

THE CODING NETWORK, LLC
Confidential Coding Review For
Interventional Radiology Audit



Patient: 1	Date of Service: 2/21/08	Physician: X																																														
<table border="0"> <thead> <tr> <th><u>Original Coding</u></th> <th><u>RVU's</u></th> </tr> </thead> <tbody> <tr><td>36216</td><td>7.52</td></tr> <tr><td>36215-59</td><td>6.69</td></tr> <tr><td>36215-59</td><td>6.69</td></tr> <tr><td>75671</td><td>2.32</td></tr> <tr><td>75716-59</td><td>1.84</td></tr> <tr><td>36218</td><td>1.44</td></tr> <tr><td>G0269</td><td>0.00</td></tr> <tr><td>Total.....</td><td>26.50</td></tr> </tbody> </table>	<u>Original Coding</u>	<u>RVU's</u>	36216	7.52	36215-59	6.69	36215-59	6.69	75671	2.32	75716-59	1.84	36218	1.44	G0269	0.00	Total.....	26.50	<table border="0"> <thead> <tr> <th><u>The Coding Network Coding</u></th> <th><u>RVU's</u></th> </tr> </thead> <tbody> <tr><td>36216</td><td>7.52</td></tr> <tr><td>36215-59</td><td>6.69</td></tr> <tr><td>75671</td><td>2.32</td></tr> <tr><td>75680 omitted</td><td>2.33</td></tr> <tr><td>36215-59</td><td>6.69</td></tr> <tr><td>75685 omitted</td><td>1.84</td></tr> <tr><td>36218</td><td>1.44</td></tr> <tr><td>75685-59 omitted</td><td>1.84</td></tr> <tr><td>75650 omitted</td><td>2.09</td></tr> <tr><td>75716</td><td>1.84</td></tr> <tr><td>G0269</td><td>0.00</td></tr> <tr><td>Total.....</td><td>34.60</td></tr> <tr><td><i>Difference.....</i></td><td><i>-8.10 undervalued</i></td></tr> </tbody> </table>	<u>The Coding Network Coding</u>	<u>RVU's</u>	36216	7.52	36215-59	6.69	75671	2.32	75680 omitted	2.33	36215-59	6.69	75685 omitted	1.84	36218	1.44	75685-59 omitted	1.84	75650 omitted	2.09	75716	1.84	G0269	0.00	Total.....	34.60	<i>Difference.....</i>	<i>-8.10 undervalued</i>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> • Missed Procedure: 75680 should be billed for the bilateral carotid cervical imaging. • Missed Procedure x 2: 75685 should be billed twice for the bilateral vertebral imaging. • Missed Procedure: 75650 should be billed for the Arch aortogram.
<u>Original Coding</u>	<u>RVU's</u>																																															
36216	7.52																																															
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<i>Difference.....</i>	<i>-8.10 undervalued</i>																																															
<p align="center"><u>Diagnoses</u></p> <p>433.10 Occlusion and stenosis of carotid artery, without mention of cerebral infarction</p>	<p align="center"><u>Diagnoses</u></p> <p>433.30 Occlusion and stenosis of multiple and bilateral precerebral arteries, without mention of cerebral infarction</p>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> • Wrong Diagnosis: Documentation supports 433.30, not 433.10. 																																														

