one AMIS code. In addition to being reported under each AMIS code, the procedures with multiple AMIS codes are also tallied in the "Series of AMIS Codes" line item of the AMIS Report. Setting these procedures as a Series type serves as a reminder to users. The AMIS Report counts each Series procedure the same as the Detailed procedure in the body of the report, but an additional line tallies the Series procedures by themselves. The Bilateral, Operating Room, and Portable modifiers are not allowed for Series procedures as that would cause the AMIS Report to be incorrect.

**Broad** - Procedure is mainly used by the receptionist, clerk, or ordering clinician when scheduling a patient for an exam. It is used when s/he is not exactly sure which Detailed or Series procedure will be performed. However, before the exam can be considered Complete, the procedure should be changed to a Detailed or Series in order to insure adequate workload credit to your facility. Broad procedures are not associated with a CPT or AMIS codes. These prompts will not be seen if the user selects Broad as the procedure type. If no CPT code is entered for a Detailed or Series procedure, the procedure type is automatically changed to Broad.

If the Division parameter requiring a Detailed or Series procedure upon initial exam registration is set to YES, then the ordering party will not be able to select a Broad procedure.

**Parent** - Procedure is used for ordering purposes only. It must have descendents (other procedures of Detailed or Series type) that are actually registered. Parent procedures are used to simplify the ordering process when a group of related procedures must be done. (See Parent/Descendent Exam and Printsets) Similar to Broad procedures, they act as temporary placeholders. When a parent order is requested, the system automatically finds all the descendents and the parent itself is never actually registered.

When creating a Parent procedure, make the parent name slightly different than any of its descendents so the system will accept it as a new procedure. **Remember, when creating a Parent, no CPT code is entered therefore, it will not be registered.** All descendents must be either Detailed or Series Type with a CPT code.
Utility Files Maintenance Menu
Procedure Edit Menu

Example:

Parent: Arthrogram of the Shoulder (or Arthrogram - Shoulder)
Descendents: 73040
23350

4) MODALITY - This is a new field that only appears when you are defining either Detailed or Series type procedures. Each procedure can have more than one modality. The modality data is used by the Imaging package to produce a modality work list that will help to correctly identify a patient. If you are not running the Imaging package at your site, you may bypass this field.

5) SINGLE REPORT - This is a new field that only appears when you define a procedure as a Parent procedure. If this field is left unanswered, then the reporting of the procedure's descendents will be put into separate reports, as in the previous version. If this field is answered YES, then the reporting of the procedure's descendents will be combined into one report, where the case records for these descendents will have the same data for report text, impression, pre-verifier, verifier, staff (primary and secondary), residents (primary and secondary), diagnoses, and all other report-related fields.

6) HEALTH SUMMARY WITH REQUEST - This field points to the Health Summary Type file. When a procedure is requested, this field is checked for an associated Health Summary Type and, if one exists, it is printed along with the request. You can select an appropriate Health Summary Type here. If necessary, you may need to check with your clinical coordinator for help in setting up useful health summary formats.

7) SYNONYM - One or more synonyms may be associated with a procedure. At any Procedure prompt, a synonym can be entered to select a procedure if you have predefined the synonym here.

8) PROMPT FOR MEDS - This is a new field. It only appears for procedures that are Detailed or Series. If this field is set to YES, case edits will prompt for medications administered for this procedure. To make Status Tracking prompt for medications administered, this field must be set to YES and the Examination Status parameter "Ask Medications & Dosages" must be set to YES for one or more statuses of the procedure's Imaging Type.

9) DEFAULT MEDICATION - This is a new field. It only appears for procedures that are Detailed or Series. Use this field to enter any medications when they are usually used for the procedure. Radiopharmaceuticals may not be entered in this field.
Medications, if defined here, are entered automatically into the patient exam record by the system during registration.

**DEFAULT MED DOSE** will only appear if you enter a Default Medication. If a default dose is entered, it will be automatically entered on the patient's exam record at the time the procedure is registered. Acceptable format: 99999.999 unit_of_measure. Unit_of_measure may be between 1-30 characters in length. Example: 2.5 mg

10) **SUPPRESS RADIOPHARM PROMPT** - This is a new prompt that only applies to Detailed or Series procedures with an Imaging Type that uses radiopharmaceuticals (i.e., nuclear medicine or cardiology studies). If the exam status setup for the affected Imaging Types specifies that radiopharmaceutical data should be asked and/or required to progress to various statuses, this field can be used to over-ride that requirement for a particular procedure.

Available categories are defined as follows:

0 or blank - Ask for Radiopharmaceutical if and when exam status parameters specify (this is the default).

