

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

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DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Do you know what's required to bill for a level 4 new patient office visit (99204)?

Whether your medical record is electronic, paper-based, or a combination of the two, accurate and complete coding is critical to care delivery, appropriate reimbursement and compliance. It's important you understand and adhere only to the codes supported by the clinical documentation. So before we delve further, let's make sure you understand how the Centers for Medicare and Medicaid define a "new patient" for 99204 coding purposes.

According to CMS, a "new patient" is a patient who has not received any professional services, i.e., evaluation and management services or other face-to-face service from the physician or physician group practice within the previous 3 years. More information about how CMS defines a "new patient" is available here.

Take time to review the table below to ensure you and your staff are including all the necessary components in your medical record documentation to bill for a level 4 new patient office visit.

To minimize costly medical billing and coding errors, it's important to keep your practice up to date on new codes and regulations.

LW Consulting, Inc, can assist you with coding education, medical record documentation and/or compliance auditing.

Coding 99204 requires meeting the following components:

A Chief Complaint

- The primary problem leading a patient to seek medical attention

Comprehensive History

- Includes past family, social and medical history
- A complete review of systems 10+ (some systems with statement, all others negative)
- A 4+ history of present illness (duration, location, frequency, timing, modifying factors, etc.) OR the status of 3 chronic conditions to support a comprehensive HPI
- 3 chronic conditions (must indicate status)

A Comprehensive Exam

- Entails 8+ systems

Moderate Complexity Medical Decision-Making

- 3+ diagnosis or treatment options points
- 3+ number/complexity of records or diagnostic testing reviewed or ordered points
- Moderate risk of complications and/or co-morbidities and treatment options

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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