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Patient: 2	Date of Service: 2/21/08	Physician: X	
<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>	
<u>RVU's</u>	<u>RVU's</u>	<u>Discussion</u>	
35495 x2 2 unbundled 29.18	35470 12.71	<ul style="list-style-type: none"> • Modifier x4: -51 should be added to subsequent surgical procedures of lesser RVU value. • Modifier: -59 is not necessary on 75962. • Wrong code: 75630 is the code for an abdominal aorta with runoff, this was not performed. The correct code for imaging at the bifurcation is 75716. • Unbundled x 10: 35495, 35493, 75992, 75993 can not be billed. The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Billed but not done x2: 37201 & 75896 are only coded once for thrombolysis per vascular family. • Unbundled x4: 35474 is only billed once for the common femoral; 75964 is only billed twice for the peroneal and tibioperoneal trunk. (CCI V13.3). Successful procedure is stenting. • Billed but not done x5: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports two. • Documentation Deficiency: It is unclear if there are 2 distinct and separate lesions in the SFA and Popliteal or if this is one lesion crossing 2 vessels. • Documentation Deficiency: The length of time should be documented for the infusion of nitro to support a "true infusion." 	
37205-59 12.37	75962-26 0.76		
35470 modifier -51 12.71	35470-59 12.71		
35470-59 12.71	75964-26 0.51		
35493-59 x3 3 unbundled 37.59	37205-59 12.37		
36247 modifier -51 9.01	75960-26 1.17		
37201 modifier -51 7.76	35474-51 10.86		
37201 not done 7.76	75964-26-59 0.51		
37250 modifier -51 3.07	37202-59 9.29		
75630-26-59 wrong code 2.56	75896-26 1.84		
37251 x4 9.24	36247-51 9.01		
75896-26 x3 -59 1 not done 5.52	75716-26-59 correct 1.84		
G0269 0.00	37201-51 7.76		
75960-26 1.17	75896-26-59 1.84		
75992-26-59 unbundled 0.78	37206 omitted 5.93		
75962-26-59 modifier -59 0.76	75960-26-59 omitted 1.17		
75993-26-59 x4 4 unbundled 2.04	37250-51 3.07		
75946-26-59 x4 2.32	75945-26 0.58		
75945-26 0.58	37251 x4 9.24		
75964-26-59 x4 2 unbundled 2.04	75946-26 x4-59 2.32		
75774-26-59 x7 5 not done 3.57	75774-26 0.51		
35474-59 x3 2 unbundled 32.58	75774-26-59 0.51		
37202-59 9.29	G0269 0.00		
Total.....204.61	Total 106.51		
	<i>Difference..... + 98.10 upcoded</i>		

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
440.24 Atherosclerosis of native arteries of extremities, with gangrene 440.22 Atherosclerosis of native arteries of extremities, with rest pain	440.24 Atherosclerosis of native arteries of extremities, with gangrene 440.22 Atherosclerosis of native arteries of extremities, with rest pain 444.22 Arterial embolism and thrombosis of lower extremity	<ul style="list-style-type: none">• Missed Diagnosis: Documentation supports 444.22.

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Patient: 3			Date of Service: 2/13/08		Physician: X	
Original Coding			The Coding Network Coding		Discussion	
		RVU's		RVU's		
35493 x2	2 unbundled	25.06	37184-59	12.50	<ul style="list-style-type: none"> • Modifier x3: -51 should be added to subsequent surgical procedures of lesser RVU value. • Unbundled x4: 35493, 75992, 75993 can not be billed. The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Billed but not done x2: 37251 & 75946 should only be billed twice; IVUS was performed on the SFA, popliteal, and profunda. • Unbundled x2: 37201 & 75896 is included in 37184 ; -59 must be added. • Billed but not done x4: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports 1. • Wrong code: 75630 is the code for an abdominal aorta with runoff, this was not performed. The correct code for imaging at the bifurcation is 75716. 	
37184-59		12.50	35474-51	10.86		
35474	modifier -51	10.86	75962-26	0.76		
35474-59 x2		21.72	35474-59	10.86		
37251-59 x2	1 not done	4.62	75964-26	0.51		
75896-26	unbundled	1.84	35474-59	10.86		
36248		1.44	75964-26-59	0.51		
G0269		0.00	36247-51	9.01		
75992-26	unbundled	0.78	36248	1.44		
75962-26		0.76	75716-26-59	1.84		
75993-26-59	unbundled	0.51	75774-26	0.51		
75946-26-59 x3	1 not done	0.58	37201-59	7.80		
75945-26		0.58	75896-26-59	1.84		
75964-26		0.51	37185	4.61		
75964-26-59		0.51	37250-51	3.07		
75774-26		0.51	75945-26	0.58		
75774-26-59 x4	4 not done	2.04	37251	2.31		
36247	modifier -51	9.01	75946-26	0.58		
37201	unbundled	7.76	37251-59	2.31		
37185		4.61	75946-26-59	0.58		
37250	modifier -51	3.07	G0269	0.00		
75630-26-59	wrong code	2.56				
37251		2.31				
Total.....		114.14	Total	83.34		
			<i>Difference</i>	<i>+30.80 upcoded</i>		

