

# **RADIOLOGY FILE/TABLE GUIDE COMPOSITE HEALTH CARE SYSTEM (CHCS)**

## **OVERVIEW**

The Radiology (RAD) Sub-system within CHCS allows radiologists, physicians, nurses, and allied health care professionals to enter and modify radiology orders and related data, as well as verify and process requests for various radiologic procedures or therapeutic treatments. By providing integrated data management, the RAD Subsystem quickly identifies patients and generates radiology test results.

Radiology is an ancillary service and is divided into three groups:

- Diagnostic
- Therapeutic
- Nuclear Medicine

Diagnostic Radiology includes Radiology, Computerized Tomography (CT), Ultrasound, and Magnetic Resonance Imaging (MRI); processing, examining, interpreting, storing, and retrieving medical imaging; directing a radiological safety program; and consulting with physicians and patients.

Therapeutic Radiology includes external beam therapy (primarily teletherapy) and brachytherapy (intercavity, interstitial, and surface applications).

The Nuclear Medicine service provides and interprets nuclear medicine studies. It performs treatment in conformance with appropriate licensure regulations.

The CHCS Radiology subsystem also captures and reports Radiology workload for MEPRS reporting via the Sub-system MEPRS reports and to the CHCS Workload Assignment Module (WAM).

Recent changes within CHCS for the reporting of Radiology workload within WAM have resulted in site reports of workload variances ranging from 10-30% between the workload reported by the Radiology Sub-system and CHCS WAM. Additionally, the newly developed CHCS WAM Radiology Report also contains variances when compared to the data stored within WAM templates. Some of the underlying causes of these variances are believed to be file and table build issues and the strong "pointer" relationships within Radiology and Common files.

There are numerous "Common Files" within CHCS that drive the RAD Sub-system. Common files are generally built and maintained by the Host Facility and support all MTF Divisions on the CHCS Host Platform. There are additional Files that are Radiology Specific that require validation, particularly, as Radiology practices change within

the MTF and when CPT Codes are updated within CHCS each Calendar Year and Radiology personnel change.

**PURPOSE**

The purpose of providing this CHCS Radiology F&T Check Points for Data Quality is to help sites validate the Radiology Files and Tables that may be contributing to workload variances between the CHCS RAD sub-system workload and WAM.

The CHCS Radiology F&T Check Points for Data Quality are written to enable a "team approach" to verify both Common Files and RAD specific files, as the expertise needed to verify processes and security keys necessary to access the various files typically involves several key site staff members.

**CHCS FILE VERIFICATION**

The starting point for CHCS file verification is the common files that affect workload reporting throughout CHCS, as CHCS remains the "System of Record" for workload reporting.

Below are six specific steps based on specific CHCS Business Rules, that require validation, in addition to Radiology specific files.

The following Business Rules apply to workload reporting within CHCS. Each specific rule has been outlined to provide steps to validate the applicable Business Rule.

**Rule #1.**

<b>An MTF Division Must Have A MEPRS Parent To Report WAM Workload</b>	
Print Medical Center Division List Report from CHCS Menu Path: (CA->DAA->MPR->INQ->DGP)	Report will list all CHCS Divisions on the CHCS Host. Select DMIS ID Group to validate.
Enter DMIS Codes to verify existence of MEPRS Parent Menu Path: (FM->IFE)	This must be done in the Live system, results will be different in the Training Database. Access CHCS via a PC to support Screen Captures that can be Cut and Paste into MS-Word or Notepad. Output from what file: DMIS ID CODES// Enter each DMIS ID Code to be verified, when prompted Standard CAPTIONED output? YES// (YES) Each DMIS will then list the corresponding MEPRS Parent Capture Screen Output to MS Word or Notepad for verification.

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**Rule #2.**

<b>A MEPRS Code Must Be Linked to a DMIS ID</b>	
<p>Obtain Software specialist Support to create following Ad-Hoc in CHCS to verify the DMIS ID that is associated with each MEPRS Code.</p> <p>Menu path: (FM-&gt;PFE)</p>	<p>Select FileMan Menu Option: PFE Print File Entries</p> <p>Output from what file: MEPRS CODES// MEPRS CODES (1461 entries)</p> <p>Sort by: CODE//</p> <p>Start with CODE: FIRST//</p> <p>First Print FIELD: .01 CODE</p> <p>Then Print FIELD: 14 DMIS ID</p> <p>Then Print FIELD: 8193 ACTIVATION/INACTIVATION DATE (multiple)</p> <p>Then Print ACTIVATION/INACTIVATION DATE SUB-FIELD: 2 ACTIVE/INACTIVE STATUS</p> <p>Then Print ACTIVATION/INACTIVATION DATE SUB-FIELD: .01 ACTIVATION/INACTIVATION DATE</p> <p>Then Print ACTIVATION/INACTIVATION DATE SUB-FIELD:</p> <p>Then Print FIELD:</p> <p>Heading: MEPRS CODES LIST//</p> <p>Footnote:</p> <p>Store Print logic in Template:</p> <p>DEVICE:</p>
<p>Check MEPRS Codes in the Site Definable MEPRS Table to ensure that the correct DMIS ID is associated with each Code.</p> <p>Menu Path:</p> <p>(DAA&gt;MPR&gt;WFM&gt;SDM)</p>	<p>This must be done in the Live system, results will be different in the Training Database.</p> <p>NOTE: Be Sure to Log onto EACH Division separately while using the SDM function, as CHCS will default the Division of your current Sign-on into the DMIS ID field.</p> <p>This DMIS ID link was new for SMMR 1. SMMR 1 required that each MEPRS code was accessed via SDM, and the DMIS ID populated.</p> <p>Edit/update any MEPRS Codes that are not correctly assigned to their correct DMIS ID.</p>

**Rule #3.**

<b>All MEPRS Codes Must Be Unique Within the Same DMIS ID Group</b>	
Run the Ad-hoc for Rule #2.	If duplicate MEPRS Codes exist, one must be inactivated. TMSSC has found this to be a prime cause for missing workload.

