

**THE CODING NETWORK, LLC**  
*Confidential Coding Review For*  
**XXX Radiological Assoc. of ZZZZ, Inc.**  
**Summary**



Patient	Doctor	Original RBRVU	TCN's RBRVU	Difference in RBRVU	Unbundled	Missed Procedure	Billed but Not Done	Wrong Code	Modifiers	Ordering or Pairing	Documentation Deficiency	DX
A	---	0.25	0.25	0.00								
B	---	0.60	0.60	0.00								X
C	---	0.25	0.25	0.00								X
D	---	1.94	0.83	+1.11	X		X					
E	---	3.42	3.42	0.00								X
F	---	2.05	2.05	0.00								
G	---	1.84	1.84	0.00								X
H	---	3.42	3.42	0.00								XX
I	---	1.73	1.73	0.00						X		
J	---	0.24	0.24	0.00								XXX
K	---	1.64	0.83	+0.81	X							X
L	---	1.84	3.68	-1.84		X						XX
M	---	1.92	2.12	-0.20				X				X
N	---	0.30	0.30	0.00								
O	---	0.37	0.37	0.00								
P	---	0.50	0.50	0.00								
Q	---	2.39	1.86	+0.53	X							X
R	---	0.77	0.77	0.00								
S	---	1.84	3.68	-1.84		X						
T	---	3.70	3.70	0.00								
U	---	2.96	2.96	0.00								
V	---	1.73	3.24	-1.51		X				X		X
W	---	0.54	0.54	0.00								

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Patient: M	Date of Service: 01/14/08	Physician: S														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"><u>Original Coding</u></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: right;"><u>RVU's</u></td> </tr> <tr> <td>72146.....</td> <td style="text-align: right;">15.04</td> </tr> <tr> <td><b>Total.....</b></td> <td style="text-align: right;"><b>15.04</b></td> </tr> </table>	<u>Original Coding</u>	<u>RVU's</u>	72146.....	15.04	<b>Total.....</b>	<b>15.04</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"><u>The Coding Network Coding</u></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: right;"><u>RVU's</u></td> </tr> <tr> <td>72146.....</td> <td style="text-align: right;">15.04</td> </tr> <tr> <td><b>Total.....</b></td> <td style="text-align: right;"><b>15.04</b></td> </tr> <tr> <td><i>Difference.....</i></td> <td style="text-align: right;"><i>0.00</i></td> </tr> </table>	<u>The Coding Network Coding</u>	<u>RVU's</u>	72146.....	15.04	<b>Total.....</b>	<b>15.04</b>	<i>Difference.....</i>	<i>0.00</i>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Correct.</b></li> </ul>
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>724.1 Thoracic pain</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>724.1 Thoracic pain 782.0 Numbness, tingling</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Diagnosis:</b> Additional signs &amp; symptoms were indicated and should be coded.</li> </ul>														

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Patient: <b>xxxxxxxxx</b>	Date of Service: <b>11/16/04</b>	Physician: <b>000000</b>																
<table border="0"> <tr> <td><u>Original Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>76700 .....</td> <td align="right">1.13</td> </tr> <tr> <td>76775 .....</td> <td align="right">0.81</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>1.94</b></td> </tr> </table>	<u>Original Coding</u>	<u>RVU's</u>	76700 .....	1.13	76775 .....	0.81	<b>Total</b> .....	<b>1.94</b>	<table border="0"> <tr> <td><u>The Coding Network Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>76705 .....</td> <td align="right">0.83</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>0.83</b></td> </tr> <tr> <td><i>Difference</i> .....</td> <td align="right"><i>+1.11 upcoded</i></td> </tr> </table>	<u>The Coding Network Coding</u>	<u>RVU's</u>	76705 .....	0.83	<b>Total</b> .....	<b>0.83</b>	<i>Difference</i> .....	<i>+1.11 upcoded</i>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Billed But Not Done or Documented:</b> A complete abdominal ultrasound, 76700, does not appear to have been performed because only organs from one quadrant were mentioned. 76705, limited abdominal ultrasound is more appropriate.</li> <li>• <b>Unbundled:</b> The pancreas is not a retroperitoneal organ and it can not be coded as 76775 (limited retroperitoneal ultrasound). Because the pancreas is in the same quadrant as the previous study, it is considered part of 76705 and not separately coded.</li> </ul>
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<p align="center"><u>Diagnoses</u></p> <p>573.8 Liver lesion  789.06 Epigastric pain  579.8 Intolerance to certain food</p>	<p align="center"><u>Diagnoses</u></p> <p>573.8 Liver lesion  789.06 Epigastric pain  579.8 Intolerance to certain food</p>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Correct</b></li> </ul>																