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
440.24 Atherosclerosis of native arteries of extremities, with gangrene 443.9 Peripheral vascular disease, unspecified	440.24 Atherosclerosis of native arteries of extremities, with gangrene 443.9 Peripheral vascular disease, unspecified	• Correct.

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Patient: 4	Date of Service: 2/25/08	Physician: X	
Original Coding RVU's	The Coding Network Coding RVU's	<u>Discussion</u>	
35490-59 not done 16.71	35470 12.71	<ul style="list-style-type: none"> • Modifier x4: -51 should be added to subsequent surgical procedures of lesser RVU value. • Modifier: -59 is not necessary on 11042. • Billed but not done: 35490 Atherectomy visceral vessel was not performed. • Unbundled x6: The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Wrong code x2: The correct coding for imaging of the aorta (includes iliacs) followed by selective imaging of the extremity is 75625 & 75710, not 75630 & 75774. • Billed but not done: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports three. • Missed Procedure: 35470 should be billed three times: tibioperoneal trunk, peroneal, and posterior tib. • Documentation Deficiency: The length of time should be documented for the infusion of to support a "true infusion." These codes are not intended for short infusions. 	
35495-59 x3 unbundled x3 43.77	75962-26 0.76		
35470 12.71	35470-59 12.71		
35470-59 12.71	75964-26 0.51		
37251 x3 5.93	35470-59 omitted 12.71		
75896-26 1.84	75964-26-59 0.51		
36248 1.44	35474-51 10.86		
G0269 0.00	75964-26-59 0.51		
11042-59 modifier -59 1.27	36247-51 9.01		
75992-26 unbundled 0.78	75625-26 correct 1.60		
75962-26 0.76	75710-26-59 correct 1.62		
75993-26-59 x3 unbundled 1.53	37201-51 7.76		
75946-26-59 x3 1.74	75896-26 1.84		
75945-26 0.58	37250-51 3.07		
75964-26 0.51	75945-26 0.58		
75964-26-59 0.51	37251 x3 6.93		
75774-26 0.51	75946-26-59 x3 1.74		
75774-26-59 wrong code 0.51	36248 1.44		
75774-26-59 x3 1 not done 1.53	75774-26 0.51		
35493-59 unbundled 12.53	75774-26-59 x2 1.02		
35474 modifier -51 10.86	11042-51 1.27		
36247 modifier -51 9.01	G0269 0.00		
37201 modifier -51 7.76			
37250 modifier -51 3.07			
75630-26-59 wrong code 2.56			
Total.....151.64	Total..... 89.67		
	<i>Difference +61.97 upcoded</i>		

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
440.23 Atherosclerosis of native arteries of extremities, with ulceration 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	440.23 Atherosclerosis of native arteries of extremities, with ulceration 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	<ul style="list-style-type: none">• Correct.