**Rule #4.**

<b>All 4<sup>th</sup> level MEPRS Codes must be based on a valid DoD 3<sup>rd</sup> level MEPRS Code</b>	
<p>Print the Master DoD 3<sup>rd</sup> Level MEPRS Report from CHCS.</p> <p>Menu Path: (CA-&gt;DAA-&gt;MPR-&gt;INQ-&gt;MTP)</p> <p>Compare with the CHCS Ad-Hoc report generated in Rule #2.</p>	<p>CHCS still provides a way to create "Bogus" MEPRS Codes via the ^MMT option.</p> <p>If the "Bogus" MEPRS Code is a "B" Level MEPRS Code, it will still capture and report workload within the WAM templates, however, the workload data will not be able to be processed within EAS.</p> <p>If "Bogus" B level MEPRS Codes are used, they should be Non-Count visits and providers should be instructed NOT to place Ancillary orders to the Bogus Code as the Requesting Location.</p>

**Rule #5.**

<b>Requesting Location should NOT be an "E" Level MEPRS Code</b>	
<p>Run the CHCS RAD Group MEPRS Report.</p> <p>Menu Path: WAM-&gt;2-&gt;5-&gt;5</p>	<p>Highlight the workload attributed to "E" level MEPRS Codes.</p>
<p>Obtain Software specialist Support to create following Ad-Hoc in CHCS to identify providers that have "E" level MEPRS Codes within their default or User Desktop Preferences.</p> <p>CHCS 4.6 supported a change to prevent "E" level MEPRS Codes from being used as a Requesting Location, or in the default MEPRS Code field, ONLY when the "E" Level MEPRS Code was also a File Room.</p>	<p>This report shows all the default MEPRS values for each provider who is a Clinical User on the CHCS database. It lists default MEPRS for 2 fields in the Provider file (Clinic ID and Location) and for 2 fields in the Clinical User file (Default Location and Default MEPRS).</p> <p>This report can only be run using Programmer FileMan, not the user FileMan available under the FM menu. A Software Specialist with the required access is needed to create and run this report on a regular basis.</p> <p>D P^DI            Select OPTION: 3 SEARCH FILE ENTRIES            Output from what file: USER// (226 entries)            -A- Search for USER FIELD: PROVIDER PROVIDER            -A- Condition: -NULL            -B- Search for USER FIELD:            If: A// PROVIDER NOT NULL            Store results of search in Template:            Maximum number of Entries matching specification: UNLIMITED//            Sort by: NAME//            Start with NAME: FIRST//            First Print FIELD: NAME NAME            Then Print FIELD: NAME:CLINICAL USER:DEFAULT MEPRS;C30                By 'CLINICAL USER', do you mean the CLINICAL USER File, pointing via its 'NAME' Field to the USER File? YES// (YES)                By 'DEFAULT MEPRS', do you mean the CLINICAL USER 'DEFAULT MEPRS CODE' Field? YES// (YES)            Then Print FIELD: NAME:CLINICAL USER:DEFAULT LOCATION:MEPRS;C40                By 'CLINICAL USER', do you mean the CLINICAL USER File, pointing via its 'NAME' Field to the USER File? YES// (YES)                By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES// (YES)            Then Print FIELD: NAME:PROVIDER:LOCATION:MEPRS;C50                By 'PROVIDER', do you mean the PROVIDER File, pointing via its 'USER FILE ENTRY' Field to the USER File? YES// (YES)</p>

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<b>Requesting Location should NOT be an "E" Level MEPRS Code</b>	
	<p>By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES// (YES) Then Print FIELD: NAME:PROVIDER:CLINIC ID:MEPRS;C60</p> <p>By 'PROVIDER', do you mean the PROVIDER File, pointing via its 'USER FILE ENTRY' Field to the USER File? YES// (YES)</p> <p>By 'MEPRS', do you mean the HOSPITAL LOCATION 'MEPRS CODE' Field? YES// (YES) Then Print FIELD: Heading: USER SEARCH// Footnote: Store Print logic in Template: DEVICE: NTA Template RIGHT MARGIN: 80//</p>

**Rule #6.**

<b>Each Radiology Procedure Name Must be Unique to Capture Workload</b>	
<p>Obtain Software specialist Support to create following Ad-Hoc in CHCS to list Radiology Procedures.</p> <p>If a procedure is listed more than once with the same name, none of these exams will be included in the workload reports, even if the exam is listed in the daily log.</p> <p>Menu Path: (FM-&gt;PFE)</p>	<p>Select FileMan Menu Option: PFE Print File Entries</p> <p>Sort by: NAME// .01 NAME Start with NAME: FIRST// Within NAME, Sort by: First Print FIELD: .01 NAME Then Print FIELD: 2 CODE Then Print FIELD: 16 CPT CODE Then Print FIELD: Heading: RADIOLOGY PROCEDURES LIST Replace Footnote: DEVICE: NTA Template RIGHT MARGIN: 80//</p>
<p>Identify Duplicate Radiology Procedure Names.</p> <p>Menu Path: (RAD-&gt;SM-&gt;PFE)</p>	<p>One of the duplicate exams must either be inactivated or renamed.</p>

Sample Output. **Note:** Even if the CPT Codes differ, when the Radiology Procedure Name is duplicated, CHCS will only recognize the first occurrence for workload reporting.

RADIOLOGY PROCEDURES LIST		03 Apr 2000@1547	PAGE 1
NAME	CODE	CPT CODE	
ABD SERIES & LPO	1561		
ABD SERIES & LT LAT	1562		
ABD SERIES & LT LAT DECUB	1560	74020	
ABD SERIES & RT LAT	1572		
ABD SERIES & RT LAT DECUB	1570		
ABDOMEN SERIES (Fflat & Upright)	1186	74022	
ABDOMEN SERIES, ACUTE	1190		
ANGIOGRAM, CEREBRAL (READ)	3435	76140	
ANGIOGRAM, EA ADD RUN	3490	75774	
ANGIOGRAM, EA ADD RUN			
ANGIOGRAM, EMBOLIZATION	3470	75894	
ANGIOGRAM, PORTAL VEIN	3453	75774	
BRACHIOCEPH ANGIOPLASTY S	9115	35458	
BRACHIOCEPH ANGIOPLASTY S	9124	35475	
CHANGE NEPH/PYELO TUBE	5163	50398	
CHANGE OF NEPH TUBE	9109	50398	
CHANGE OF TUBE	9096	47525	
CHANGE OF TUBE	3385	75984	

**Rule #7.**

<b>Inactive CPT Codes Will Not Calculate Weighted Workload</b>	
	Additional analysis/input is needed for this validation to identify CPT codes that have been inactivated.

File verification for Radiology involves clinical expertise and a thorough knowledge of Radiology business practices within the MTF. Again, the steps involved require a team approach to validation, as the necessary skills and security keys are likely to be held by different key staff throughout the MTF.

**A. COMMON FILES AND RADIOLOGY**

**1. MEDICAL CENTER DIVISION**

Print out the CHCS System Report - Print DIVISIONS by GROUP ID

Menu Path: (CA->DAA->MPR->INQ->DGP)

If any Divisions are not correctly listed or aligned, contact your CHCS System Administrator or Software Specialist

**2. DEPARTMENT/SERVICE FILE**

Menu Path: (CA->DAA->CFT->CFM->DEP)

Allowable Divisions (with RAD locations) must be entered in Dept/Service File (See your site Database Administrator).