1 - Suppress the Radiopharmaceutical prompt. Never ask or require Radiopharmaceutical even if exam status parameters specify that a Radiopharmaceutical should be entered. Even if default Radiopharmaceuticals are entered for the procedure they will not be automatically entered on the exam record by the system when the case is registered.

11) **PROMPT FOR RADIOPHARM RX** - This is a new prompt that only applies to Detailed or Series procedures with an Imaging Type that uses radiopharmaceuticals (nuclear medicine or cardiology studies). It controls whether case edit and status tracking options prompt for prescribing physician, prescribed radiopharmaceutical dose, and witness to the dose administration. If you answer YES to this field, prescriber and witness prompts will appear for any radiopharmaceuticals entered for this procedure. (For example, a witness is necessary for a Total Body Iodine procedure so you would answer YES at this field for that procedure.) If this field is left blank, prescriber and witness prompts will not appear. If this field is set to YES, Status Tracking will prompt during each edit session until the data is entered; case edits will always prompt, even if the data has already been entered.

12) **DEFAULT RADIOPHARMACEUTICAL** - This is a new prompt that only applies to Detailed or Series procedures with an Imaging Type that uses radiopharmaceuticals (nuclear medicine or cardiology studies). It will be automatically
entered as a radiopharmaceutical on patients' nuclear medicine exam records during registration. This information can be changed, if necessary, during case edit. If nothing is entered in this field, no radiopharmaceuticals will be automatically entered during registration for this procedure.

Note: The radiopharmaceutical is the only data item that is actually automatically entered on the patient exam record during registration. No dosage amounts or routes of administration are entered automatically; however, they will appear as default responses.

LOW ADULT DOSE (in mCi) - This is the lowest usual adult dosage commonly associated with this radiopharmaceutical when administered for this procedure. The system will display this value and the high adult dose when asking for the actual dosage during case editing. If the dosage entered for an exam falls outside of the usual high/low range, the person editing the case will see a warning message. If you do not want a warning to appear no matter how low the dosage entered, do not enter a low range dosage here.

HIGH ADULT DOSE (in mCi) - This is the highest usual adult dosage commonly associated with this radiopharmaceutical when administered for this procedure. The system will display this value and the low adult dose when asking for the actual dosage during case editing. If the dosage entered for an exam falls outside of the usual high/low range, the person editing the case will see a warning message. **This is a mandatory data item.**

USUAL DOSE (in mCi) - This is the usual dosage (in mCi) associated with this radiopharmaceutical. It will appear as an informational item on the screen just before the user is prompted for the actual Dose. If nothing is entered in this field, no usual dose information will be displayed. The usual dose you enter here must fall within the Low Adult Dose and High Adult Dose described above.

DFLT ROUTE OF ADMINISTRATION - This is the route of administration commonly associated with this radiopharmaceutical for this procedure. It will appear as the default response when the route of administration is asked during case editing. If nothing is entered in this field, no default route of administration will be displayed.

DEFAULT SITE OF ADMINISTRATION - This is the bodily site for administering the radiopharmaceutical for the procedure being defined. The system will use this for the default response during case editing. If nothing is entered here, there will be no default response to the Site of Administration question during case editing.
DEFAULT FORM  This is the form of this Radiopharmaceutical when used in this procedure. If entered, it will be used as the default answer to the "Form" prompt during case edits.

13) AMIS CODE - This field contains the valid AMIS code(s) from the Major AMIS Codes file associated with this exam procedure. There may be more than one AMIS code associated with each procedure. If the procedure type is Detailed, there will be one AMIS code. If the procedure type is Series, there will be more than one AMIS code. Broad and Parent types of procedures have no AMIS code.

AMIS WEIGHT MULTIPLIER - You are not likely to change an AMIS Weight Multiplier unless VA HEADQUARTERS rules the change. However, if you add a new procedure, you must determine from VA HEADQUARTERS guidelines what should be entered at this prompt.

This field contains a number (0-99) to indicate to the various workload report routines how many times to multiply the weighted work units associated with the AMIS code. The weight for each AMIS code is stored in the Major Rad/Nuc Med AMIS Code file.

Most multipliers will be 1. However, there are some that are greater than 1. For example, the procedure called Upper GI + Small Bowel has the AMIS code 9-Gastrointestinal which has a weight of 6 work units. But, the AMIS multiplier is 2. Therefore on the workload reports, the site will get credit for 12 weighted work units each time it is performed.

Radiology Central Office has directed that the weighted work unit for Ultrasound procedures involving multiple organs in the same visit can be counted only once if the organs are located close to each other (i.e. Liver and Gallbladder).