SAMPLE

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Patient: 5		Date of Service: 4/2/08		Physician: X	
<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>		<u>RVU's</u>	<u>Discussion</u>
75896-26-59	1.84	35470	omitted	12.71	<ul style="list-style-type: none"> • Unbundled x5: The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded which is PTA. • Modifier: -59 should be added to all subsequent 76964 to clarify this is not a duplicate. • Billed but not done x6: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports one. • Missed Procedure x2: 35470 should be billed two times: PTA tibioperoneal trunk and posterior tib. • Missed Procedure x2: 37184 & 37185 should be billed for the mechanical thrombectomy which includes TPA. • Missed Procedure x3: 35474 should be billed 3 times: PTA common femoral, SFA, and popliteal. • Missed Procedure x2: 36247 & 75716 should be billed for the catheterization and diagnostic imaging. • Missed Procedure: 37201 should be billed for the nitro infusion. • Documentation Deficiency: The length of time should be documented for the infusion of to support a "true infusion." These codes are not intended for short infusions.
G0269	0.00	75962-26		0.76	
75992-26	unbundled 0.78	35470-59	omitted	12.71	
75962-26	0.76	75964-26		0.51	
75993-26-59	x2 unbundled x2 1.02	37184-59	omitted	12.50	
75945-26	0.58	35474-51	omitted	10.86	
75964-26	0.51	75964-26		0.51	
75964-26-59	0.51	35474-59	omitted	10.86	
75964-26-59	0.51	75964-26-59		0.51	
75964-26	modifier -59 0.51	35474-59	omitted	10.86	
75774-26	0.51	75964-26-59		0.51	
75774-26-59	x6 6 not done 3.06	36247-51	omitted	9.01	
75993-26-59	x2 unbundled x2 1.02	75716-26	omitted	1.84	
75946-26-59	x4 2.32	75774-26		0.51	
		37201-59	omitted	7.76	
		75896-26-59		1.84	
		37185	omitted	4.61	
		37250-51		3.07	
		75945-26		0.58	
		37251	x4-59 9.24		
		75946-26-59	x4 2.32		
		G0206		0.00	
Total.....	13.93	Total.....	114.08		
		<i>Difference -100.15 undervalued</i>			

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
443.9 Peripheral vascular disease, unspecified 250.0 Diabetes mellitus 401.9 Hypertension	440.20 Atherosclerosis of native arteries of extremities, unspecified 444.22 Arterial embolism and thrombosis of lower extremity 401.9 Hypertension	<ul style="list-style-type: none">• Wrong Diagnosis x 2: Documentation does not support 443.9 and 250.0.• Missed Diagnosis x 2: Documentation supports 440.20 and 444.22.

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Patient: 6			Date of Service: 4/3/08		Physician: X	
Original Coding		RVU's	The Coding Network Coding	RVU's	Discussion	
35495	unbundled	14.59	35470	12.71	<ul style="list-style-type: none"> • Modifier x4: -51 should be added to subsequent surgical procedures of lesser RVU value. • Unbundled x12: (35495, 35493, 35492, 75992, 75993). The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Wrong code: 75630 is the code for an abdominal aorta with runoff, which was not performed. The correct code for imaging at the bifurcation is 75716. • Unbundled x2: 37201 & 75896 are components of 37184 and can not be separately billed. • Billed but not done x2: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports two. • Unbundled: 37184 is a component of 37205; -59 must be added. 	
35495-59	unbundled	14.59	75962-26	0.76		
37205	modifier -51	12.37	35470-59	12.71		
35470		12.71	75964-26	0.51		
35470-59		12.71	37184-59	12.50		
35493	unbundled	12.53	37205-59	12.37		
35492	unbundled	10.41	75960-26	1.17		
37202		9.29	35474-51	10.86		
35473		9.00	75964-26-59	0.51		
36247	modifier -51	9.01	35474-59	10.86		
37201-59	unbundled	7.76	75964-26-59	.51		
37206 x2 -59		11.86	35474-59	10.86		
37185		4.61	75964-26-59	.51		
37250	modifier -51	3.07	35473-51	9.00		
75630-26 wrong code		2.56	75964-26-59	.51		
37251-59 x5		11.55	35474-59	10.86		
75896-26-59	unbundled	1.84	75964-26-59	.51		
75896-26		1.84	35473-51	9.00		
G0269		0.00	75964-26-59	.51		
75960-26		1.17	36247-51	9.01		
75960-26-59 x2		2.34	75716-26-59 correct	1.84		
75992-26 unbundled		0.78	75774-26	0.51		
75962-26		0.76	75774-26-59	0.51		
75993-26-26-59 x5 5 unbundled		2.55	37201-59	7.76		
75946-26-59 x5		2.90	75896-26-59	1.84		
75945-26		0.58	37206 x2 -59	11.86		
75964-26		0.51	75960-26-59 x2	2.34		
75964-26-59 x2		1.02	37185	4.61		
75964-26-59 x2		1.02	37250-51	3.07		
75774-26		0.51	75945-26	0.58		
75774-26-59 x3	2 not done	1.53	37251-59 x5	11.55		
35493-x2-59	2 unbundled	25.06	75946-26-59 x5	2.90		
37184	unbundled	12.50	G0269	0.00		
35474	modifier -51	10.86				
35474-59 x2	2 unbundle	21.72				
Total.....		248.11	Total	154.73		
			<i>Difference..... + 93.38 upcoded</i>			