**3. USER FILE**

Menu Path: (CA->UM->USAE)

All radiology personnel MUST first be added as CHCS users. When entering RAD users in the CHCS User File (USAE), they can also be laygo'd into the Provider File by typing their name in the PROVIDER field. This will simultaneously make an entry in both the USER and PROVIDER files. Entering simultaneously ensures accuracy in spelling of name and provides a link between User and Provider files.

**4. PROVIDER FILE**

Menu Path: (CA->DAA->CFT->CFM->PRO)

All radiology personnel responsible for entering orders must also be added to the PROVIDER FILE.

**NOTE:** Set 'Provider' flag in the PROVIDER FILE to 'NOT A PROVIDER' for technologists, clerks, etc., in the Provider File Menu Path: (CA->DAA->CFT->CFM->PRO). Setting Provider Flag to 'Not a Provider' will allow selected radiology personnel to enter orders on behalf of a provider without requiring the provider's signature (is particularly beneficial if radiology personnel is expected to enter inpatient orders on behalf of providers).

HOWEVER, this will not work unless the Clinical Site Parameter - field - USER ADD/EDIT ANOTHER USER has been set to YES. If this field is null or set to NO and if the provider classification - Radiology Technician has a signature level of authority of 'HCP,' RAD users with this classification will be attached to the order as the

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'Requesting Provider.' When this field must be set to YES, RAD users will be prompted for the name of the 'Requesting Provider.' Provider classes and signature level of authority must be verified with Database Administrator.

(The Clinical Site Parameter - 'User Add/Edit Another User' MUST be set to YES. This can only be done through the Fileman (FM->EFE) option and requires special access (see Database Administrator.)

All radiology personnel must be entered in the 'Radiology Personnel File' (Menu Path: RAD Main Menu ->SM -> RPE), as well as the User File and Provider Files. Contact Database Administrator to make sure users have been entered in both the User and Provider Files.

#### **5. PROVIDER CLASS FILE**

Menu Path: (CA->DAA->CFT->CFM-CFS->CLS)

Each Provider Classification is assigned a 'Signature Level of Authority'. Often, (however, this is site-determined) the Signature Level of Authority for RADIOLOGY TECHNICIAN is HCP. This Signature Level of Authority, when used in combination with entering RAD users in Provider File but flagged as Not a Provider, and setting User Add/Edit Another User allows RAD to enter orders on behalf of providers. At the same time, RAD users will be prompted for 'Requesting Provider'.

#### **6. HOSPITAL LOCATION FILE**

Menu Path: (CA->DAA->CFT->CFM->HOS)

Radiology locations MUST be built via the Radiology Location Enter/Edit option (Menu Path: RAD Main Menu ->SM ->ELP). Entries MUST be completed in the Hospital Location File. When creating RAD location via the RAD Subsystem, the Facility and Service fields remain blank. The Database Administrator must then complete RAD locations by updating the Facility and Service fields

(Menu Path: RAD Main Menu ->SM ->ELP).

Enter ?? to list all current Radiology Locations

SWITCH Divisions to list Radiology Locations from other Divisions

**Table 1.**

The Radiology Locations include:

N MAGNETIC RESONANCE IMAGING  
N COMPUTED TOMOGRAPHY  
N SPECIAL PROCEDURES  
N ULTRASOUND  
N NUCLEAR MEDICINE  
N DIAGNOSTIC RADIOLOGY  
N ORTHOPEDIC RADIOLOGY  
N FLUORSCOPIC RADIOLOGY  
N MAMMOGRAPHY RADIOLOGY  
N UROLOGY RADIOLOGY  
N RAD MAIN OR

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N RADIATION THERAPY
N FLUOROSCOPIC TOMO
N NUCLEAR CARDIOLOGY
N NUCLEAR ENDOCRINOLOGY
S ENDOCRINE
S CARDIOLOGY
S NEUROLOGY
N TELERADIOLOGY
    
```

(Menu Path: RAD Main Menu ->SM ->ELP).

Check for the correct Performing MEPRS Code for each Radiology location.

Note: Radiation Oncology has changed to a "B" level MEPRS Code, and workload for Radiation Oncology (Therapeutic Radiology) is now reported as Visits.

**Table 2.**

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RADIOLOGY LOCATION: N TELERADIOLOGY                                Parameter Setup
DIVISION: MMIG TEST MTF
LOCATION: N TELERADIOLOGY
MEPRS Code: DCAA
TYPE OF IMAGING: RADIOLOGY
*** Flash Card Parameters ***
FLASH CARD(S) per exam:          FLASH CARD PRINTER:
FLASH CARD FORMAT:
*** Procedure Label Parameters ***
PROCEDURE LABEL(S) per exam:     LABEL PRINTER:
PROCEDURE LABEL FORMAT:
*** Procedure Worksheet ***
WORKSHEET PRINTER NAME:
DEFAULT WORKSHEET FORMAT:
*** Location Parameters ***
BULLETIN PRINTER:
CREATE REQUEST NOTICE?: NO
    
```

Menu Path: (CA->DAA->CFT->CFM->HOS) Shows that a Rad entered Hospital Location has not been updated by the Site Database Administrator to include the Facility and Service fields.

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HOSPITAL LOCATION: N TELERADIOLOGY                                DOD HOSP LOCATION EDIT
NAME: N TELERADIOLOGY                                           ABBREV:
DESCRIPTION:                                                      LOCATION TYPE: IMAGING
SERVICE:
DIVISION: MMIG TEST MTF
FACILITY:
BLDG NAME:
BLDG NUMBER:                                                     TELEPHONE:
STREET ADDRESS:                                                 ZIP:
CITY:
STATE:                                                           DEFAULT DEVICE:
    