BILATERAL - This field contains a YES to indicate that this is a bilateral procedure or a NO if it is not a bilateral procedure. If it contains a YES, then the system multiplies the AMIS weight by 2. No harm is done by indicating the Multiplier as 2 and Bilateral as YES. The system will only use 2 as the multiplier, not (2*2).

14) CPT CODE - Only detailed and series procedures require a CPT Code so this prompt will only appear when editing a detailed or series procedure.

15) STAFF REVIEW REQUIRED - If the procedure requires an interpreting staff physician's review of the resident's report, even though the division parameter is set to allow residents to verify reports, enter a YES at this prompt. (Refer to Personnel Classification and Division Parameter Set-up for other factors that control whether residents can verify reports.) This field does not appear with Broad or Parent procedures.
16) REQUIRED FLASH CARD PRINTER - This field contains the name (1-20 characters) of the location where the flash cards for this procedure are to be printed. Normally, the flash cards are printed at the reception desk, however, for particular procedures the flash cards may be printed at a different location such as where the exam is to be performed. This field does not appear with Parent procedures since Parent procedures are not registered.

NOTE: The exam labels will print out on the flash card printer associated with the imaging location parameter.

17) REQUIRED FLASH CARD FORMAT - If a flash card format has been defined, you can associate a specific format with this procedure. Otherwise the format defined for the location will be used. This field does not appear with Parent procedures, since flash cards are only printed during registration and parent procedures are never registered.

18) FILM TYPE - This field contains a default value of the type of film from the Film Sizes file that is usually needed for this procedure. During the exam registration process, the system checks this field for a film type. If film type exists, then it is automatically entered into the Film Type field of the exam record. The entry in the exam record can be edited. Only procedures that are performed a relatively high number of times, such as Chest PA&LAT, should have data entered for this field. This field does not appear with Parent procedures since parent procedures are never registered.

NORMAL AMOUNT NEEDED FOR EXAM - This field contains the default value (a number from 1 through 10) of the normal amount of film usually required for this procedure. During the exam registration process, the system checks this field for data. If data is present, then the information in this field is stuffed into the "Number Used" field of the exam record. The technologist is allowed to modify this data after performing the exam. Only procedures that are performed a relatively high number of times should have data entered for this field. The procedure CHEST PA&LAT is a good example.

19) RAD/NM PHYS APPROVAL REQUIRED - If YES is entered at this prompt, when a request for this procedure is entered, the request will require the name of the approving physician. This name will print on the request form.

20) MESSAGE - You can select a message from the Rad/Nuc Med Procedure Message file for this procedure that will automatically appear at the time of the request and will be printed on the request form.

21) DESCENDENTS - This field only appears with Parent procedures. Enter any Detailed or Series procedures that make up the set. Remember that the Parent procedure is a placeholder for ordering and will not be registered, so all procedures to be registered must be entered as descendents.
Note: To add a second procedure that is the same as one already entered, enter either the CPT code or the procedure name in quotes as shown here:

Select DESCENDENTS: FOOT 2 VIEWS// ?
Answer with DESCENDENTS
Choose from:
ANKLE 2 VIEWS
FOOT 2 VIEWS
TOE(S) 2 OR MORE VIEWS

You may enter a new DESCENDENTS, if you wish
Enter a procedure name which is related to the parent procedure.
Select only active detailed or series procedures of the same imaging type as the parent.
Answer with RAD/NUC MED PROCEDURES NAME, or CPT CODE, or SYNONYM
Do you want the entire RAD/NUC MED PROCEDURES List? n (No)
Select DESCENDENTS: FOOT 2 VIEWS//"FOOT 2 VIEWS"

22) EDUCATIONAL DESCRIPTION - This is a new field used to describe the procedure and give information about its purpose in confirming or eliminating various diagnoses. It may be used for educational purposes by clinicians who are trying to familiarize themselves with imaging procedures that are available. If you enter an educational description, you are also asked if you want to "Display Educational Description When Ordered". Entering
YES at that field displays the description along with any Procedure Message during the ordering process.
Note: If you are using the Screen Editor to add an Educational Description and you want a list of items, to keep the list from wrapping add a space (sp) before each item as shown in the following example:

When ordering this procedure, we recommend the following steps be taken:
<sp>1) Do this first.
<sp>2) Next do this.
<sp>3) Etc.

23) DISPLAY EDUCATIONAL DESCRIPTION WHEN ORDERED - This field determines whether or not the Educational Description of a procedure should be displayed along with the procedure message (if any) at the time the procedure is ordered. Enter YES to display the description with the procedure message, NO to not display the description.