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
443.9 Embolism and thrombosis of unspecified site 459.9 Unspecified circulatory system disorder	444.22 Arterial embolism and thrombosis of lower extremity 440.20 Atherosclerosis of native arteries of extremities, unspecified	<ul style="list-style-type: none">• Wrong Diagnosis x 2: Documentation does not support 443.9 and 459.9.• Missed Diagnosis x 2: Documentation supports more specific diagnosis 444.22 and 440.20.

SAMPLE

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Patient: 7	Date of Service: 4/18/08	Physician: X
<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>
<u>RVU's</u>	<u>RVU's</u>	<u>Discussion</u>
35495-59 unbundled 14.59	35470 12.76	<ul style="list-style-type: none"> • Order: List codes with the highest RVU first to avoid reduction of the primary procedure. • Paring: Always pair up surgical codes with corresponding S & I codes when appropriate. • Modifier x4: -51 should be added to subsequent surgical procedures of lesser RVU value. • Modifier: -59 is not necessary on 37201. • Unbundled x14: (35495, 35493, 35492, 75992, 75993). The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Billed but not done x2: 37202 & 75896 can not be coded for a "nitro" injection as documented in the narrative portion of the report; these codes are reserved for "infusions." • Billed but not done: 76937 (ultrasound guidance) requires documentation of a permanent recoding of an image, this is not documented. This would be the correct code (if documented) to bill not 76998. • Billed but not done x3: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation only supports three. • Wrong code: 75630 is the code for an abdominal aorta with runoff, this was not performed. The correct code for imaging at the bifurcation is 75716.
35495-59 unbundled 14.59	75962-26 0.76	
35470 12.76	35470-59 12.76	
35470-59 12.76	75964-26 0.51	
35493-59 unbundled 12.53	35474-51 10.86	
35493-59 unbundled 12.53	75964-26-59 0.51	
37202 not done 9.29	35474-59 10.86	
35473 modifier -51 9.00	75964-26-59 0.51	
35473-59 9.00	35474-59 10.86	
36247 modifier -51 9.01	75964-26-59 0.51	
37201-59 modifier -59 7.76	36247-51 9.01	
37250 modifier -51 3.07	75716-26-59 correct 1.84	
75630-26 wrong code 2.56	75774-26 0.51	
37251 x6-59 13.86	75774-26-59 x2 1.02	
75896-26-59 not done 1.84	35473-51 9.00	
75896-26 1.84	75964-26-59 0.51	
76998-26 not done 1.71	35473-59 9.00	
G0269 0.00	75964-26-59 0.51	
75992-26-59 unbundled 0.78	37201-51 7.76	
75962-26 0.76	75896-26 1.84	
75993-26-59 x6 6 unbundled 3.06	37250-51 3.07	
75946-26-59 x6 3.48	75945-26 0.58	
75945-26 0.58	37251 x6-59 13.86	
75964-26-59 x6 3.06	75946-26-59 x6 3.48	
75774-26-59 x6 3 not done 3.06	G0269 0.00	
35493-59 unbundled 12.53		
35474 modifier -51 10.86		
35474-59 x2 21.72		
35492-59 x2 2 unbundled 20.82		
Total.....229.41	Total..... 121.89	
	Difference +107.52 upcoded	