```

## **B. RAD FILE/TABLE BUILD FLOW CHART**

### **1. RADIOLOGY LOCATIONS**

Menu Path: (RAD Main Menu -> SM -> ELP)

ALL locations: Performing Locations, Rooms, File Rooms, etc. , MUST be built within the reporting division.

RADIOLOGY LOCATIONS ARE CREATED to capture and report workload. If there are special or different scheduling requirements, Radiology Locations determine which Worksheet and Label Formats (Flash Cards and Procedure) should print and where they will print, AND how many will print when a patient is ARRIVED.

### **2. RADIOLOGY PERFORMING ROOMS**

Menu Path: (RAD Main Menu->SM->RRE)

- Radiology Performing Rooms are attached to Radiology Locations.
- EVERY procedure MUST be attached to a PERFORMING ROOM.
- If a procedure is NOT attached (assigned) to a performing room, it cannot be ordered.
- If a procedure is NOT attached (assigned) to a performing room, it cannot be arrived/departed.

To get a print out of procedures performed in rooms - make sure you are logged onto the correct MTF Division. If you are verifying or building multiple Divisions, user will need to SWITCH DIVISIONS to run the Radiology Room List Report Menu Path: (RAD Main Menu->SM->SMP->5)

Procedures MUST be attached to at least one Performing Room. Or, if applicable, a procedure can be added to multiple performing rooms.

Scheduling templates are created and added to rooms where procedures are to be scheduled and performed.

However, procedures requiring appointments can be 'Arrived/Departed' in that room. For instance, if an emergency CT scan is needed at 02:00, it can be 'Ordered', 'Arrived', and 'Departed' WITHOUT scheduling.

NOTE: If a procedure has NOT been attached (added) to a performing room, the following message is displayed: 'Procedure not defined in MTF.'

#### **Adding Procedures to a Room:**

Attach PERFORMING ROOM to procedure via the 'Procedure Code File'

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Menu Path: (RAD Main Menu->SM ->PFE).

OR

Attach Procedure to Performing Room

Menu Path: (RAD Main Menu->SM->RRE).

Either option may be used to link procedures to Performing Rooms.

If you are adding procedures via Radiology Room Enter/Edit (RRE) and at the 'select procedure' prompt - enter procedure. If the procedure has not been added to this room, the PRIORITY field will be blank. If there is no number in the priority field - add the procedure and enter the number '1' (priority '1'). All rooms will be a priority 1. Priority is only necessary when creating 'room groups'.

If exams cannot be verified, a procedure may not have been added to the Procedure Class File. When new exams are added to rooms they MUST ALSO be added to the Procedure Class File. Menu Path: (RAD Main Menu->SM->PCL)

If it some reports cannot be verified because they are not in the radiologist's verification queue, - then check the Rad Workload Reports for Workload for Unverified Reports - Workload Report of Unverified Reports by Radiologist (Menu Path: RAD Main Menu->WR->RUW). Determine which reports cannot be verified then ADD them to the Procedure Class File. Once procedures are added to Procedure Class File Menu Path: (RAD Main Menu->SM->PCL), check with radiologist again to see if reports are now in verification queue.

### **3. RADIOLOGY PROCEDURE FILE**

Menu Path: (RAD Main Menu->SM ->PFE):

The Procedure File is a Common File (that is multiple divisions on the same CHCS Host Platform use this file). It is extremely important that this file does not contain duplicate Radiology Procedures, as this will have a definite impact on workload reporting. Typically, as with all CHCS files, duplicates cause problems within CHCS and within interfaces. If duplicates are found, either rename or inactivate one of the duplicate pair.

Weights for procedures are derived from the CPT Codes. The American Medical Association's CPT Guide should be used as a reference for identifying the appropriate CPT code or codes for each procedure. Each procedure will now need to be assigned a CPT code and related CPT data will need to be defined. Radiology Procedure Groups and Charges can be defined via this option.

Radiology procedures and codes in the CPT file appear as follows:

Subsection Codes Numbers

Diagnostic Radiology 70010-76499

Diagnostic Ultrasound 76506-76999

Radiation Oncology 77261-77799  
 Nuclear Medicine 78000-79999

In addition to the five-digit code, two-digit modifiers have been added to further define workload captured. For Radiology weights, DoD has identified the following CPT code modifiers:

- '00' total weighted value for procedure
- '22' portable weight associated with procedure
- '26' reporting weight associated with procedure
- '32' exam weight associated with procedure
- '50' bilateral weight associated with procedure
- '51' bilateral and exam weight for procedure
- '99' bilateral and portable weight for procedure

**RADIOLOGY PROCEDURE:** Is used to indicate a single diagnostic procedure in radiology. For example, most procedures listed in the Procedure File prior to Version 4.31 MU2 would fall under this category.

**PROCEDURE GROUP:** Radiology Procedures and/or Charges can be associated as a Procedure Group and then ordered as a single entity. The Procedure Group will have its own ordering, scheduling, arriving, departing and reporting characteristics that could differ from those of individual Radiology Procedures within the group. However, the system calculates workload based on the individual members of the group. Sites should consider an appropriate naming convention to facilitate easy identification of Procedure Groups. For example, 'PG' could be added to procedure name. In addition, some procedures added to groups will no longer be ordered separately. An '\*' in front of those procedure names could indicate that a particular procedure should not be ordered by itself.

Sample Procedure Group:

**Table 3.**

NAME: LYMPHANGIOGRAM, BILATERAL PG	