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Patient:		Date of Service: 8/30/07	Physician: B
<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>	<u>RVU's</u>
77021-TC-RT	5.51	19103-RT	14.79
19103	14.79	19595-RT	2.50
19102	5.79	77021-TC	5.51
76350	0.00		
19295	2.50		
<b>Total.....</b>	<b>28.59</b>	<b>Total.....</b>	<b>22.80</b>
		<i>Difference ..... +5.79 upcoded</i>	
<u>Diagnoses</u>		<u>Diagnoses</u>	
793.89	Other abnormal findings on radiological examination of breast	793.89	Other abnormal findings on radiological examination of breast
			<u>Discussion</u>
			<ul style="list-style-type: none"> <li>• <b>Modifier:</b> -RT is not necessary on 77021.</li> <li>• <b>Documentation Deficiency:</b> CPT 19103 (biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance) was performed; however, the documentation should describe the device was a "vacuum assisted or rotating device," and it should be documented in the report as such.</li> <li>• <b>Billed but not done:</b> CPT 19102 is not supported as there is no documentation of a separate lesion.</li> <li>• <b>Modifier:</b> -RT should be added to 19102.</li> <li>• <b>Billed but not done:</b> Code 76350 (subtraction in conjunction with contrast studies) is not documented and should not be billed.</li> <li>• <b>Modifier:</b> -RT should be added to 19295.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Correct.</b></li> </ul>

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<u>Original Coding</u>	<u>RVU's</u>															
73610 .....	0.24															
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>824.0 Fracture, medial malleolus</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>824.8 Fracture, ankle, unspecified  729.81 Soft tissue swelling  E887 Fracture injury, cause unspecified</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Wrong Dx:</b> The physician does not specify which bone in the ankle is fractured. The original coding, 824.0 (fracture medial malleolus) is not supported.</li> <li>• <b>Missed Dx:</b> An additional finding of soft tissue swelling, 729.81, was documented but not coded.</li> <li>• <b>Missed Dx:</b> An E code should be used to indicate the fracture's cause.</li> </ul>														

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<p style="text-align: center;"><u>Diagnoses</u></p> <p>789.07 Abdominal pain, generalized</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>789.00 Abdominal pain, unspecified</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Wrong Dx:</b> The original coding 789.07 (generalized abdominal pain) was not supported by the physician documentation. Because the abdominal pain is unspecified, 789.00 should be coded instead.</li> </ul>																

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<table border="0"> <tr> <td><u>Original Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>73721 .....</td> <td align="right">1.84</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>1.84</b></td> </tr> </table>	<u>Original Coding</u>	<u>RVU's</u>	73721 .....	1.84	<b>Total</b> .....	<b>1.84</b>	<table border="0"> <tr> <td><u>The Coding Network Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>73721 – RT .....</td> <td align="right">1.84</td> </tr> <tr> <td>73721 – LT .....</td> <td align="right">1.84</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>3.68</b></td> </tr> <tr> <td><i>Difference</i> .....</td> <td align="right"><i>-1.84 undervalued</i></td> </tr> </table>	<u>The Coding Network Coding</u>	<u>RVU's</u>	73721 – RT .....	1.84	73721 – LT .....	1.84	<b>Total</b> .....	<b>3.68</b>	<i>Difference</i> .....	<i>-1.84 undervalued</i>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Billable Service:</b> Both hips were imaged with MRI. The second 73721 (MRI Lower Extremity Joint) was not coded.</li> <li>• <b>Modifier:</b> Modifier RT and LT should be applied to 73721 if this patient is non-Medicare.</li> </ul>
<u>Original Coding</u>	<u>RVU's</u>																	
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<p align="center"><u>Diagnoses</u></p> <p>808.2 Fracture of pelvis</p>	<p align="center"><u>Diagnoses</u></p> <p>808.2 Fracture of pelvis  733.90 Bone disorder, unspecified  V10.3 History of breast CA</p>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Dx:</b> Other findings (733.90 Bone disorder, unspecified) and history (V10.3 History of breast CA) were documented but not coded.</li> </ul>																