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
440.24 Atherosclerosis of native arteries of extremities, with gangrene 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled 585.6 End stage renal disease	440.24 Atherosclerosis of native arteries of extremities, with gangrene 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled 585.6 End stage renal disease	<ul style="list-style-type: none">• Correct.

SAMPLE

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Patient: 8	Date of Service: 4/24/08	Physician: X																																																								
<table border="0"> <thead> <tr> <th><u>Original Coding</u></th> <th><u>RVU's</u></th> <th><u>The Coding Network Coding</u></th> <th><u>RVU's</u></th> <th><u>Discussion</u></th> </tr> </thead> <tbody> <tr> <td>36216</td> <td>7.52</td> <td>36216</td> <td>7.52</td> <td rowspan="12"> <ul style="list-style-type: none"> • Modifier: -59 is not necessary on 75716. • Billed but not done x3: 75774 is only coded for additional selective imaging; it can not be billed for additional imaging of the same vessel. • Billed but not done: 76937 (ultrasound guidance) requires documentation of a permanent recoding of an image, this is not documented. This would be the correct code (if documented) to bill not 76998. • Documentation Deficiency: There is a "typo" on page 2: RT Subclavian artery not <u>vein</u>. </td> </tr> <tr> <td>36215-59</td> <td>6.69</td> <td>75676</td> <td>1.84</td> </tr> <tr> <td>75716 modifier -59</td> <td>1.84</td> <td>36215-59</td> <td>6.69</td> </tr> <tr> <td>75650</td> <td>2.09</td> <td>36218</td> <td>1.44</td> </tr> <tr> <td>75676</td> <td>1.84</td> <td>75716</td> <td>1.84</td> </tr> <tr> <td>75774</td> <td>0.51</td> <td>75650</td> <td>2.09</td> </tr> <tr> <td>75774-59 x3 not done</td> <td>1.53</td> <td>75774</td> <td>0.51</td> </tr> <tr> <td>36218</td> <td>1.44</td> <td>G0269</td> <td>0.00</td> </tr> <tr> <td>76998 not done</td> <td>1.71</td> <td></td> <td></td> </tr> <tr> <td>G0269</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td>Total..... 25.17</td> <td></td> <td>Total21.93</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><i>Difference..... + 3.24 upcoded</i></td> <td></td> <td></td> </tr> </tbody> </table>	<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>	<u>RVU's</u>	<u>Discussion</u>	36216	7.52	36216	7.52	<ul style="list-style-type: none"> • Modifier: -59 is not necessary on 75716. • Billed but not done x3: 75774 is only coded for additional selective imaging; it can not be billed for additional imaging of the same vessel. • Billed but not done: 76937 (ultrasound guidance) requires documentation of a permanent recoding of an image, this is not documented. This would be the correct code (if documented) to bill not 76998. • Documentation Deficiency: There is a "typo" on page 2: RT Subclavian artery not <u>vein</u>. 	36215-59	6.69	75676	1.84	75716 modifier -59	1.84	36215-59	6.69	75650	2.09	36218	1.44	75676	1.84	75716	1.84	75774	0.51	75650	2.09	75774-59 x3 not done	1.53	75774	0.51	36218	1.44	G0269	0.00	76998 not done	1.71			G0269	0.00			Total..... 25.17		Total21.93					<i>Difference..... + 3.24 upcoded</i>				
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<p align="center"><u>Diagnoses</u></p> <p>353.0 Brachial plexus lesions</p>	<p align="center"><u>Diagnoses</u></p> <p>719.61 Other symptoms referable to joint, shoulder region</p> <p>459.2 Compression of vein</p>	<p align="center"><u>Discussion</u></p> <ul style="list-style-type: none"> • Wrong Diagnosis: Documentation does not support 353.0. • Missed Diagnosis x 2: Documentation supports 716.61 and 459.2. 																																																								