<b>TYPE: PROCEDURE GROUP</b>	<b>SUPPRESS: DO NOT SUPPRESS</b>
CODE: 6100	INACTIVE DATE:
CONSENT FORM REQUIRED:	IMAGING TYPE:
INTRAVASCULAR CONTRAT USAGE:	EXECUTE CONTRAST CHECK:
BARIUM USAGE:	EXECUTE BARIUM CHECK:
DUPLICATE CHECK:	DAYS TO CHECK FOR DUPLICATES
FOLDER TO PULL:	NUMBER OF EXPOSURES:
PATIENT CATEGORY RESTRICTION:	CONTINUOUS ORDER:
Select SYNONYM:	
<b>Select PROCEDURES:</b>	
1900 *LYMPHANGIO, BILATERAL	900.00
1901 INJECTION PROCEDURE FOR LYMPHANGIO	300.00
9000 TRAY CHARGE	76.00
9200 ROOM TIME 4	150.00

EVERY FIELD in the Radiology Procedure Code File POINTS to other RADIOLOGY FILES or ACTIONS.

FOR EXAMPLE:

- PROCEDURE -> POINTS TO FOLDER TO PULL FOLDER TO PULL POINTS TO TYPE OF RECORD SETUP
- TYPE OF RECORD SETUP -> POINTS TO FILEROOM ALLOWED TO STORE RECORD (jacket, subfolder, etc.)
- TYPE OF RECORD SETUP -> POINTS TO LABEL FORMAT FOR BARCODED MASTER AND SUBFOLDERS
- FILEROOM ALLOWED TO STORE RECORD -> POINTS TO APPLICATION SETUP
- PROCEDURE -> POINTS TO Number of Exposures, Film Size, Amount of Film used at the time exams are DEPARTED

**a. Adding NEW Procedures:**

**Menu Path: (RAD Main Menu->SM ->PFE)**

- PERFORMING ROOM MUST also be entered for each procedure (ADD performing rooms in ALL divisions that may perform this procedure).
- MAKE CERTAIN the IMAGING TYPE and FOLDER TO PULL fields are complete and accurate.
- MAKE CERTAIN the procedure is also ADDED to an appropriate PROCEDURE CLASS Menu Path: (RAD Main Menu->SM->PCL)

NOTE: If procedures are NOT ADDED to a Procedure Class, the radiologist will NOT be able to verify a report for that procedure.

**b. When NEW procedures are added to a Radiology Room:**

**Menu Path: (RAD Main Menu->SM->RRE)**

- ADD procedure to performing room. If not, procedures cannot be scheduled, arrived, or departed.
- Performing Rooms for ALL DIVISIONS MUST be entered.
- New procedures can also be added to Performing Rooms via Radiology Room Enter/Edit Menu Path: (RAD Main Menu->SM->RRE)
- Procedures MUST also be added to the appropriate 'Procedure Class' Menu Path: (RAD Main Menu->SM->PCL)

NOTE: If procedures are NOT added to a Procedure Class, the radiologist will NOT be able to verify a report for that procedure.

**c. IMAGING TYPE points to:**

Menu Path: (RAD Main Menu->SM->RPE)

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The REPORT APPROVING AUTHORITY field in the RADIOLOGY PERSONNEL ENTER/EDIT FILE and IMAGING TYPE field relationships when creating Procedure Groups.

**Table 4.**

PROVIDER: ABRAHAM, PALMA F	RADIOLOGY
PERSONNEL EDIT	
NAME: <b>ABRAHAM, PALMA F</b>	INACTIVATION DATE:
RAD CLASSIFICATION: <b>RADIOLOGIST</b>	
REPORTING DIVISION: MMIG TEST MTF	
SIGNATURE BLOCK: <b>P.F. ABRAHAM, MD</b>	
<b>REPORT APPROVAL AUTHORITY: RADIOLOGIST</b>	
Select ORDER APPROVING CLASSES:	
<b>COMPUTED TOMOGRAPHY</b>	
<b>MRI</b>	
<b>NUCLEAR MEDICINE</b>	
<b>SPECIAL PROCEDURES</b>	
+ <b>ULTRASOUND</b>	
Select REPORT APPROVING IMAGING TYPES:	
<b>16</b>	
<b>17</b>	
<b>25</b>	
+ <b>MAGNETIC RESONANCE IMAGING</b>	
Select REPORT APPROVING CLASSES:	
+ <b>MAMMOGRAPHY</b>	
<b>MRI</b>	
<b>NUCLEAR MEDICINE</b>	
+ <b>ROUTINE</b>	

ALL COMPONENTS within a Procedure Group MUST be the SAME IMAGING TYPE. If the Imaging Type of the Procedure Group is, for example, RADIOLOGY and the Imaging Type for one of the components of this Procedure Group is NUCLEAR MEDICINE, this could cause problems when the radiologist attempts to verify report. If the Imaging Type is blank, this procedure cannot be included in a procedure group.

**d. IMAGING TYPE field in PROCEDURE FILE POINTS to the RADIOLOGY PERSONNEL FILE.**

Report Approving IMAGING TYPES must be defined for all staff and resident staff radiologists. This is especially important when 'Second Signature' is to be used.

NOTE: When ADDING new procedures or making NEW procedure groups, it is Important to MAKE CERTAIN the IMAGING TYPE for the procedure or procedure group being added is correct.

**4. PROCEDURE CLASS FILE**

Menu Path: (RAD Main Menu->SM->PCL):

ALL Procedures MUST be attached to a procedure class as defined in PROCEDURE CLASS FILE (Menu Path: RAD Main Menu->SM->PCL).

- PROCEDURE CLASS FILE POINTS to the RADIOLOGY PERSONNEL file for ORDER APPROVAL and REPORT APPROVAL.  
Menu Path: (RAD Main Menu->SM->RPE)
- Report Approving Classes must be defined for staff radiologists and resident radiologists.
- This is especially significant if 'Second Signature' is to be turned on.
- Software links resident and staff radiologists with the use of Procedure Classes.
- Creating Procedure Classes will radiology to establish certain ordering/reporting criteria based on entries made in the TYPE field in the Procedure Class File:

PROCEDURE CLASE – TYPE FIELD:

D = Duplicate Checking

O = Order Approval

R = Report Approval (verification)

NOTE: ALL Procedure Classes MUST be defined with the 'R' to allow Report Verification.

PROCEDURE CLASS FILE POINTS to the Radiology Personnel Enter/Edit

Menu Path: (RAD Main Menu->SM->RPE)

This only effects RADIOLOGISTS. There are THREE fields in the Radiology Personnel file which need to be populated. The first of these fields is REPORT APPROVAL AUTHORITY: RADIOLOGIST. The remaining two ORDER APPROVING CLASSES: and REPORT APPROVING IMAGING TYPES: are populated based on what kind of PROCEDURE CLASSES have been created and procedures attached to the PROCEDURE CLASS.

PROBLEM: When Radiologist logs onto CHCS, he/she receives banner message indicating there are reports to verify. However, there are NO reports in his/her verification queue. This indicates that a procedure may not have been added to PROCEDURE CLASS FILE.

RESOLUTION: Go to 'Unverified Workload Reports'

Menu Path: (RAD Main Menu->WR->RUW "Unverified Radiology Reports").

If there are UNVERIFIED Reports, one implication may be that the exam(s) generating this report were not assigned to a PROCEDURE CLASS. There, of course, may be other problems, but this is a place to start. After determining which exam(s) could not be verified, return to Procedure Class File Menu Path: (RAD Main Menu->SM ->PFE) and enter exam in appropriate Procedure Class.

