
Documentation Dissection

Established Office Visit

Chief Complaint: Follow-up appt for 62-year-old female—COPD coughing more, insomnia follow up, meds working ok. Today she c/o severe back pain no injury recall.

Acute Symptoms.

PROBLEM: ACUTE ORTHOPEDIC SYMPTOMS.

Location: Thoracic Right; **Quality:** Sharp Stabbing; **Severity:** Moderate; **Duration:** 5 day/s; **Timing:** Constant; **Modifying factors:** Worse with cough, deep breath; **Associated signs and symptoms:** No Fever.

Chronic Symptoms.

Status of chronic conditions:

Major Problem List:

INSOMNIA—using temazepam for sleep and it is working OK overall.

RESTLESS LEG SYNDROME.

EMPHYSEMA—continues to have marked shortness of breath. Using Oxygen continuously at this point.

Coughing more than baseline but is trying not to cough due to pain above.

PERS HX OF TOBACCO USE CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

Objective:

Vital Signs: Bp: 118/62, Left Arm, Pulse: 76, Height: 5'3", Weight: 156 lbs.

Respiratory/Chest: Minimal air movement. Wheezes diffusely.

Cardiovascular: Regular rate and rhythm without murmur or abnormal heart sounds, gallops or rubs.

Musculoskeletal: Spine: thoracic—Inspection/Palpation: Tender to palpation in paravertebral muscle mass in upper thoracic spine—right.

Pulse Oximetry taken in the office. Pulse Ox is 96%. Normal Reading. ^[1]

Diagnosis:

Acute Chest Pain ^[2]

Insomnia ^[2]

COPD with mild exacerbation, emphysema ^[2]

Plan:

Patient Instructions

Continue current medication(s) at same dose

Follow-up/Return to Clinic (RTC)

Primary care follow-up interval recommended at last visit: March 20XX

Rx: PREDNISONE 5MG TAB AS DIRECTED for 9 days, 18 TABS, Ref: 0

Rx: DIAZEPAM 5MG 1 TAB three times daily PRN for 10 days, 30TAS, Ref: 0

Rx: TEMAZEPAM 30MG 1 TAB at bedtime, 30TAB, Ref: 6

Rx: SYMBICORT 160/4.52 PUFFS twice dally, 120, Ref: 6

14 Pulse oximetry was performed.

21 Final diagnoses

What CPT® and ICD-10-CM codes are reported?

CPT® Code: 94760

ICD-10-CM Codes: R07.9, J44.1, J43.9, G47.00, Z87.891

Rationales:

CPT®: A pulse oximetry study was performed by the provider. In the Alphabetic Index look for Pulmonary/Diagnostic/Oximetry/Ear or Pulse which directs the coder to 94760–94762. Code 94760 indicates noninvasive ear or pulse oximetry for oxygen saturation; single determination. 94761 is used to report multiple determinations, such as during exercise. Code 94762 is reported when continuous overnight monitoring occurs. The appropriate code selection based on the documentation is CPT® code 94760 *Noninvasive ear or pulse oximetry for oxygen saturation; single determination*. Verify selection in the numeric section. Modifier 26 is not reported. The test was taken in the physician’s office and interpreted in the physician’s office. No modifier is reported.

ICD-10-CM: The final diagnostic statement is Acute Chest Pain, Insomnia, and COPD with mild exacerbation, Emphysema.

In the ICD-10-CM Alphabetic Index look for Pain/chest which directs R07.9 *Chest pain, unspecified*. The chest pain is not documented as a symptom of the COPD. Documentation does not state the chest pain is due to the cough, but that it makes it worse.

Next, in the Alphabetic Index look for Disease/pulmonary/chronic obstructive/with exacerbation (acute) leads to J44.1. An Excludes2 for J44 allows the coding for Emphysema (J43) with COPD when both conditions co-exist. Go to the Tabular List and locate code J43.9 for Emphysema, NOS.

Next in the ICD-10-CM Alphabetic Index look up Insomnia which directs to G47.00 *Insomnia, unspecified*.

There is an instructional note at J44 that states to use additional code to identify tobacco use, dependence, history of tobacco use or exposure to. In this case the documentation supports that the patient was a former smoker and this will be coded in addition. In the ICD-10-CM Alphabetic Index look up History/personal/nicotine dependence which directs the coder to Z87.891. Verify selection in the Tabular List.