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Confidential Coding Review For
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Patient: 9			Date of Service: 4/4/08			Physician: X		
Original Coding			The Coding Network Coding			Discussion		
		RVU's			RVU's			
35495-59 x2	unbundled x2	29.18	35470		12.71	<ul style="list-style-type: none"> • Modifier x3: -51 should be added to subsequent surgical procedures of lesser RVU value. • Unbundled x12: (35495, 35493, 75992, 75993) The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Wrong code x2: The correct coding for imaging of the aorta (includes iliacs) followed by selective imaging of the extremity is 75625 & 75710, not 75630 & 75774. • Billed but not done x2: 37201 & 75896 should not be billed for the TPA; the narrative does not document this as an infusion. • Billed but not done: 76937 (ultrasound guidance) requires documentation of a permanent recoding of an image, this is not documented. This would be the correct code (if documented) to bill not 76998. • Modifier: 37202 is a component of 35470 & 75962; • -59 must be added. • Billed but not done x7: There needs to be a distinct and separate interpretation of each vessel imaged for billing 75774. Documentation does not support. • Missed Procedure: 35474 should be billed 4 times: common femoral, SFA, popliteal, profunda. • Missed Procedure x2: IVUS was performed of six vessels not five (37251 & 75946). 		
35470		12.71	75962-26		0.76			
35470-59		12.71	35470-59		12.71			
35493-59 x2	unbundled x2	25.06	75964-26		0.51			
36247	modifier -51	9.01	35474-51		10.86			
37201-59	not done	7.76	75964-26-59		0.51			
37250	modifier -51	3.07	35474-59 x3	1 omitted	35.28			
75630-26	wrong code	2.56	75964-26-59 x3		1.53			
37251-59 x4		9.24	37202-59		9.29			
75896-26-59	not done	1.84	75896-26		1.84			
75896-26		1.84	36247-51		9.01			
76998-26	not done	1.71	75625-26	correct	1.60			
36248		1.44	75710-26-59	correct	1.62			
G0269		0.00	37250-51		3.07			
75992-26-59	unbundled	0.78	75945-26		0.58			
75962-26		0.76	37251-59 x5	1 omitted	11.55			
75993-26-59 x5	5 unbundled	2.55	75946-26-59 x5	1 omitted	2.90			
75946-26-59 x4		2.90	36248		1.44			
75945-26		0.58	G0269		0.00			
75964-26		0.51						
75964-26-59 x3		1.53						
75774-26	wrong code	0.51						
75774-26-59 x7	7 not done	3.57						
35493-59 x2	2 unbundled	25.06						
35474	modifier -51	10.86						
35474-59 x2		21.72						
37202	modifier	9.29						
Total.....		198.75	Total.....		109.77			
			Difference		+ 88.98 upcoded			

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
440.24 Atherosclerosis of native arteries of extremities, with gangrene 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	440.24 Atherosclerosis of native arteries of extremities, with gangrene 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	<ul style="list-style-type: none">• Correct.