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<u>Original Coding</u>	<u>RVU's</u>																			
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>518.0 Atelectasis</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>518.0 Atelectasis 793.2 Abnormal TEE (atrium density)</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Dx:</b> The reason for the test (abnormal TEE, 793.2) should be coded in this case because it is a heart condition not explained by the lung findings, 518.0 atelectasis.</li> </ul>																		

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<p style="text-align: center;"><u>Diagnoses</u></p> <p>789.01 Abdominal pain, RUQ  789.03 Abdominal pain, RLQ</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>789.00 Abdominal pain, unspecified</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Wrong Dx:</b> The original coding 789.01 (Right upper quadrant pain) and 789.03 (Right lower quadrant pain) was not supported by the physician documentation. Because the abdominal pain is unspecified, 789.00 should be coded instead.</li> </ul>																				

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Patient: <b>xxxxxxxxxx</b>	Date of Service: <b>11/13/04</b>	Physician: <b>xxxxxxxxxx</b>																
<table border="0"> <tr> <td><u>Original Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>73721 .....</td> <td align="right">1.84</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>1.84</b></td> </tr> </table>	<u>Original Coding</u>	<u>RVU's</u>	73721 .....	1.84	<b>Total</b> .....	<b>1.84</b>	<table border="0"> <tr> <td><u>The Coding Network Coding</u></td> <td align="right"><u>RVU's</u></td> </tr> <tr> <td>73721 – RT .....</td> <td align="right">1.84</td> </tr> <tr> <td>73721 – LT .....</td> <td align="right">1.84</td> </tr> <tr> <td><b>Total</b> .....</td> <td align="right"><b>3.68</b></td> </tr> <tr> <td><i>Difference</i> .....</td> <td align="right"><i>-1.84 undervalued</i></td> </tr> </table>	<u>The Coding Network Coding</u>	<u>RVU's</u>	73721 – RT .....	1.84	73721 – LT .....	1.84	<b>Total</b> .....	<b>3.68</b>	<i>Difference</i> .....	<i>-1.84 undervalued</i>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Billable Service:</b> Both hips were imaged with MRI. The second 73721 (MRI Lower Extremity Joint) was not coded.</li> <li>• <b>Modifier:</b> Modifier RT and LT should be applied to 73721 if this patient is non-Medicare.</li> </ul>
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Patient: <b>xxxxxxxx</b>	Date of Service: <b>11/16/04</b>	Physician: <b>xxxxxxxx</b>																				
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Patient:	Date of Service: 09/30/05	Physician:																		
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>789.09 Abd pain—other specified site          625.9 Pelvic pain</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>620.2 Ovarian cyst          789.03 Abd pain, RT lower quadrant</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Wrong dx x 2:</b> 620.2 (ovarian cyst) was documented but missed. Report was specific as to location of the pain, so 789.03 (RT lower quad) should be used, not unspecified site. 625.9 (pelvic pain) was not supported in documentation.</li> </ul>																		

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Patient:	Date of Service: 11/8/2007	Physician: G																								
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>V72.5 Special investigations and examinations, radiological examination, not elsewhere classified</p> <p>715.98 Osteoarthritis, unspecified whether generalized or localized, other specified sites</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>793.7 Nonspecific abnormal findings on radiological and other examination of musculoskeletal system</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Wrong Diagnosis:</b> ICD -9 code V72.5 is not typically used as a primary ICD-9 unless there are no significant findings or reason for the study. Use 793.7 as pt had an abnormal MRI.</li> <li>• <b>Wrong Diagnosis:</b> ICD-9 code is "consistent with," therefore 715.98 cannot be coded.</li> </ul>																								

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Patient: LEE	Date of Service: 1/26/2008	Physician: ETO																				
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<p style="text-align: center;"><u>Diagnoses</u></p> <p>Unknown – not provided.</p>	<p style="text-align: center;"><u>Diagnoses</u></p> <p>160.2 Malignant neoplasm of maxillary sinus  198.3 2<sup>ndary</sup> malignant neoplasm of brain and spinal cord  197.0 2<sup>ndary</sup> malignant neoplasm of lung</p>	<p style="text-align: center;"><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• <b>Missed Diagnosis x 3:</b> Documentation supports 160.2, 198.3, and 197.0.</li> </ul>																				