24) INACTIVATION DATE - If the procedure has an inactivation date prior to the current date, then the procedure is not a valid choice and will not appear on the list of active procedures when displayed to the user. Entering an inactivation date makes the procedure invisible to users so it cannot be selected. This should only be done if the procedure becomes obsolete or should not be ordered or performed at your site. You can enter a future date. This is useful if for example a CPT becomes inactive on January 1 and you want to enter it earlier than that date. Inactivation takes effect at midnight of the date you enter.

Here is an example of a Nuclear Medicine, Detailed procedure. The prompts for radiopharmaceuticals only appear when the procedure has an Imaging Type of Nuclear Medicine or Cardiology Studies:

Prompt/User Response

Select RAD/NUC MED PROCEDURES NAME: ACUTE GI BLOOD LOSS IMAGING (NM Detailed) CPT: 78278
NAME: ACUTE GI BLOOD LOSS IMAGING Replace <RET>
TYPE OF IMAGING: NUCLEAR MEDICINE// <RET>
TYPE OF PROCEDURE: DETAILED// <RET>
Select MODALITY: <RET>
HEALTH SUMMARY WITH REQUEST: INPATIENT// <RET>
Select SYNONYM: INPT// <RET>
PROMPT FOR MEDS: YES//<RET>

Select DEFAULT MEDICATION: LIDOCAINE 0.5% W/EPI INJ MDV// <RET>
DEFAULT MEDICATION: LIDOCAINE 0.5% W/EPI INJ MDV// <RET>
DEFAULT MED DOSE: <RET>
Reminder --

Selection of 'Suppress' for 'SUPPRESS RADIOPHARM PROMPT' will result in the deletion of all default radiopharmaceutical information for this procedure.

SUPPRESS RADIOPHARM PROMPT: Always//<RET>
PROMPT FOR RADIOPHARM RX: YES//<RET>

Select DEFAULT RADIOPHARMACEUTICAL: SULFUR COLLOID TC-99M// PERCHLORACAP 250MG CAPS DX201

...OK? Yes//<RET> (Yes)

DEFAULT RADIOPHARMACEUTICAL: PERCHLORACAP 250MG CAPS //<RET>
LOW ADULT DOSE (in mCi): 2//<RET>
HIGH ADULT DOSE (in mCi): 5//<RET>
Input a 'Usual Dose' value within the range of: 2-5

USUAL DOSE (in mCi): 3//<RET>
DFLT ROUTE OF ADMINISTRATION: ORAL//<RET>
DEFAULT SITE OF ADMINISTRATION: MOUTH//<RET>
DEFAULT FORM: Solid (Other)//<RET>
Select DEFAULT RADIOPHARMACEUTICAL:<RET>
Select AMIS CODE: NUCLEAR MEDICINE//<RET>
AMIS CODE: NUCLEAR MEDICINE//<RET>
AMIS WEIGHT MULTIPLIER: 1//<RET>
Select AMIS CODE: <RET>
CPT CODE: 78278//<RET>
STAFF REVIEW REQUIRED: NO//<RET>
RAD/NM PHYS APPROVAL REQUIRED: NO//<RET>
REQUIRED FLASH CARD PRINTER: <RET>
REQUIRED FLASH CARD FORMAT: ER FORMAT//<RET>
Select FILM TYPE: 11X14//<RET>
FILM TYPE: 11X14//<RET>
NORMAL AMOUNT NEEDED FOR EXAM: 1//<RET>
Select FILM TYPE: <RET>
Select MESSAGE: CALL DR. SMITH BEFORE ORDERING THIS PROCEDURE//<RET>

EDUCATIONAL DESCRIPTION:
This test is designed to LOCATE the site of KNOWN GI bleeding, NOT to determine whether there IS GI bleeding.

Edit? NO//<RET>
DISPLAY EDUCATIONAL DESCRIPTION WHEN ORDERED: YES//<RET>
INACTIVATION DATE: <RET>

Here is an example of a Parent procedure entry:

Prompt/User Response

Select RAD/NUC MED PROCEDURES NAME: AORTAL FEMORAL RUNOFF
Utility Files Maintenance Menu
Procedure Edit Menu

Are you adding 'AORTAL FEMORAL RUNOFF' as a new RAD/NUC MED PROCEDURES (the 737TH)? Y (Yes)
RAD/NUC MED PROCEDURES TYPE OF PROCEDURE: P PARENT
NAME: AORTAL FEMORAL RUNOFF Replace <RET>
TYPE OF IMAGING: GENERAL RADIOLOGY
TYPE OF PROCEDURE: PARENT// <RET>

