OBS/SDS Coding Tips

Documentation Issues

Documentation Issues

Critical questions to ask:

- Is the reason for the patient encounter documented in the medical record?
- Are all services that were provided documented?
- Does the medical record clearly explain why support services, procedures, and supplies were provided?
- Is the assessment of the patient's condition apparent in the medical record?
- Does the Medical record contain information on the patient's progress and on the results of treatment?

Documentation Issues

Critical questions to ask:

- Does the medical record include the physician's plan for care?
- Does the information in the medical record support the care given when another health care professional must assume care or perform medical review?
- When a consultation has been requested, there should be a confirmed note from the consultant in the medical record.
- Is the date of service (DOS) correct?

Surgical Services & OP Notes

Surgical Services & OP Notes

- Few medical services involve more intricate detail than a complicated surgery
- Same surgical procedure often done different ways on different patients
- Documentation provides only source of specific information about the surgical procedure
  - Must clearly present how service was handled in each particular instance
- Any procedure performed in operating room
  - Usually requires formal dictated operative note
  - Should be completed for all procedures that warrant signed patient consent form

Surgical Services & OP Notes

Steps for accurate documentation/op report coding:

- Detailed dictation by the physician
- Complete operative report prepared by the medical transcriptionist and correct interpretation by the coder
- Report what was actually done
- Recognize that coding is not only a reimbursement tool used by payers, it is also a documentation tool and part of the patient's medical history
- A written account of history, diagnoses, procedures performed

Surgical Services & OP Notes

Key to effective operative report dictation and coding is to:

- Identify, describe and code each separate procedure performed
- Never lump procedures together if they are described as specific, individual services
- Don't be misled by the word "summary"
- Important to read body of operative report and not code from procedure line at top of the note
- Body of report must support procedure line as well as postoperative diagnosis

Surgical Services & OP Notes

- Original operative report should not be "marked up;" a copy from which to work should be available
- First, look at the operative note to verify what procedure was performed; there may be additional procedures listed
- Code only the operations that were actually documented in the body of the operative report
- Care should be taken when referenced codes have a note following them stating "separate procedure"
- Terms such as "undermining, take down, or lysis of adhesions" are part of major surgical procedures

Surgical Services & OP Notes

- Once CPT codes have been determined, the corresponding diagnosis codes must be assigned. The postoperative diagnosis will be primary diagnosis, and any additional diagnostic statements should be reported as a secondary diagnosis.
- Reference other parts of patient's chart by examining pathology report, history, etc., to ensure correct diagnosis code for procedure performed was chosen.
- Validate the date of service (DOS) is correct.

Surgical Services & OP Notes

- Become familiar with certain surgical terms such as:
  - Resection—surgical removal of a section or segment of an organ or body structure
  - Anastomosis—the joining together, such as two hollow organs, two arteries, or veins
- Note the position of the patient during surgery, especially for back procedures
- When reviewing operative notes, identify which surgical approach was used
- Any unusual details should be noted, including special instruments or other aids

Specific Coding Rules

Lesions

- Appropriate documentation of lesion destruction consists of the following
  - Anatomic diagram indicating the site(s)
  - Size and number of lesions treated
  - The method of destruction
  - Any extenuating circumstances

Specific Coding Rules

Skin Grafting

- Reported in square centimeters
- Burns are often documented by percentage of total body surface area (TBSA) affected
  - Simple rule for determining extent of patient's burn is to consider the palm of the hand is equal to approximately one-half of one percent of total body surface area
  - Another rule for adults is the Rule of Nines

Specific Coding Rules

Dangers of Assumption

- For coding purposes, the word "deep" does not tell how many layers were involved
- Physicians may think the term indicates complex repair
- CPT guidelines
  - The repair of "deep" laceration could be listed under codes for
    - Intermediate
    - Complex

Specific Coding Rules

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<u>Dangers of Assumption</u>

- Stating that a procedure was done in the "usual" manner
  - May or may not be clear to the coder
  - May be completely unclear to an auditor or court of law
- Query for terminology that is more like "simple, intermediate, complex"
- Query for procedure descriptions with words "basic, uncomplicated, standard, normal, complicated, difficult, or unusual"

Digestive System

Digestive System

- Lips
  - The lips are composed of skin, muscle, and mucosa, which are then divided into three main regions:
    1) cutaneous,
    2) vermilion, and
    3) Mucosal.
  - If a procedure is performed on the skin of the lips, do not code from this section; choose a code from the Integumentary System instead .