### C. RADIOLOGY PERSONNEL FILE

Menu Path: (RAD Main Menu->SM->RPE)

Radiology is the only CHCS subsystem that contains a PERSONNEL FILE. RAD personnel (clerks, technologists) MUST be entered in both the USER and PROVIDER FILES FIRST. (see USER and PROVIDER FILE above).

NOTE: The Provider Flag in the Provider File MUST be set to 'NOT A PROVIDER' for clerks and technologists, etc. Staff and Resident Radiologists MUST be entered separately into both the USER and PROVIDER files. Identifying information must match to prevent discrepancies between the two files.

THEN -- Complete the following for Staff and Resident Radiologists:

Menu Path: (RAD Main Menu->SM->RPE)

Personnel must be added to the USER and PROVIDER – then to the Radiology Personnel File.

Make sure following fields are COMPLETED for Staff and Resident Radiologists, within the Radiology Personnel file:

- REPORT APPROVING IMAGING TYPES:
- REPORT APPROVING CLASSES:

REPORT APPROVING IMAGING TYPES POINTS to the PROCEDURE CODE FILE: Imaging Types are considered Gold Standard Files and are already loaded when CHCS is activated. EACH procedure MUST be defined with a specific IMAGING TYPE.

ORDER APPROVING CLASSES POINTS BACK TO PROCEDURE FILE. Each procedure may be set as requiring 'Order Approval'.

If Order Approval IS required for a CLASS of procedures, then the TYPE field in the PROCEDURE CLASS FILE MUST be populated with 'O' for ORDER APPROVAL.

Procedures entered by providers CAN be ordered, but will be flagged at the time that 'Order Approval' is required.

All flagged orders will then be sent to the 'Radiologist Order Approval' queue

Menu Path: {RAD Main Menu->OP->RA}.

When the radiologist logs onto CHCS, a banner message will display indicating there are orders for approval. (Radiologist Order Approval menu -> RAD Main Menu->OP->RA) may be used for order approval or, orders can be approved by protocol methods in currently in place, pending orders report or worksheet.

REPORT APPROVING CLASSES: It is absolutely necessary that REPORT APPROVAL authority be identified in the TYPE field with an 'R' for every

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PROCEDURE CLASS CREATED - the 'R' indicates this result/report may be verified. It is just as important that ALL procedures be attached to an appropriate PROCEDURE CLASS.

Personnel MUST also be terminated and Database Administrator notified so their User Account can also be terminated.

Transcribers MUST also be entered in the Radiology Personnel File.

NOTE: -- If transcribers are PAD personnel, they MUST also be added to the Radiology Personnel File. The Exam Reporting Menu can be assigned as a secondary menu, as well as assigning appropriate fileman codes and security keys.

#### **D. CREATING NEW FILE ROOMS**

The person Creating NEW File Room must have RTO as a secondary menu option: - RTO (Record Tracking Total System Menu). The menu option would be assigned by DataBase Administrator to access the function. Or, if filerooms are to be built first via the Common Files - Hospital Location File, see the DataBase Administrator. If filerooms are initially created via the Common Files, they MUST be created in the Radiology Reporting Division. The method below is using the RTO option.

SWITCH to the DIVISION for which you need to create a new file room

- At the 'Select Radiology Menu System Option': - Type - RTO
- At the 'Select RECORD TRACKING APPLICATION': - TYPE - IMAGING
- At 'Select Record Tracking File Room': - CARRIAGE RETURN
- You will then have access to Image Tracking SYSTEM DEFINITION files
- Select menu option: - SD (System Definition)
- Select menu option: - FSU (File Room Set-up)
- 'Select File Area:' - THIS IS WHERE YOU NAME AND CREATE YOUR FILE ROOM. Be very careful, specific and use consistent NAMING conventions for all file rooms you may create in any DIVISION
- Carriage Return

You will then get several prompts to which you MUST carefully respond:

- Are you adding (whatever you named this file area will appear here) as a new HOSPITAL LOCATION? -- TYPE 'Y' for yes
- HOSPITAL LOCATION ABBREVIATION: -- (1-6 characters) and again this should be conventional; i.e.: -- MAIN RAD FILEROOM - etc.)
- HOSPITAL LOCATION DESCRIPTION: -- You may enter if you RAD Film Library or RAD File Room (etc.)
- HOSPITAL LOCATION TYPE: - Enter 'F' for FILE AREA
- HOSPITAL LOCATION DIVISION: - BE VERY CAREFUL -- Enter the name of the DIVISION for which this fileroom is being built ; i.e.: NNMC Bethesda

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- HOSPITAL LOCATION MEPRS CODE: -- A Fileroom will ALWAYS be EKAA -- Enter EKAA
- After you carriage return, you will see a screen verifying the MEPRS code you just entered -- OK? YES// -- carriage return
- Are you adding (whatever you named this file room) as a new BORROWERS-FILE AREA? -- TYPE 'Y' for YES
- After you carriage return, you will see a screen displaying "BORROWERS-FILE AREAS NUMBER: - (internally assigned number) -- Carriage return

At this point, you will actually be in the menu option FSU (File Room Set-Up). You must complete most but not all of the fields (The best approach is to copy information from one of the existing file rooms; i.e., main Radiology Fileroom.

Complete appropriate fields (not all are necessarily completed) - carriage return and when you do, you will see a screen headed Select 'SYNONYMS' -- NEVER change the synonym that you see on this screen - this is the name of the file room. You can, however, enter any number of synonyms you wish.

You've made a file room --- BUT IT IS NOT COMPLETE. As indicated at this beginning of this rather long flow chart, ALL Radiology Locations MUST be built within Radiology and within the REPORTING DIVISION.