SINGLE REPORT: YES
HEALTH SUMMARY WITH REQUEST: <RET>
Select SYNONYM: <RET>
RAD/NUC MED PHYS APPROVAL REQUIRED: NO// <RET>
Select MESSAGE: <RET>
Select DESCENDENTS: 75625 CONTRAST X-RAY EXAM OF AORTA AORTO ABD TRANS L W/SERIAL FILMS S&I (Detailed) CPT:75625
Are you adding 'AORTO ABD TRANS L W/SERIAL FILMS S&I' as a new DESCENDENTS (the 1ST for this RAD/NUC MED PROCEDURES)? Y (Yes)
Select DESCENDENTS: 36200 PLACE CATHETER IN AORTA AORTA, CATHETER (FEMORAL OR AXILLARY APPROACH) (Detailed) CPT:36200
Are you adding 'AORTA, CATHETER (FEMORAL OR AXILLARY APPROACH)' as a new DESCENDENTS (the 2ND for this RAD/NUC MED PROCEDURES)? Y (Yes)
Select DESCENDENTS: 75716 ARTERY X-RAYS, ARMS/LEGS ANGIO EXTREMITY BILAT S&I (Detailed) CPT:75716
Are you adding 'ANGIO EXTREMITY BILAT S&I' as a new DESCENDENTS (the 3RD for this RAD/NUC MED PROCEDURES)? Y (Yes)
Select DESCENDENTS: <RET>

EDUCATIONAL DESCRIPTION:
No existing text
Edit? NO// <RET>
INACTIVATION DATE: <RET>
All of these reports access data in the Rad/Nuc Med Procedures file #71. Many of the following printouts are lengthy. "Q"ueuing these reports to be printed after hours should be considered.
Active Procedure List (Long)
[RA PROCLONG]

This option prints a listing of all active procedures, their CPT and AMIS codes, AMIS weight multiplier, whether it is a bilateral procedure or a CT of the head or body, the type of procedure (broad, series, detailed or parent), flash card information, and whether review of the report and approval of the request is required. The report is sorted by AMIS category, then procedure name. It is a lengthy printout, so queuing the output should be considered.

If you assigned one or more modalities to a procedure, then the abbreviated and long name of each modality will print as the last item for the procedure.

Prompt/User Response

Active Procedure List (Long)

Select Imaging Type: All//NUCLEAR MEDICINE

Another one (Select/De-Select): <RET>

This report requires a 132 column output device.

DEVICE: (Printer Name or "Q")

This report now allows printing by selected Imaging Types.

If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Name</th>
<th>AMIS Code</th>
<th>Multiplier</th>
<th>Bilateral</th>
<th>Head/Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>78278</td>
<td>ACUTE GI BLOOD LOSS IMAGING</td>
<td>27 - NUCLEAR MEDICINE</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Type of Procedure: DETAILED
- Required Flash Card Printer: ER FORMAT
- Staff Review of Reports Req: NO
- Radiographic Prompt: Always
- Prompt for Radiopharm Rx: YES
- Default Radiopharmaceutical: PERCHLORACP 250MG CAPS
- Usual Dose: 3
- Dflt Administration Route: ORAL
- Dflt Administration Site: MOUTH
- High Adult Dose: 5
- Low Adult Dose: 2
- Default Form: Solid (Other)
- Procedure Message: This test is designed to LOCATE the site of KNOWN GI bleeding, NOT to determine whether there is GI bleeding.
Active Procedure List (Short)

This is a list of active procedures, sorted by AMIS category and procedure name. Since the report can be lengthy, consider queuing the output. Only procedures with an AMIS code are included.

Prompt/User Response

Select Imaging Type: All// GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

This report requires a 132 column output device.

DEVICE: (Printer Name or "Q")

Discussion

This report now allows printing by selected Imaging Types.

Enter the name of a printer that prints 132 columns. If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

<table>
<thead>
<tr>
<th>CPT</th>
<th>PROCEDURE</th>
<th>AMIS CODE</th>
<th>MULT</th>
<th>LAT</th>
<th>CT</th>
<th>TYPE MODALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>76062</td>
<td>BONE SURV COMP (INCL APPENDIC) 1 -SKULL,INC.SINUS,MASTOID, JAW, ET</td>
<td>1</td>
<td>RAD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>76061</td>
<td>BONE SURV LMTD (E.G. METASTATI) 1 -SKULL,INC.SINUS,MASTOID, JAW, ET</td>
<td>1</td>
<td>RAD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

March 1999 Radiology/Nuclear Medicine V. 5.0 Patch RA#5#3
ADPAC Guide
Maintenance Files Print Menu
Procedure File Listings

Alpha Listing of Active Procedures
[RA ALPHALIST]

As you can see by the example below, this is a shorter, alphabetical listing of the active procedures. Since the report can be lengthy, consider queuing the output.