Digestive System

- Biopsy of the lip (40490) is performed on any portion of the lip.
  - A biopsy would be performed when there is a concern for malignancy.
- Vermilionectomy (40500) is shaving or excision of the vermilion border of the lip, including repair of the excisional area by mucosal advancement .

Digestive System

- If more tissue is excised or removed from the lip area, choose a code from range 40510–40530 .
- Wedge resections or full thickness excisional codes include reconstructions.

Digestive System

- Cheiloplasty (40650–40761) is plastic surgery of the lips.
  - These procedures can be cosmetic, or to repair congenital conditions (e.g., cleft lip), injury, or disease.

Digestive System

- Mouth
  - The space between the cheek, lips, and teeth is referred to as the vestibule of the mouth, or buccal cavity. Vestibuloplasty is a repair in the vestibule of the mouth.
  - Glossectomy (41120–41155) is surgical removal of all or part of the tongue.
    - Codes are selected based on the extent of the procedure performed.

Digestive System

- Palatoplasty is a surgical procedure to reconstruct the palate or roof of the mouth . A palatoplasty with bone graft to alveolar ridge includes obtaining the bone graft.
- There are three salivary glands:
  1) parotid,
  2) submandibular, and
  3) sublingual.
- Codes 42300–42699 describe treatment of abscesses, cysts, tumors, fistulas, and stones of the salivary glands and ducts.

Digestive System

- Pharynx, Adenoids, and Tonsils
  - Tonsillectomy is removal of the tonsils (located at the back of the throat).
  - Adenoidectomy is removal of the adenoids (located at the back of the nose) .
  - Coding is based on the tissue removed, patient age, and whether the procedure is primary (initial procedure performed to remove tissue) or secondary (previously-excised tissue has grown back).

Digestive System

- Esophagus
  - Codes 43100–43135 report the removal of all or part of the esophagus, according to approach:
    - cervical,
    - thoracic or
    - thoracic with abdominal incision,
    - and if reconstruction is performed.

Digestive System

- Endoscopy
  - Endoscopic procedures (43180–43273) visualize the digestive organs, via either a flexible fiberoptic tube or ridged instruments.
  - Select and report an appropriate code for each anatomic site examined.
  - If the provider converts a laparoscopic procedure to an open procedure, according to CPT coding guidelines report the open procedure as the primary code.

Digestive System

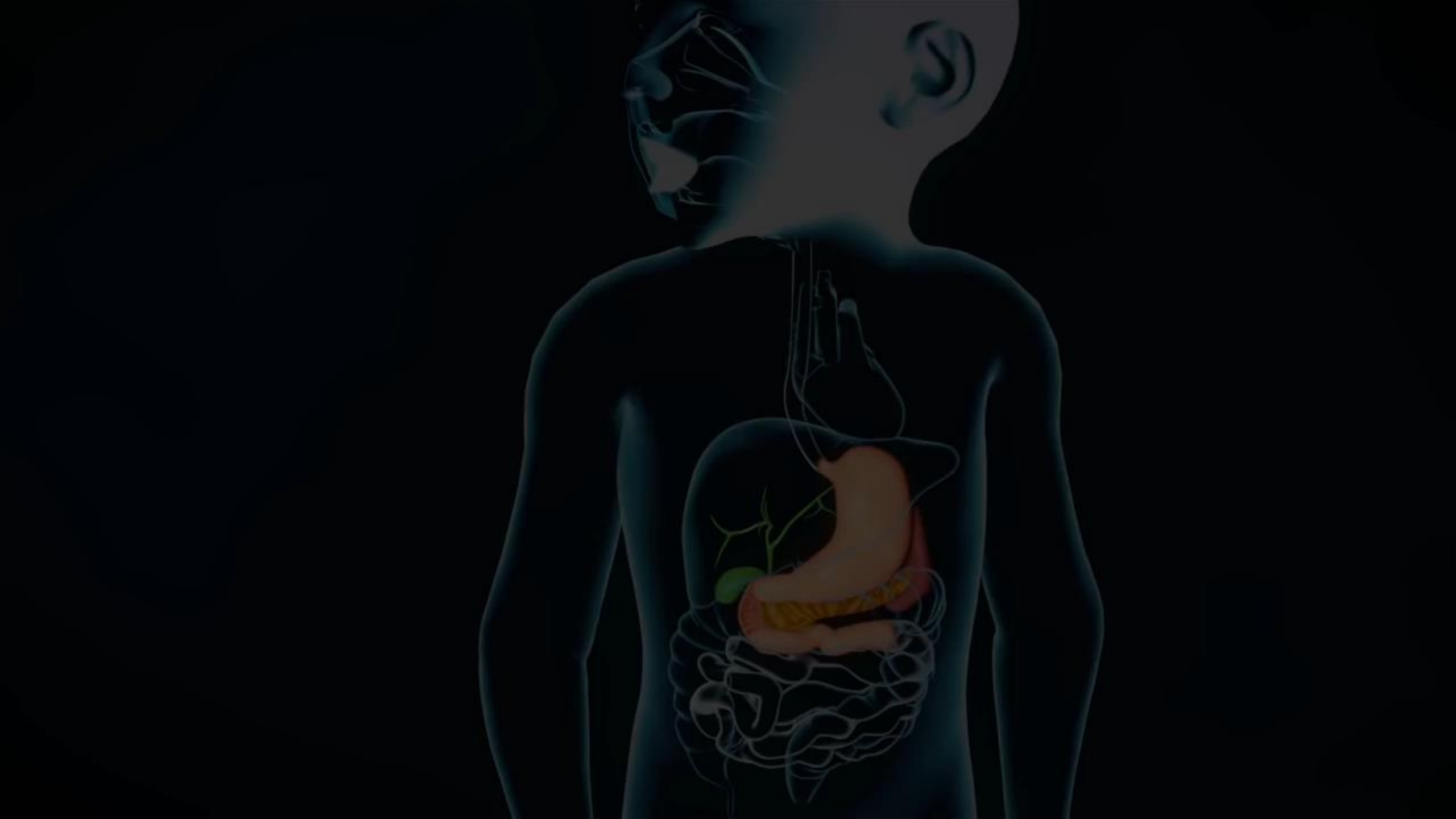
- Esophagoscopy (43180–43232) is direct visualization of the esophagus that does not extend into the stomach.
- In this section, it is important to pay attention to the parent codes for each code.
  - For example, code 43191 is the parent code to codes 43192–43198.