HOWEVER, they will be incomplete. **You MUST see the DBA so that additional information can be defined for these locations.** Generally, the 'Facility' and 'Service' fields have not been completed {you do not get either of these prompts as you are building this location}.

Even though a fileroom has built, it is incomplete. If you carriage return back to the Radiology System Menu and try to access Image Tracking from the menu -- you will NOT be able to -- You MUST have a default file room try it. --- is 'Select File Area' BLANK - (yes). That's because the files are incomplete.

- So, from the Radiology System Menu -- TYPE RTO again.
- At 'Select RECORD TRACKING APPLICATION': -- TYPE -- IMAGE again and carriage return
- At 'Select Record Tracking File Room': -- carriage return
- At 'Select Record Tracking Total System Menu Option': -- TYPE -- SD Again
- You MUST select RECORD TYPES that will be created/stored in this file room.
- Select -- TYS (Type of Record Setup) -- carriage return to the third screen and enter the NAME of the file room you just created as an ALLOWABLE FILE ROOM
- Repeat this for EVERY RECORD TYPE
- Then go to the APPLICATION SETUP and proceed as instructed below
- REPEAT THIS FOR EVERY NEW FILE ROOM YOU CREATE OR EVERY DIVISION

Prepared by: -- Fran Knott

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## **TROUBLESHOOTING AD-HOCS COMPOSITE HEALTH CARE SYSTEM (CHCS) RADIOLOGY**

This section of the CHCS Radiology F&T Check Points for Data Quality contains several CHCS Ad-hoc reports that can help with Troubleshooting some of the most common problems noted within Radiology.

For Example:

### **A. RADIOLOGISTS CANNOT VERIFY SOME REPORTS**

When the radiologist logs on, he/she receives a message “You have reports to VERIFY”. However, when radiologists goes to ‘verification queue’, there are NO reports to verify. It is likely that the procedure in question has not been attached to a PROCEDURE CLASS. Remember, the Procedure Class File points to the Radiology Personnel File and is important for radiologists . . ‘Procedure Class file’ points to the field in RPE (Radiology Personnel Enter/Edit) . . “REPORT APPROVING CLASSES.” OR, another important field for report verification in the Procedure File is: IMAGING TYPE. This also points to the Radiology Personnel File to REPORT APPROVING IMAGING TYPES.

The Ad-Hoc below can be used to verify that all Radiology Procedures have established the necessary pointers to ensure that all radiology exams can be processed to completion. Seek assistance from your System Administrator or Software Specialist to enter this Ad-Hoc Report into CHCS.

<p><b>Select FileMan Menu Option:      PFE Print File Entries</b></p> <p>Output from what file: RADIOLOGY PROCEDURES// (1530 entries)</p> <p>Sort by: NAME// CODE Start with CODE: FIRST// Within CODE, Sort by:   CPT CODE// CPT CODE Start with CPT CODE: FIRST// Within CPT CODE, Sort by:       IMAGING TYPE// IMAGING TYPE Start with IMAGING TYPE: FIRST// Within IMAGING TYPE, Sort by:</p> <p>Store Sort logic in Template: GS FVK RAD ALL// GS FVK RAD ALL</p> <p>NAME: GS FVK RAD ALL// DESCRIPTION: 1&gt;</p>
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READ ACCESS: SsDdKkhR#nNoOrLlPpHh} Replace  
 WRITE ACCESS: SsDdKkhR#nNoOrLlPpHh} Replace

First Print FIELD: CODE;C1;L5// CODE  
 Then Print FIELD: CPT CODE;C7;L5// CPT CODE  
 Then Print FIELD: NAME;C15;L20// NAME  
 Then Print FIELD: PROCEDURE CLASS;"CLS";C38;L10;M;m  
 Replace  
 By 'PROCEDURE CLASS', do you mean the PROCEDURE CLASS File,  
 pointing via its 'PROCEDURE' Field  
 to the RADIOLOGY PROCEDURES File? YES// (YES)

Then Print FIELD: IMAGING TYPE;"IMAGE";C51;L10 Replace IMAGING TYPE  
 Then Print FIELD: FOLDER TO PULL;"FOLD";C64;L10 Replace FOLDER TO PULL  
 Then Print FIELD:  
 Heading: RADIOLOGY PROCEDURES LIST Replace  
 Footnote:

Store Print logic in Template: GS FVK RAD ALL// GS FVK RAD ALL GS FVK RAD ALL  
 (03/22/00) USER #NNNN

FILE #71

TEMPLATE ALREADY STORED THERE.... OK TO REPLACE? Y (YES)

**SAMPLE OUTPUT:**

RADIOLOGY PROCEDURES LIST 22 Mar 2000@1620 PAGE 2

CPT CODE	CODE	NAME	CLS	IMAGE	FOLD
1106	73510	HIP, OTHER	ROUTINE	RADIOLOGY	BONE
1110	72170	PELVIS (AP ONLY)	ROUTINE	RADIOLOGY	BONE
1113	72170	PELVIS, ERECT AP	ROUTINE	RADIOLOGY	BONE
1120	73540	PELVIS, AP/FROG LEG	ROUTINE	RADIOLOGY	BONE
1122	72170	PELVIS, FERG VIE	ROUTINE	RADIOLOGY	BONE
1123	72190	LEG & KNEE (4), RT	ROUTINE	RADIOLOGY	
1123	72190	PELVIS, OBLQS	ROUTINE	RADIOLOGY	BONE
1136	72170	PELVIS, IN & OUT		RADIOLOGY	BONE
1140	73592	LOWER EXTR, INF	ROUTINE	RADIOLOGY	BONE
1146	73592	LOWER EXTR BILA	ROUTINE	RADIOLOGY	BONE
1150	74000	KUB	ROUTINE	RADIOLOGY	ABDOMEN
1153	74000	ABDO, UPR	ROUTINE		ABDOMEN
1156	74000	ABDO, CR TAB	ROUTINE	RADIOLOGY	ABDOMEN
1160	74000	ABDO, LT LAT DECU	ROUTINE	RADIOLOGY	
1160	74000	ABDO, RT LAT DECU	ROUTINE	RADIOLOGY	ABDOMEN

**BLANKS WILL CREATE PROBLEMS:**

\*\*\* FOLDER TO PULL: If the FOLDER TO PULL is Blank, the Record will not created (jacket/subfolder, etc.) – No label will print for subfolder if not previously created.

\*\*\*\* PROCEDURE CLASS: If the PROCEDURE CLASS is Blank, the Radiologist may not be able to verify this report. Problem: When radiologist logs on – message displays indicating radiologist has reports to verify. However, there are no reports in the report verification queue.

**Troubleshooting Steps:**

Compile above ad hoc.

Go to (RAD Main Menu->WR->RUW Workload for Unverified Reports). Select the radiologist(s) that are experiencing problems verifying reports. Check exams that have not been verified. Make sure they have been attached to Procedure Class (Menu Option RAD Main Menu->SM->PCL). Select appropriate class and add procedure. Reports will then be in verification queues for verification.

\*\*\*\*IMAGING TYPE: Points to Radiology Personnel File – REPORT APPROVING IMAGING TYPES. Radiologist may not be able to verify this report.

