
- Expand your organization's clinical documentation improvement team to include radiology.
- Consider an outside firm to conduct a radiology coding review and implement their recommendations.

Communicate:

- Train registrars to look for an appropriate reason for an exam.
- Create monthly reports with examples of rule-out exams that did not meet medical necessity. Emphasize impact on reimbursement.
- Implement simple reward or incentive programs to promote cooperation and teamwork.

NOTES

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