THE CODING NETWORK, LLC
Confidential E&M Coding Review For
_____ of _____, A Medical Group

THE CODING NETWORK
LIMITED LIABILITY COMPANY

Patient: O, S.	Date of Service: 1/27/09	Physician: F
Original Coding RVU's 99204-25……3.93 73564-RT,TC……0.77 73564-RT,26……0.31 **Total……5.01**	The Coding Network Coding RVU's 99203……2.55 **Total……2.55** ***Difference……+2.46 upcoded***	Discussion • **Upcoded E&M:** 99204 (level 4 new patient clinic visit) is not supported with documentation. A detailed history, detailed (1995 guidelines) or expanded problem focused (1997 guidelines) exam, and moderate medical decision making supports 99203 or 99202. Documentation does not clearly state this is a new patient encounter, so this should be confirmed before submitting a new patient code. • **Incorrect Procedure x 2:** 73564 (radiologic exam of knee, complete, four or more views) is not supported. A 3 view x-ray of the right knee was done on 2/3/09 with results documented for the 1/27/09 encounter. If this three view study was performed on the DOS with clinic-owned equipment and personal interpretation by the provider, 73562-RT would be supported to capture the 3 view x-ray exam of the right knee. • **Incorrect Modifiers x 3:** -25 is not needed on the E&M code when x-ray or lab exams are done on the same DOS. If both the technical (TC) and professional (26) components of an x-ray are performed, then it is appropriate to code the global component for the x-ray exam (no 26 or TC modifiers are needed).
Diagnoses 715.16 717.83 719.06 924.11	Diagnoses 924.11 715.16 717.83	Discussion • **Incorrect ICD9 Code:** The provider documents, "Effusion: None." As such, 719.06 (knee effusion) is not supported with documentation. • **Documentation Deficiency:** The medical record must support ICD9 codes submitted on claim forms. It is also recommended to sequence 924.11 as the primary diagnosis code, as that is the primary reason for the patient visit.

Patient: C, N.	Date of Service: 2/2/09	Physician: F
Original Coding RVU's 99245-25.....6.28 73030-RT,TC.....0.56 73030-RT,26.....0.26 **Total.....7.10**	The Coding Network Coding RVU's 99203.....2.55 73030.....0.82 **Total.....3.37** ***Difference.....+3.73 upcoded***	Discussion • **Incorrect E&M Category:** 99245 (level 5 outpatient consult) is not supported with documentation. There is no documentation of a requesting provider or reason for consult (request for opinion or advice) to support consult criteria. A comprehensive history, detailed (1995 documentation guidelines) or expanded problem focused (1997 documentation guidelines) exam, and moderate medical decision making supports 99203 or 99202. • **Incorrect Modifiers x 3**: A 25 modifier is not needed on the E&M code when radiologic or laboratory exams are performed on the same date of service. If both the technical (TC) and professional (26) components for a radiologic exam are being performed, then it is appropriate to code the global component for the xray exam (no 26 or TC modifiers are needed).
Diagnoses 726.10 831.00	Diagnoses 726.10	Discussion • **Incorrect ICD9 Code:** 831.00 (shoulder dislocation) is not supported with documentation. The provider documents shoulder instability, but not dislocation. • **Documentation Deficiency:** The medical record must support ICD9 codes submitted on claim forms.

Patient: F, B.	Date of Service: 1/26/09	Physician: F
Original Coding RVU's 99243-25.....3.46 73650-LT,TC.....0.50 73650-LT,26.....0.22 **Total.....4.18**	The Coding Network Coding RVU's 99203.....2.55 **Total.....2.55** ***Difference.....+1.63 upcoded***	Discussion • **Incorrect E&M Category:** 99243 (level 3 outpatient consult) is not supported. There is no documentation of a requesting provider or reason for consult (request for opinion or advice) to support consult criteria. A comprehensive history, detailed (1995 guidelines) or expanded problem focused (1997 guidelines) exam, and moderate medical decision making supports 99203 or 99202. Documentation does not clearly state this is a new patient encounter, so this should be confirmed before submitting a new patient code. • **Incorrect Procedure x 2:** 73650 (radiologic exam, calcaneus, minimum two views) is not supported. A two view x-ray of the left calcaneus was done on 2/2/09 with results documented for the 1/26/09 encounter. If this two view x-ray was performed on the DOS with clinic-owned equipment and personal interpretation by the provider, 73650-LT would be supported to capture the two view x-ray exam of the left calcaneus. • **Incorrect Modifiers x 3:** -25 is not needed on the E&M code when x-ray or lab studies are done on the same DOS. If both the technical (TC) and professional (26) components for an x-ray are done, then it is appropriate to code the global component for the x-ray exam (no 26 or TC modifiers are needed).
Diagnoses 728.71 845.00	Diagnoses 728.71	Discussion • **Incorrect ICD9 Code:** 845.00 (ankle sprain) is not supported with documentation. • **Documentation Deficiency:** The medical record must support ICD9 codes submitted on claim forms.