Digestive System

- Esophagogastroduodenoscopy (EGD) procedures (43233–43259) include visualization of the esophagus, stomach, and proximal duodenum or jejunum .
- If the physician does not report an exam of the proximal duodenum or jejunum, append modifier 52 Reduced procedure to the appropriate code.

Digestive System

- Endoscopic retrograde cholangiopancreatography (ERCP), 43260–43278, uses a combination of endoscopy and fluoroscopy to diagnose and/or treat the biliary or pancreatic ductal systems for problems such as gall- stones, inflammatory strictures (scars), leaks (from trauma and surgery), and malignancies.



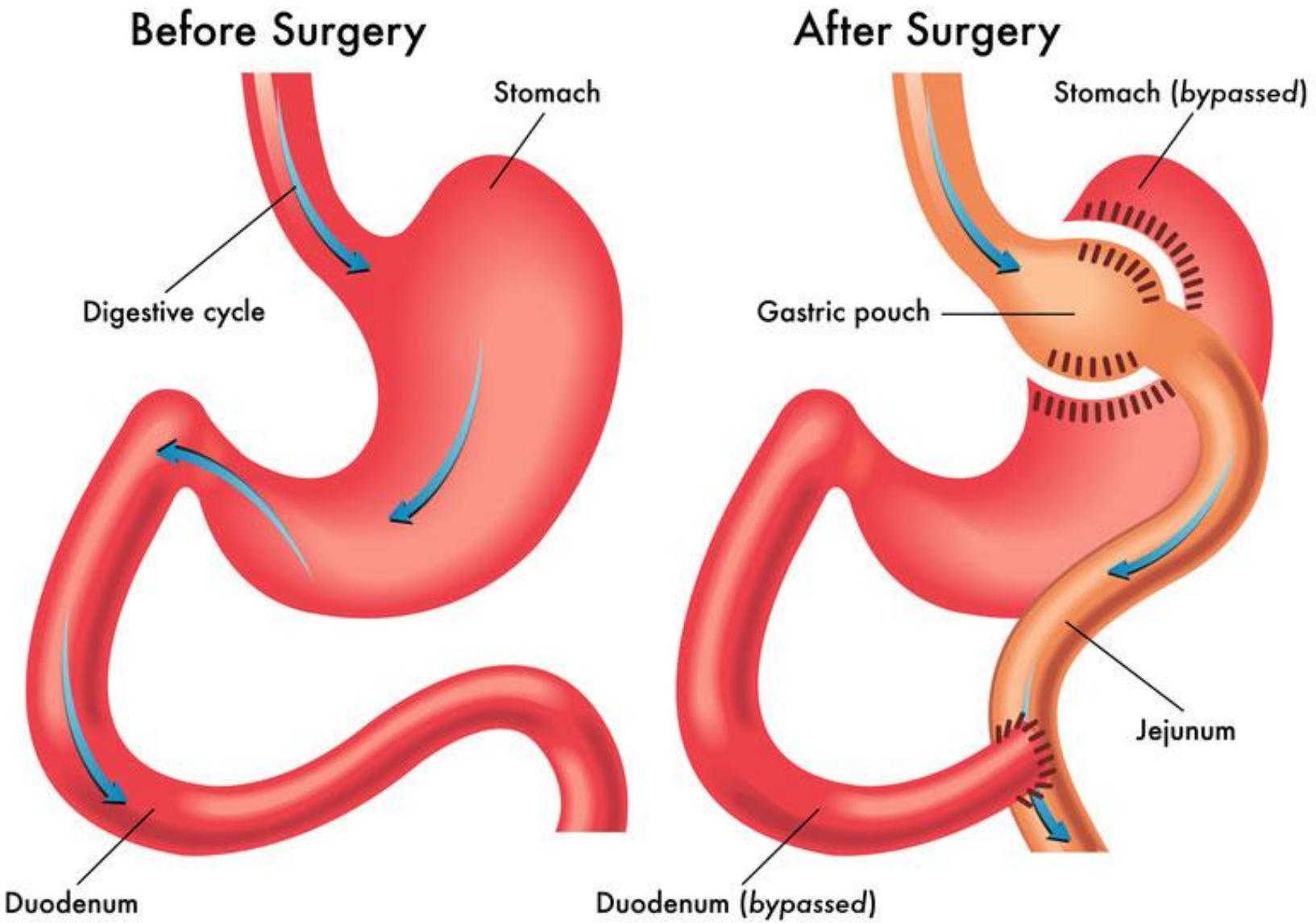
Digestive System

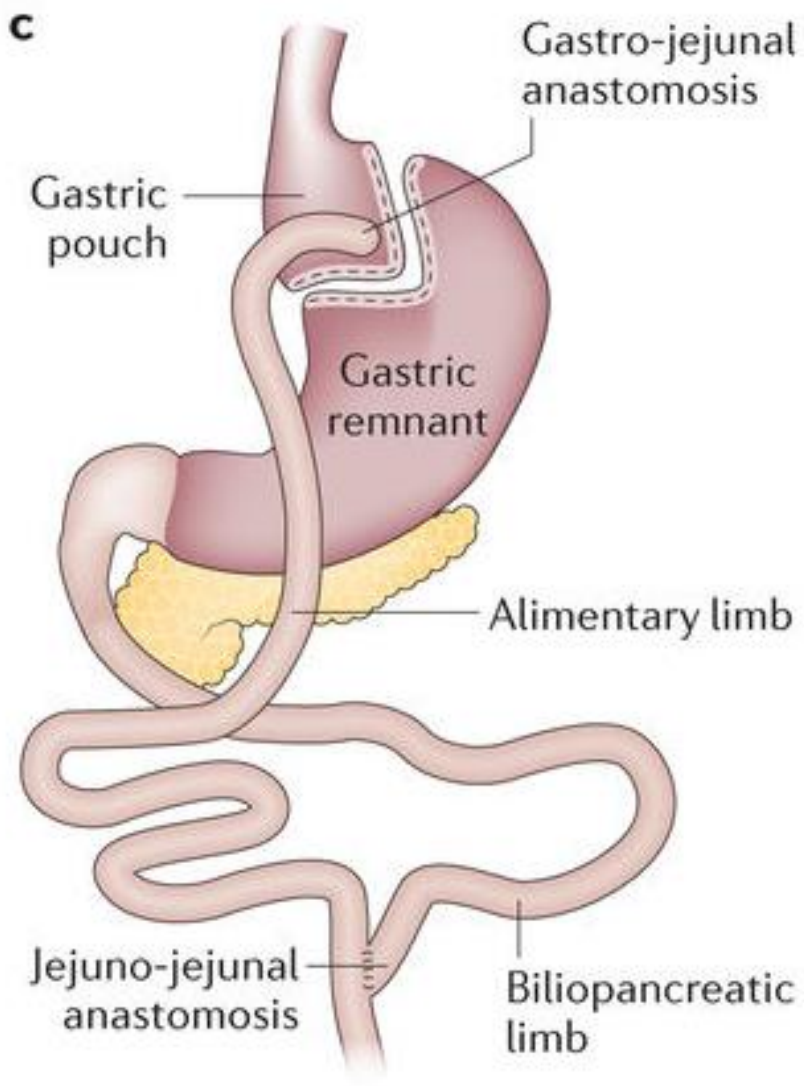
- Laparoscopy (43279–43289) includes surgical esophagogastric fundoplasty, paraesophageal herniorrhaphy, and esophageal lengthening procedures.
- Repair (43300–43425) includes open procedures similar to the laparoscopic procedures listed above.
- Manipulation (43450–43460) includes various types of esophageal dilation procedures, and esophagogastric tamponade.

