Coding Corner

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Welcome back to **Coding Corner**. In this and subsequent issues of ***Progress Report***, we will present clinical long-term care cases and ask our expert coder, Chris Acevedo, how he would code that visit.

To recap the Medicare billing codes:
Initial nursing home: 99304, 99305, 99306
Subsequent nursing home: 99307, 99308, 99309, 99310
New assisted-living facility patient: 99324, 99325, 99326, 99327, 99328
Subsequent ALF patient: 99334, 99335, 99336, 99337

CASE 1. An 84-year-old man, a long-term care (LTC) resident of a nursing home, is re-admitted from a 4-day hospital stay on oral antibiotics. His past medical history is that of diastolic CHF, atrial fibrillation, hypertension, hyperlipidemia, mild COPD, mild to moderate dementia, anemia, and arthritis. The problem of today is follow-up of walking difficulties 2° functional decline, fatigue, and a foot infection. The documentation of the progress note is as follows: Hx: This is an 84-year-old African American male, still having problems with the right foot, an infection has him on antibiotics apparently. Today, he says he has had no fever or chills. His foot is better since his medications and dressings have been started. His appetite is okay. He has had no shortness of breath. On exam the patient seems fairly comfortable at rest at 30° in bed. Respiratory rate 20, BP 116/70, pulse 78, temperature 97. O2 sat 93% on 2 L. No JVD, lungs clear but diminished sounds, cardiac irregular, no murmur, no S1, S2, S3, trace edema, otherwise unremarkable. Your dx is same as above plus functional decline. Your treatment plan includes monitoring breathing, oxygen, BP. Starting physical and occupational therapy. Monitoring electrolytes, bun/cr and CBC. You expect the patient to stay for about 2-4 weeks if recovery to his baseline occurs at a steady pace.

Which code would you choose? 99304, 99305, 99306. Would the code be any different if this patient was an initial admission to the nursing facility and not a readmission. Why?

This type of patient represents a 99305 – Moderate complexity with the functional decline and monitoring of co-morbidities, however, the documentation above would only support a 99304. Both a 99305 and 99306 require a comprehensive history and exam. So in addition to the chief complaint, the history of present illness would need four (4) elements (location, duration, severity, etc.) a review of a minimum of 10 systems is required and the physical exam would have needed to include at least eight (8) organ systems (1995 E/M guidelines).

CASE 2. You are rounding in your assisted-living facility when a nurse asks you to evaluate the patient because of a painful knee. The patient is an 84-year-old female with arthritis, mild dementia, hypertension, hyperlipidemia, occasional behavioral problems. The documentation of the progress note is as follows. Hx: Patient with compliant of right knee pain 8/10 for the last 4 days. Exam of the right knee shows slight quadriceps wasting, slight puffiness of the knee which you believe is from bony overgrowth from arthritis. No erythema, no exudate, no induration, no limited motion seen. The foot and lower leg seem normal. Patient states the knee aches when she walks.

You order an X-ray and diagnose osteoarthritis, and start acetaminophen 650mg po 3x daily.

Should you bill the lowest code 99334 because you only looked at the knee, or is this a more extensive evaluation, when he would bill 99335 or 99336?

This type of patient represents a 99336 – A new problem with prescription drug management, however, the documentation above would only support a 99334. A 99336 requires a detailed history and/or exam. So in addition to the chief complaint, the history of present illness would need four elements (location, duration, severity, etc.) a review of 2-9 systems is required and/or the physical exam would have needed to be detailed (a detailed examination of the affected body area/organ system and 2-7 additional body areas/organ systems). Even a 99335 requires an expanded problem-focused history and/or exam. So in addition to the chief complaint and history of present illness, at least a one symptom review of systems is required and/or the physical exam would have needed to be expanded problem-focused as well (a limited examination of the affected body area/organ system and 2-7 additional body areas/organ systems).

Submit your coding questions for future ***Progress Reports*** to **Chris Acevedo** at **(561) 278-9328**; Fax: **(561) 278-2253**; or **www.acevedoconsultinginc.com**.