Prompt/User Response

Alpha Listing of Active Procedures

Select Imaging Type: All// GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

This report requires a 132 column output device.

DEVICE: (Printer Name or "Q")

This report now allows printing by selected Imaging Types.

Enter the name of a printer that prints 132 columns.
If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

<table>
<thead>
<tr>
<th>ABDOMEN 1 VIEW</th>
<th>74000</th>
<th>5 ABDOMEN-KUB</th>
<th>1</th>
<th>RAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN 2 VIEWS</td>
<td>74010</td>
<td>5 ABDOMEN-KUB</td>
<td>1</td>
<td>RAD</td>
</tr>
<tr>
<td>ABDOMEN FOR FETAL AGE 1 VIEW</td>
<td>74720</td>
<td>5 ABDOMEN-KUB</td>
<td>1</td>
<td>RAD</td>
</tr>
<tr>
<td>ABDOMEN FOR FETAL AGE MULT VIEWS</td>
<td>74725</td>
<td>5 ABDOMEN-KUB</td>
<td>1</td>
<td>RAD</td>
</tr>
<tr>
<td>ABDOMEN MIN 3 VIEWS+CHEST</td>
<td>74022</td>
<td>2 CHEST-SINGLE VIEW</td>
<td>1</td>
<td>RAD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>OBSTRUCTIVE SERIES</td>
</tr>
<tr>
<td>ACROMIOCLAVICULAR J BILAT</td>
<td>73050</td>
<td>8 SKELETAL-BONE &amp; JOINTS</td>
<td>1</td>
<td>YES</td>
</tr>
</tbody>
</table>
Barcoded Procedure List

[RA BARPROCPRINT]

If your site uses barcodes, use this option to print a list of barcoded CPTs and/or Procedures for a selected Imaging Type.

Prompt/User Response

Barcoded Procedure List

Discussion

If you don't know the height of the barcode, you need to print a test version and count the lines as shown here:

To print barcoded procedure list, you will need to know the height (in vertical lines) of the barcode output on the printer to be used.

Do you wish to print a sample barcode for the purpose of determining the height (in vertical lines) of the barcode? No// YES

If you don't know the height of the barcodes printed at your site, enter YES to obtain a sample barcode. You may need to contact IRM for the name of a printer for barcodes.

Select a printer with barcode setup: (Enter the name of the device)

DO YOU WANT YOUR OUTPUT QUEUED? NO// YES

Requested Start Time: NOW// <RET> (DEC 11, 1996@12:46:25)

Request Queued, Task #: 35507

Enter the height of the barcode: ^

Exit the option and get the printout of the test barcode. Here's an example:
Using the line counts printed above and below the example barcode to determine how many vertical lines the barcode occupies (include the procedure name line printed below the barcode), it appears to be 4 lines. Now you can print a list of barcodes used by your Imaging Type. Return to the option.

To print barcoded procedure list, you will need to know the height (in vertical lines) of the barcode output on the printer to be used.

Do you wish to print a sample barcode for the purpose of determining the height (in vertical lines) of the barcode? No// <RET>
Enter the height of the barcode: 4

Select one of the following:

- C: CPT barcode
- P: Procedure barcode
- B: Both barcodes

Which of the above would you like to print?: Both

Select the data element you wish to sort by: ??

Enter 'C' to sort by the CPT Code, or 'P' to sort by the procedure.

Select one of the following:

- C: CPT Code
- P: Procedure

Select the data element you wish to sort by: Procedure

Select Imaging Type: GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

Select Procedure: ALL

Another one (Select/De-Select): <RET>

Select a printer with barcode setup: (Enter the barcode printer name)

DO YOU WANT YOUR OUTPUT QUEUED? NO// Y (YES)

Requested Start Time: NOW// <RET> (DEC 11, 1996@12:47:58)

Request Queued, Task #: 35508
Inactive Procedure List (Long)

[RA INACPRCLONG]

This output is the same as that for Active Procedure List (Long) only these procedures have all been inactivated. Since the report can be lengthy, consider queueing the output.

If you assigned one or more modalities to a procedure, then the abbreviated and long name of each modality will print as the last item for the procedure.

Prompt/User Response

Inactive Procedure List (long)

Select Imaging Type: All//GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

This report requires a 132 column output device.

DEVICE: (Printer Name or "Q")

Discussion

This report now allows printing by selected Imaging Types.