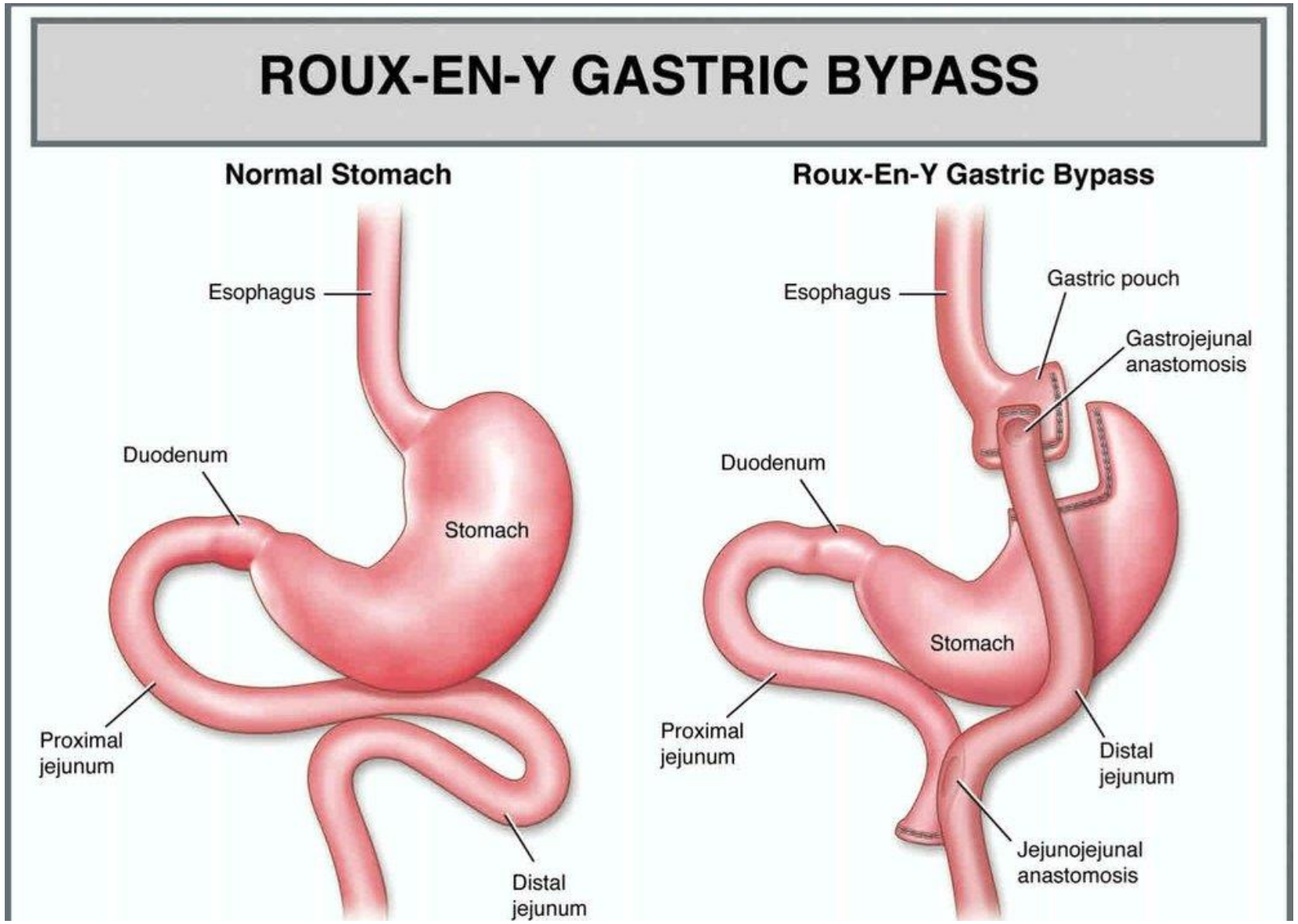
Digestive System

Stomach

- Gastrectomy (43620–43635) is removal of all or part of the stomach . Code according to the amount of stomach removed and reconstruction type.
- Different techniques for gastrectomy
  - Simple anastomosis of duodenum
  - Simple anastomosis of jejunum
  - Roux-en-Y bypass