SAMPLE

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Patient: 10	Date of Service: 5/7/08	Physician: X
<u>Original Coding</u>	<u>RVU's</u>	<u>The Coding Network Coding</u>
<u>RVU's</u>	<u>RVU's</u>	<u>Discussion</u>
35495-59 unbundled 14.59	35470 12.71	<ul style="list-style-type: none"> • Modifier x3: -51 should be added to subsequent surgical procedures of lesser RVU value. • Unbundled x12: (35495, 35493, 75992, 75993, 35492) The current introductory language in CCI for 4th quarter (CCI V 13.3), only allows the successful intervention to be coded. • Billed but not done x2: 37202 & 75896 should not be billed for the nitro, as this is not documented as an infusion. • Unbundled x2: 37201 & 75896 should not be billed TPA injections are included in mechanical thrombectomy. • Wrong code x2: The correct code for secondary mechanical thrombectomy is 37186, not 37184 & 37185. • Wrong code: 75630 is the code for an abdominal aorta with runoff, this was not performed. The correct code for imaging at the bifurcation is 75716. • Billed but not done: 76937 (ultrasound guidance) requires documentation of a permanent recoding of an image, this is not documented. This would be the correct code (if documented) to bill, not 76998. • Missed Procedure x2: 37206 & 75960 should be billed three times: 37205 & 75960 (popliteal) 37206 75960 x3 : tibioperoneal trunk, common femoral, and external iliac. • Missed Procedures x2: 35474 should be billed x4: SFA, profunda, Popliteal, & common femoral; these were failed angioplasties follow by stenting.
37205-59 12.37	75962-26 .76	
35470 12.71	37205 12.37	
35493-59 x3 unbundled 3 37.59	75960-26 1.17	
37202 not done 9.29	35474-51 10.86	
35473 9.00	75964-26 0.51	
36247 modifier -51 9.01	35474-59 10.86	
37201-59 unbundled 7.76	75964-26-59 0.51	
37206 5.93	35474-59 10.86	
37185 wrong code 4.61	75964-26-59 0.51	
37250 modifier -51 3.07	35474-59 10.86	
75630-26 wrong code 2.56	75964-26-59 0.51	
37251-59 x5 11.55	35474-59 omitted 10.86	
75896-26-59 not done 1.84	75964-26-59 omitted 0.51	
75896-26-59 unbundled 1.84	35473-51 9.00	
76998-26 not done 1.71	75964-26-59 .51	
36248 1.44	36247-51 9.01	
G0269 0.00	75716-26-59 correct 1.84	
75960-26 1.17	37186-51 correct 6.96	
75960-26-59 1.17	37206 5.93	
75992-26 unbundled 0.78	75960-26-59 1.17	
75962-26 0.76	37206-59 x2 1 omitted 11.86	
75993-26-59 x5 unbundled x5 2.55	75960-26-59 x2 1 omitted 2.34	
75946-26-59 x5 2.90	37250-51 3.07	
75945-26 0.58	75945-26 0.58	
75964-26 0.51	37251-59 x5 11.55	
75964-26-59 x3 1.53	75946-26-59 x5 2.90	
75774-26 0.51	36248 1.44	
75774-26-59 x2 1.02	75774-26 0.51	
37184 wrong code 12.50	75774-26-59 x2 1.02	
35474 modifier -51 12.37	G0269 0.00	
35474-59 x2 24.74		
35492-59 x2 unbundled x2 20.82		
Total.....230.78	Total 142.18	
	<i>Difference..... +88.60 upcoded</i>	

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<u>Diagnoses</u>	<u>Diagnoses</u>	<u>Discussion</u>
<p>443.9 Peripheral vascular disease, unspecified</p> <p>459.9 Unspecified circulatory system disorder</p> <p>250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</p>	<p>444.22 Arterial embolism and thrombosis of lower extremity</p> <p>440.20 Atherosclerosis of native arteries of extremities, unspecified</p> <p>250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</p>	<ul style="list-style-type: none"> • Wrong Diagnosis x 2: Documentation does not support 443.9 and 459.9. • Missed Diagnosis x 2: Documentation supports 444.22 and 440.20.

SAMPLE