Enter the name of a printer that prints 132 columns. If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.
Invalid CPT/Stop Code List
[RA INVALID CPT/STOP]

This option prints a list of Invalid CPT or Stop Codes. When generating the report, you can choose to include procedures that already have been marked Inactive (by entering an inactive date through the option Procedure Enter/Edit). It should be noted that the system sees procedure and CPTs as two separate entities. In other words, an active procedure can have a valid or invalid CPT associated with it. This report will print a warning if a Parent procedure has no Descendents, and if a detailed or series procedure has no AMIS code(s). It will also tell you if an Imaging Location setup doesn't meet criteria for workload crediting.

Prompt/User Response

Invalid CPT/Stop Code List

This option prints a list of Radiology/Nuclear Medicine Procedures with missing or invalid CPT's and DSS ID's, and Imaging Locations pointing to Hospital Locations with inappropriate set-up parameters. Broad, parent and inactive procedures are not required to have codes. To be valid, DSS ID's must be in the Imaging Stop Codes file 71.5; CPT's must be nationally active.

Include Inactive procedures? NO// <RET>

Select Imaging Type: All// GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

DEVICE: (Printer Name or "Q")

Discussion

This report now allows printing by selected Imaging Types.

Enter the name of a printer or press the <RET> key to bring the output to the screen. If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Invalid CPT Code(s)</th>
<th>Imaging Type(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen for Fetal Age 1 View (Detailed, RAD)</td>
<td>74720</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen for Fetal Age Mult Views (Detailed, RAD)</td>
<td>74725</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angio Cervicocerebral Select 1 Vessel S&amp;I (Detailed, RAD)</td>
<td></td>
<td></td>
<td>No CPT entered. No stop code(s) entered.</td>
</tr>
<tr>
<td>Angio Cervicocerebral Select 2 Vessel S&amp;I (Type missing, Imaging Type missing)</td>
<td>75654</td>
<td>GENERAL RADIOLOGY</td>
<td></td>
</tr>
</tbody>
</table>

Imaging Type(s): GENERAL RADIOLOGY

TOTAL INVALID CPT CODES: 53
TOTAL MISSING CPT CODES: 1
TOTAL BROKEN POINTERS TO CPT CODES: 0
TOTAL PARENT PROCEDURES W/O DESCENDENTS: 0
TOTAL SERIES AND/OR DETAILED PROCEDURES W/O AMIS CODES: 3

Note: Remember to review the entries in the Imaging Stop Codes file #71.5 every year in October to make sure they agree with VA HQ rules. If the entries in file 71.5 are not accurate, this report will not be accurate.

Imaging Location: MAMMOGRAPHY
700-series noncredit Stop Code being used
List of Inactive Procedures (Short)  
[RA INACPRCSHORT]

This output is the same as Inactive Procedure List (Long) excluding the Type of Procedure, Required Flash Card Printer, Required Flash Card Format, Staff Review of Reports Req, and Rad Approval of Request Req fields. Since the report can be lengthy, consider queuing the output.

Prompt/User Response

List of Inactive Procedures (Short)

Select Imaging Type: All// GENERAL RADIOLOGY

Another one (Select/De-Select): <RET>

This report requires a 132 column output device.  
DEVICE: (Printer Name or "Q")

Discussion

This report now allows printing by selected Imaging Types.

Enter the name of a printer that prints 132 columns.  
If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

<table>
<thead>
<tr>
<th>CPT</th>
<th>PROCEDURE</th>
<th>AMIS CODE</th>
<th>MULT</th>
<th>LAT</th>
<th>CT</th>
<th>TYPE</th>
<th>MODALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>70350</td>
<td>CEPHALOGRAM ORTHODONTIC</td>
<td>1-SKULL,INC.SINUS,MASTOID,JAW,ET</td>
<td>1</td>
<td></td>
<td></td>
<td>RAD</td>
<td></td>
</tr>
<tr>
<td>70355</td>
<td>PANOREX</td>
<td>1-SKULL,INC.SINUS,MASTOID,JAW,ET</td>
<td>1</td>
<td></td>
<td></td>
<td>RAD</td>
<td></td>
</tr>
</tbody>
</table>
Parent Procedure List

[RA PARENT PROCEDURE LIST]

The Parent Procedure List includes only parent type procedures and all fields applicable to parent procedures that are included on the Active Procedure long listing. It shows whether they are printsets (i.e., Single Report = Yes), whether a health summary is associated with it for printing with the request, whether Radiology/Nuclear Medicine approval is required to order it, its imaging type, all descendants and their CPT codes, and the educational description.

If you assigned one or more modalities to a procedure and the procedure is a descendant of the parent, then the abbreviated modality will be displayed to the right of the descendant.