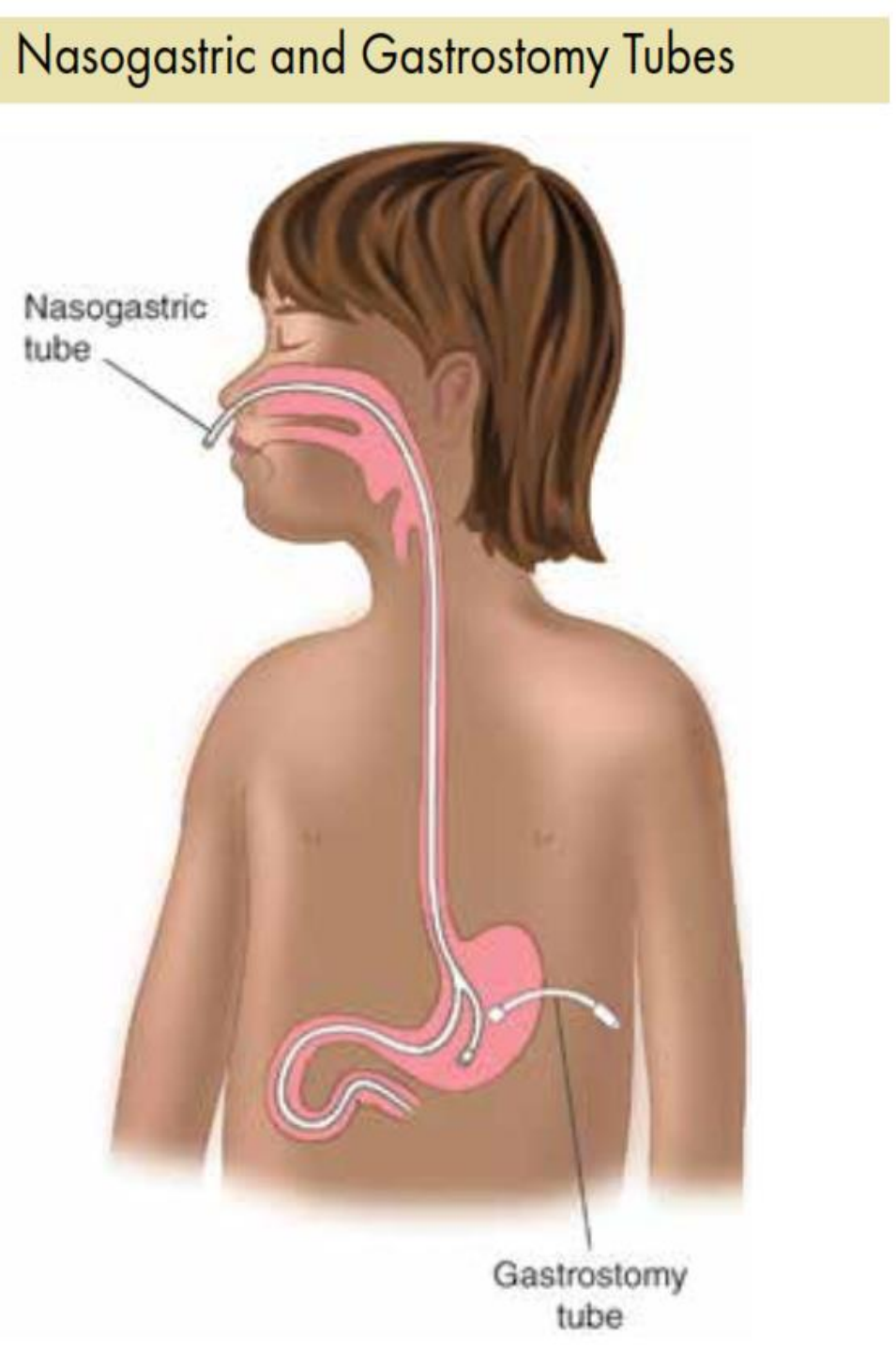

Before Surgery
Stomach
Digestive cycle
Duodenum
After Surgery
Stomach (bypassed)
Gastric pouch
Jejunum
Duodenum (bypassed)


c
Gastro-jejunal anastomosis
Gastric pouch
Gastric remnant
Alimentary limb
Jejuno-jejunal anastomosis
Biliopancreatic limb