Patient: G, M.	Date of Service: 2/2/09	Physician: F
Original Coding____RVU's 99244-25……5.11 20605-LT……1.50 73140-LT,FA……0.78 73140-26,FA…… 0.19 J1030 x 2……0.00 **Total ……7.58**	The Coding Network Coding RVU's 99203-25……2.55 20550-F8……1.49 20550-F9……1.49 73140-FA……0.78 J3301 x 8……0.00 **Total……6.31** ***Difference……+1.27 upcoded***	Discussion • **Incorrect E&M Category:** 99244 (level 4 outpatient consult) is not supported. There is no documentation of a requesting provider or reason for consult (request for opinion or advice) to support consult criteria. A comprehensive history, detailed (1995 documentation guidelines) or expanded problem focused (1997 documentation guidelines) exam, and moderate medical decision making supports 99203 or 99202. Documentation does not clearly state this is a new patient encounter, so this should be confirmed before submitting a new patient code. • **Incorrect Procedure/supply x 2 & One Missed Procedure:** 20605-LT is not supported with documentation. The provider documents a diagnosis of "right hand 4th & 5th trigger fingers" with "40 mg of kenalog injected into both the tendon sheaths." As such, 20550-F8 and 20550-F9 with J3301 x 8 (rather than J1030 x 2) seem to be the appropriate procedure/supply codes here. • **Incorrect Modifiers x 2:** "Left thumb x-rays" performed at the clinic on the DOS, support 73140-FA, rather than 73140-LT, FA and 73140-26, FA as originally coded. It is not clear if the provider personally interpreted the x-ray findings, but if both the technical (TC) and professional (26) components for an x-ray were performed, then it is appropriate to code the global component for the x-ray exam (no 26 or TC modifiers are needed). • **Missed Modifiers x 2:** The F8 and F9 modifiers are appropriate to append to the 20550 codes to support a tendon sheath injection of the right 4th and 5th fingers.
Diagnoses 715.04 727.03 727.04	Diagnoses 715.04 727.03	Discussion • **Incorrect ICD9 Code:** 727.04 is not supported in the record. • **Documentation Deficiency:** The medical record must support ICD9 codes submitted on claim forms.

Patient: H, T.	Date of Service: 1/5/09	Physician: F
Original Coding RVU's 99213.....1.70 **Total.....1.70**	The Coding Network Coding RVU's 99213.....1.70 73070-LT.....0.73 **Total.....2.43** ***Difference.....-0.73 undervalued***	Discussion • **Missed procedure & modifier:** A two view x-ray series of the left elbow performed at the clinic, on the DOS, with apparent personal interpretation of the x-rays by the provider, seems to support 73070-LT.
Diagnoses 726.31	Diagnoses 718.82	Discussion • **Incorrect ICD9 Code:** 726.31 is not supported with documentation. The recommended ICD9 code for the documented diagnosis of "Little Leaguer's Elbow" is 718.82. • **Documentation Deficiency:** The medical record must support ICD9 codes submitted on claim forms.

Patient: A, M	Date of Service: 1/6/09	Physician: M
Original Coding RVU's 99244-25.....5.11 72110-TC.....1.05 72110-26.....0.43 **Total.....6.59**	The Coding Network Coding RVU's 99203.....2.55 72110.....1.48 **Total.....4.03** ***Difference.....+2.56 upcoded***	Discussion • **Incorrect E&M Category:** 99244 (level 4 outpatient consult) is not supported. There is no reason for consult (request for opinion or advice) to support consult criteria. A comprehensive history, detailed exam (no assessment of musculoskeletal stability of 4 areas & no lymphatic assessment to support a comprehensive exam per 1997 guidelines), and moderate medical decision making supports 99203. Documentation reads as a new patient referral for management of orthopedic care, but it does not clearly state this is a new patient encounter. New patient status should be confirmed before submitting a new patient code. • **Incorrect Modifiers x 3:** A 25 modifier is not needed on the E&M code when radiologic or laboratory exams are performed on the same date of service. If both the technical (TC) and professional (26) components for a radiologic exam are being performed, then it is appropriate to code the global component for the xray exam (no 26 or TC modifiers are needed).
Diagnoses 724.6	Diagnoses 724.6	Discussion • **Correct**.