Parent Procedure List

Select Imaging Type: All// <RET>

Another one (Select/De-Select): <RET>

Select one of the following:

A  Active
I  Inactive
B  Both

Select Procedure Status: A  Active

DEVICE: HOME// (Printer Name)
<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Single Report</th>
<th>HLth Summary w Req.</th>
<th>Rad Approval of Req.</th>
<th>Type of Imaging</th>
<th>Descendants</th>
<th>Procedure Message</th>
<th>Educational Desc</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;P SPINAL SURVEY</td>
<td>YES</td>
<td></td>
<td>NO</td>
<td>GENERAL RADIOLOGY</td>
<td>(72040) SPINE CERVICAL MIN 2 VIEWS (72070) SPINE THORACIC 2 VIEWS (72100) SPINE LUMBOSACRAL MIN 2 VIEWS</td>
<td>THIS STUDY IS USED FOR C&amp;P WHEN A COMPLETE SPINE IS NEEDED FOR RATINGS</td>
<td></td>
</tr>
<tr>
<td>BONE SCAN PARENT</td>
<td>YES</td>
<td></td>
<td>NO</td>
<td>NUCLEAR MEDICINE</td>
<td>(78306) BONE IMAGING, WHOLE BODY (78990) PROVISION OF DIAGNOSTIC RADIONUCLIDES</td>
<td>Patient should drink 32 ounces of fluid after radionuclide injection and before imaging. Patient is imaged 2 to 3 hours after the radionuclide injection.</td>
<td></td>
</tr>
</tbody>
</table>
**Procedure Message List**

**[RA PROCMSGPRINT]**

This option prints the contents of the Rad/Nuc Med Procedure Message file #71.4. If there is a large number of entries in this file, consider queuing the output.

**Prompt/User Response**

**Discussion**

Device: (Printer Name or "Q")

Enter the name of a printer or press the <RET> key to bring the output to the screen. If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

---

If the patient has not eaten for more than 36 hours or is on TPN, please inform Nuclear Medicine Service so CCK can be administered.

If the patient is on morphine, you cannot assess for CBD obstruction since it will cause spasm of the Sphincter of Oddi.

Make sure the patient has not eaten for 3 hours prior to the test, to avoid a false positive result!

Patient must be NPO after midnight the night before the test!

Patient must have RUQ pain, fever, elevated WBC

Patient must not have eaten within 3 hours of this test!

This test is useful in assessing for ACUTE cholecystitis only, not chronic cholecystitis! Try US for chronic cholecystitis.
Series of Procedures List
[RA PROC SERIES]

This list is the same as the Active Procedure List (Long) except it contains only Series procedures.

If you assigned one or more modalities to a procedure, then the abbreviated and long name of each modality will print as the last item for the procedure.

Prompt/User Response  

Select Imaging Type: All// GENERAL RADIOLOGY  

This report requires a 132 column output device.  

DEVICE: (Printer Name or "Q")

Discussion

This report now allows printing by selected Imaging Types.

Enter the name of a printer that prints 132 columns. If you enter "Q" instead of a printer name, you will also see prompts for a device and a time to print.

<table>
<thead>
<tr>
<th>CPT</th>
<th>PROCEDURE</th>
<th>AMIS CODE</th>
<th>MULTIPLIER</th>
<th>BILATERAL</th>
<th>HEAD/BODY</th>
</tr>
</thead>
<tbody>
<tr>
<td>76062</td>
<td>BONE SURV COMP (INCL APPENDIC</td>
<td>1-SKULL, INC.SINUS, MASTOID, JAW, ET</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76061</td>
<td>BONE SURV LMTD (E.G. METASTATI</td>
<td>1-SKULL, INC.SINUS, MASTOID, JAW, ET</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Report Distribution Lists**  
**[RA DISTP]**

This option displays data in the Report Distribution Queue file #74.3.

For more information on report distribution, refer to the Index and the chapter on Reports Distribution Edit.

**Prompt/User Response**

Report Distribution Lists

**DEVICE:** (Printer Name)

Enter the name of a printer or press the <RET> key to display the output on your screen.

<table>
<thead>
<tr>
<th>CATEGORY OF INACTIVATION</th>
<th>NAME</th>
<th>REPORTS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC REPORTS</td>
<td>OUTPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>***** Clinic Distribution *****</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FILE ROOM</td>
<td>INPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>***** Radiology File Room Distribution *****</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL RECORDS</td>
<td>ALL REPORTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>***** MAS Medical Records Room Distribution *****</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER THAN WARD OR CLINIC</td>
<td>NON WARD OR CLINIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>***** Non Ward or Clinic Reports *****</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REQUESTING PHYSICIAN</td>
<td>ALL REPORTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARD REPORTS</td>
<td>INPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>***** Ward Distribution *****</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

184 Radiology/Nuclear Medicine V. 5.0 Patch RA53 March 1999
ADPAC Guide