ROUX-EN-Y GASTRIC BYPASS
Normal Stomach
Esophagus
Duodenum
Stomach
Proximal jejunum
Distal jejunum
Roux-En-Y Gastric Bypass
Esophagus
Gastric pouch
Gastrojejunal anastomosis
Duodenum
Stomach
Proximal jejunum
Distal jejunum
Jejunojejunal anastomosis

Digestive System

- Laparoscopic gastric restrictive procedures are reported using 43644–43645 and 43770–43775.
- Open gastric restrictive procedures and bypass surgeries are reported using 43842–43848.
- The endoscopic procedures of the stomach are reported using 43235–43259.



Digestive System

- For nasogastric/orogastric intubation that requires the skill of a surgeon and fluoroscopic guidance, report 43752 .
- Gastric intubation and aspiration procedures are reported with a code from range 43753–43755.

Digestive System

Intestines

- Intestinal procedures begin with code 44005 and end with 44799; these codes represent the different procedures performed on the intestines, except the rectum, which is covered with the code range 45000-45999.
- CPT code 44005 describes enterolysis (freeing of intestinal adhesion). This procedure is listed as a separate procedure . When it is performed alone and is not related to another, more extensive procedure performed at the same time, it may be reported .

Digestive System

- Excision codes include enterectomies and colectomies .
  - An enterectomy is a resection of a portion of the intestines .
  - A colectomy is the excision of a portion or the entire colon .
- Understanding the anatomy of the gastrointestinal system will be key in determining the correct codes.

Digestive System

- Endoscopic procedures are divided by small intestines (44360–44379), beyond the second portion of the duodenum, and stomal endoscopy (44380–44384), where the scope is inserted through an existing ileostomy .
- Colonoscopies performed via the stoma can be found in this section, as well, with codes 44388–44408.

Digestive System

- Enterostomy is the creation of external stomas, or openings in the body for the discharge of body waste.
- Codes are chosen by the portion of the digestive tract brought to the surface of the abdomen (this assumes the ostomy is not included in a more extensive procedure).

Digestive System

- Appendectomies may be open (44950–44960) or laparoscopic (44970) .
  - Unless performed by itself, or for an indicated purpose (rupture, fecalith, and intussusception), an appendectomy is incidental to other intra-abdominal procedures.

Digestive System

Rectum

- Proctosigmoidoscopy (45300–45327) examines the rectum and sigmoid colon.
- Sigmoidoscopy (45330– 45350) involves the entire rectum and sigmoid colon, and may include the descending colon.
- Colonoscopy (45378–45398) visualizes the entire colon from the rectum to cecum and might include the terminal ileum.

Digestive System

Anus

- Hemorrhoids are common diagnoses for anal procedures. There are two types:
  - internal (occur above the anal verge) and
  - external (occur below the anal verge).
- If left untreated, hemorrhoids can become prolapsed or strangulated.
- Thrombosis of an external hemorrhoid occurs when a vein ruptures or a blood clot develops.

Digestive System

- Treatments for hemorrhoids range from hemorrhoidectomy by banding or ligation via a rubber band (46221) to complete hemorrhoid excisions with treatment for anal fissures and/or fistulas (46945–46946 and 46320– 46262).
- When multiple methods are used to remove multiple hemorrhoids, use a separate code for each removal method.

Digestive System

- Codes 46250–46260 apply to removing single or multiple hemorrhoids during the same operative session.
- Documentation needs to include how many columns/groups of external or internal hemorrhoids are excised.
  - For example, if the surgeon excises two internal hemorrhoids and one external hemorrhoid single column/group during the same operation, you should report only a single unit of 46255.

Digestive System

Liver, Biliary Tract, Pancreas

- Hepatectomy is removal of a portion of the liver.
- A partial lobectomy (47120) removes a single tumor from a lobe of the liver .
- The liver is made up of four lobes, the left, right, caudate, and quadrate lobes .
- It is also separated into eight segments, the caudate (1), lateral (2, 3), medial (4a, 4b) and right (5, 6, 7, 8).