Patient: C, K	Date of Service: 1/6/09	Physician: M
Original Coding RVU's 99213……1.70 **Total……1.70**	The Coding Network Coding RVU's 99213……1.70 **Total……1.70** ***Difference……0.00***	Discussion • **Correct.**
Diagnoses 738.4 722.52	Diagnoses 738.4 722.52	Discussion • **Correct.**

Patient: C, F.	Date of Service: 3/3/09	Physician: M
Original Coding RVU's 99215.....3.46 **Total.....3.46**	The Coding Network Coding RVU's 99214.....2.56 **Total.....2.56** ***Difference..... +0.90 upcoded***	Discussion • **Upcoded E&M:** 99215 (a level 5 established patient visit) is not supported with documentation. A detailed history, detailed exam, and moderate medical decision making supports 99214. The provider documents that more than half of the 45" visit was spent counseling, but the topic(s) of counseling are not clearly documented to support coding a 99215 based on counseling time.
Diagnoses 722.10 738.4	Diagnoses 722.10 738.4	Discussion • **Correct.**

Patient: K, K.	Date of Service: 2/3/09	Physician: M
Original Coding RVU's 99204.....3.93 **Total.....3.93**	The Coding Network Coding RVU's 99243.....3.46 **Total.....3.46** ***Difference.....+0.47 upcoded***	Discussion • **Incorrect E&M Category:** 99204 (a level 4 new outpatient visit) is not supported with documentation. The patient is "referred for spinal surgical evaluation for new patient consultation" with documentation of a requesting provider. As such, consult criteria are met to support a consultation code for this patient encounter. A comprehensive history, detailed exam (no assessment of musculoskeletal stability of 4 areas & no lymphatic assessment to support a comprehensive exam per 1997 documentation guidelines), and moderate medical decision making supports a level three consultation code (99243).
Diagnoses 733.90	Diagnoses 733.90	Discussion • **Correct.**

Patient: N, R.	Date of Service: 2/18/09	Physician: M
Original Coding RVU's 99245-25……6.28 72110-T……1.05 72210-26…… 0.43 **Total……7.76**	The Coding Network Coding RVU's 99203……2.55 72110……1.48 **Total……4.03** ***Difference……+3.73 upcoded***	Discussion • **Incorrect E&M Category:** 99245 (a level 5 outpatient consult) is not supported. There is no documentation of a reason for consult (request for opinion or advice) to support consult criteria. A comprehensive history, detailed exam (no assessment of musculoskeletal stability of 4 areas & no lymphatic assessment to support a comprehensive exam per 1997 documentation guidelines), and high medical decision making supports 99203. Documentation does not explicitly state this is a new patient encounter, so this should be confirmed before submitting a new patient code. • **Incorrect Modifiers x 3**: A -25 modifier is not needed on the E&M code when radiologic or laboratory exams are performed on the same date of service. If both the technical (TC) and professional (26) components for a radiologic exam are being performed, then it is appropriate to code the global component for the xray exam (no 26 or TC modifiers are needed).
Diagnoses 721.3 722.10 722.52 724.02	Diagnoses 721.3 722.10 722.52 724.02	Discussion • **Correct.**

Patient: O, J	Date of Service: 1/7/09	Physician: M
Original Coding RVU's 99215.....3.46 98960.....0.66 **Total.....4.12**	The Coding Network Coding RVU's 99215.....3.46 **Total.....3.46** ***Difference.....+0.66 upcoded***	Discussion • **Incorrect Procedure Code:** 98960 is not supported with documentation. Extensive preoperative education by the physician is documented, but there is no documentation that a "qualified non-physician health care professional" performed the patient education using a "standardized curriculum" per CPT 98960 CPT description.
Diagnoses 721.1 722.4 723.0 738.4	Diagnoses 721.1 722.4 723.0 738.4	Discussion • **Correct.**