2. The CHCS \*\*\* RAD Procedure Edit/Print/Copy \*\*\* option will produce a standard CHCS report of Radiology Procedures (Menu Path: RAD Main Menu->SM->CPY). This report points DIRECTLY to the Procedure File AND is printed based on how procedures are built in the PROCEDURE FILE. Some issues, such as not having created procedure groups, can be identified. This report also shows number of films required and number of exposures. If these areas are blank (and this is the x-ray), then they should be completed. Number of exposures is important for reporting purposes at some sites. This should be accurate. If blank, then user must go to Procedure File and complete (go to last screen or so in the Procedure File – line cursor up with FILM SIZE and hit return. User will then see another file where ‘total number of film’ is entered. Number of exposures is entered on the first screen for the exam in the Procedure File.

To list Rad Procedures, select RAD MAIN MENU -> SM -> CPY: Select PRINT OPTION . . as indicated below:

\*\*\* RAD Procedure Edit/Print/Copy \*\*\*

Edit **Print** Copy Help eXit  
Print procedure(s).

Select procedures by: SITE CODE//

(NOTE: SITE CODE is the 4-digit CODE of the Radiology Procedure. This is a completely different code than the CPT code defined in the Radiology Procedure File.

Select Range, Start : 1000  
 Select Range, End : 5000

(NOTE: This report is a 132 column report and requires 14X17 paper.

Select DEVICE:

(NOTE: The data displayed in the sample below has not been edited to align the columns) .

**SAMPLE OUTPUT**

Name of Facility				Printed: 12 Jan 2000@0950 Page 1									
*** Radiology Report ***													
Site Code	CPT Code	Procedure Name/Group Name Group Components	Site Cost	DoD Cost	Exam	Rpt	Tot	Port	Exp	Film	Dur	Sup	Weighted Values
1033	73550	FEMURS, BILAT	75.60	1.24	0.44	1.68	2.48	6	4	15			
1051	73600	ANKLE, LT STRESS VIEWS ONLY	66.60	0.53	0.21	0.74	1.06	3	2	15	ALL		
1051	73600	ANKLE, RT STRESS VIEWS (ONLY)	66.60	0.53	0.21	0.74	1.06	3	2	15	ALL		
1053	73550	FEMUR, OTHER	75.60	0.62	0.22	0.84	1.24	6	1	15			
1056	73510	HIP, LT	81.00	0.62	0.28	0.90	1.24	3	2	20			
1056	73510	HIP, RT	81.00	0.62	0.28	0.90	1.24	3	2	20			
1060	73500	HIP, LT DAN MILLER ONLY	65.70	0.51	0.22	0.73	1.02	1	1	15			
1060	73500	HIP, RT DAN MILLER ONLY	65.70	0.51	0.22	0.73	1.02	1	1	15			
1063	73510	HIP, LT & DAN MILLER	81.00	0.62	0.28	0.90	1.24	3	3	20			
1063	73510	HIP, RT & DAN MILLER	81.00	0.62	0.28	0.90	1.24	3	3	20			
1064	73500	HIP, KNEE & ANKLE (HIP TO ANKLE)	65.70	0.51	0.22	0.73	1.02	1	2	30			
1083	73520	HIPS, BILAT	97.20	0.73	0.35	1.08	1.46	6	2	15			

**INCORRECTLY BUILT PROCEDURE GROUP:** The CPT Code is missing in Rad Procedure 1661.

Code	CPT Code	Description	Site Cost	DoD Cost	Exam	Rpt	Tot	Port	Exp	Film	Dur	Sup
1660	70110	MANDIBLE SERIES	90.00	0.67	0.33	1.00	1.34	4	3	20		
1661		MAXILLA						3	3	20	ALL	

**SHOULD LOOK LIKE THIS:**

1660		MANDIBLE SERIES - (PG) Procedure Group	etc.
1661	70110	MAXILA	etc.
1662	70111	Something Charge	etc.

The NAME of the PROCEDURE GROUP does NOT have an attached CPT CODE – only the COMPONENTS of the GROUP contain the CPT CODE.

The following SHOULD BE PROCEDURE GROUPS . . BUT ARE NOT. If American Medical Association (AMA) CPT Manual is referenced, and these CPT codes are re-

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searched, other CPT codes will be referenced for the user. The other CPT codes referenced in the CPT Manual (those in parentheses) should generally be included in a procedure group . . for the radiology procedure in question.

Code	CPT Code	Procedure Description									
3416	75625	AORTOGRAM, ABD CATH(W/SER)	1367.10	13.67	1.52	15.19	27.34	40	40	120	
3418	76140	AORTOGRAM, ABD CATH (W/SER) (READ)	0.00	0.00	0.00	0.00					
3420	75630	AORTOGRAM, ABD & BIL ILFEM,CATH	1495.80	14.23	2.39	16.62	28.46	60	60	120	
3421	75630	AORTOGRAM, ABD & BIL ILFEM,CATH(EXAM)	1495.80	14.23	2.39	16.62	28.46	80	80	120	
3422	76140	AORTOGRAM, ABD & BIL ILFEM,CATH(READ)	0.00	0.00	0.00	0.00					
3430	75650	ANGIOGRAM	1407.60	13.67	1.97	15.64	27.34	80	80	120	
3432	76140	ANGIOGRAM (READ)	0.00	0.00	0.00	0.00					
3433	75650	ANGIOGRAM, CEREBRAL	1407.60	13.67	1.97	15.64	27.34	120	99	150	
3435	76140	ANGIOGRAM, CEREBRAL (READ)	0.00	0.00	0.00	0.00					
3436	75774	ANGIOGRAM, ANGIOPLASTY(ART)	1273.50	13.67	0.48	14.15	27.34	30	20	120	
3440	75774	ANGIOGRAM, ANGIOPLASTY(VEN)	1273.50	13.67	0.48	14.15	27.34	20	20	120	

NOTE: It is NO LONGER NECESSARY to have procedures entered into the Radiology Procedure File that are “READ ONLY.” CHCS V4.5 allows user to select departure ‘action’ REFER. After selecting the ‘departure action’ REFER, user can now identify if the exam was: EXAM ONLY or REPORT ONLY. Workload for exam will then correctly assigned.

3. RADIOLOGY AD HOC – IMAGING TYPE – Imaging Type also points to the Radiology Personnel File – again, as it pertains to radiologists’ verification.

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Select FileMan Menu Option:  Menu Path: (FM->PFE Print File Entries)

Output from what file: RADIOLOGY PROCEDURES// (1530 entries)
Sort by: NAME// CODE  CODE
Start with CODE: FIRST//
Within CODE, Sort by: CPT CODE  CPT CODE
Start with CPT CODE: FIRST//
Within CPT CODE, Sort by: NAME  NAME
Start with NAME: FIRST//
Within NAME, Sort by:

Store Sort logic in Template: GS FVK RAD IMAGING TYPES
Are you adding 'GS FVK RAD IMAGING TYPES' as
a new SORT TEMPLATE? Y (YES)

First Print FIELD:      CODE;C1;L5  CODE
Then Print FIELD:      CPT CODE;C8;L5  CPT CODE
Then Print FIELD:      NAME;C16;L30  NAME
Then Print FIELD:      IMAGING TYPE;C50;L10  IMAGING TYPE
Then Print FIELD:

Heading: RADIOLOGY PROCEDURES LIST  Replace
Footnote:
Store Print logic in Template: GS FVK RAD IMAGING TYPES
    
```

SAMPLE REPORT: The Blank Imaging type needs to be entered.

RADIOLOGY PROCEDURES LIST			11 Jan 2000@1751	PAGE 1
CODE	CPT CODE	NAME		IMAGING TYPE
1033	73550	FEMURS, BILAT		RADIOLOGY
1051	73600	ANKLE, LT STRESS VIEWS ONLY	RADIOLOGY	
1051	73600	ANKLE, RT STRESS VIEWS (ONLY)		
1053	73550	FEMUR, OTHER		RADIOLOGY
1056	73510	AHIP LT		RADIOLOGY