Digestive System

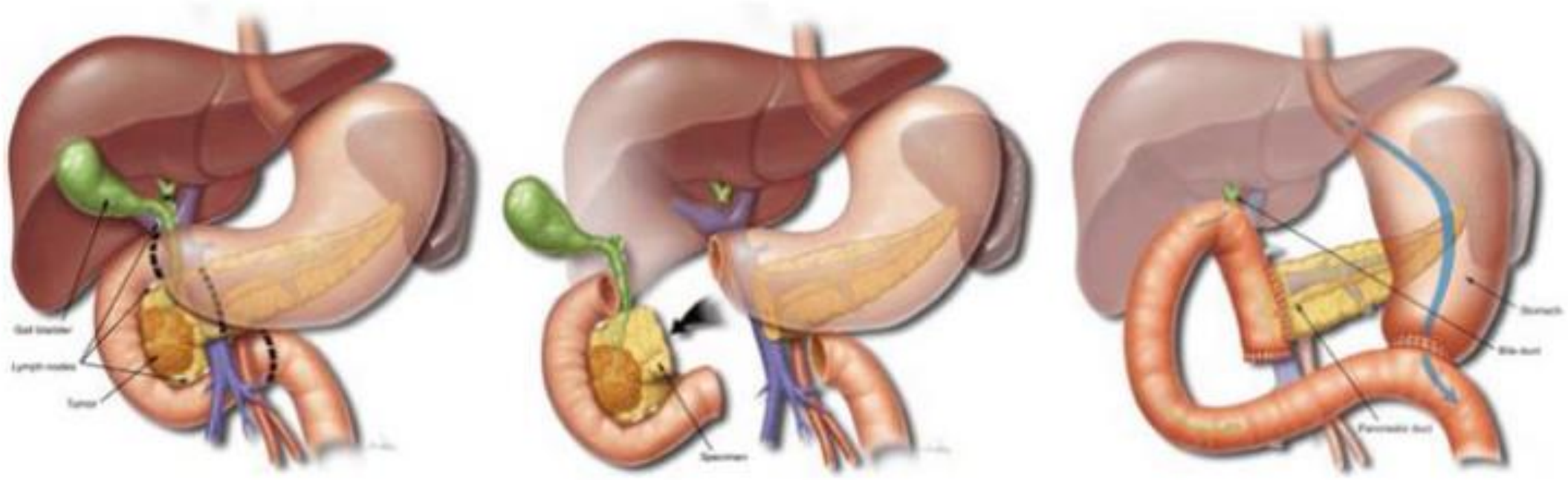
- Code 47120 should be reported for each tumor, if removed from different lobes of the liver.
- Liver injuries can result from trauma, such as stabbing, gunshot wounds, and blunt traumas.
- To report repairs, choose 47350–47362, depending on the extent of the wound and hemorrhaging involved.

Digestive System

- The biliary tract includes the liver, gallbladder, and pancreas.
- The most common procedure performed on the biliary tract is a cholecystectomy (removal of gallbladder), which can be performed laparoscopically (47562–47564) or open (47600–47620).
- Additional procedures can be performed during a cholecystectomy, such as a cholangiography or an exploration of the common bile duct.

Digestive System

- Pancreas procedures are coded from range 48000–48999.
- A Whipple procedure (pancreaticoduodenectomy or pancreatoduodenectomy) is performed to treat malignancies in the head of the pancreas, or malignant tumors involving the common bile duct or duodenum near the pancreas .
- Coding depends on how much of the duodenum is removed, whether a partial gastrectomy is performed, and whether pancreatojejunostomy is performed .



Disease in the head of the pancreas

Organs removed in a Whipple

Reconnection to the intestine

Digestive System

Abdomen, Peritoneum, and Omentum

- Hernia repairs, reported with 49491–49659, are performed due to a protrusion of internal organs (e.g., intestines or Omentum) through a weakening in the abdominal wall .
- Code according to:
  - the hernia site (lumbar, inguinal, or ventral);
  - the patient's age;
  - the type of hernia (initial or recurrent);
  - the hernia's clinical presentation (e.g., reducible, incarcerated, strangulated, or recurrent); and
  - the approach (e.g., open or laparoscopic).

Digestive System

- Herniorrhaphies can include the placement of reinforcing mesh (e.g., Marlex or Prolene), which in some cases may be coded separately using add-on code +49568.