

Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: Avoid The 3 Deadly Sins Of Arterial Stent Documentation

Challenge the results of improper audits

If your arterial stent documentation isn't up to snuff, then you should brace yourself for audits.

Twenty of 72 arterial stent placements in the outpatient setting were billed incorrectly, per an October 2005 **HHS Office of Inspector General** report (A-06-04-00091).

Problems: The OIG found many stent records lacked information on medical necessity for thrombectomy with angioplasty and stent placement. Also, the OIG found providers failed to use the proper code for thrombectomy in some cases. In others, the provider tried to bill separately for thrombolysis and stent placement, when the thrombolysis should have been bundled.

Three cardiology documentation errors could lead to the kind of problems the OIG discovered, says **Jackie Miller**, a consultant with **Coding Strategies** in Powder Springs, GA:

1) Semi-automated reports. Many cardiologists prefer to use the catheterization lab information system to generate their documentation for procedures, instead of dictating their reports the old-fashioned way, says Miller. These semi-automated reports don't explain the reasons why a doctor chose a particular set of interventions.

2) Anatomical misunderstandings. It's hard enough to figure out what constitutes a single coronary artery, Miller notes, but that's especially true when the physician performs interventions in branches, bypass conduits, vein grafts, and/or anatomic variants like the ramus intermedius.

The problem becomes stickier when a physician who doesn't understand CPT coding or a coder who doesn't understand coronary anatomy picks the wrong code.

3) No -because.- -Physicians should ask themselves if a non-physician could tell why they performed a specific set of interventions just by reading the medical record,- says Miller. If the answer is -no,- then you should encourage them to use phrases like, -It was determined that Mr. Smith required thrombectomy and stent placement because...-

Challenge findings: If your carrier or payment safeguard contractor decides to audit your claims for arterial stents or thrombectomies, conduct your own -shadow audit- and defend your claims, urges **Jim Collins** with the **Cardiology Coalition**.

The Coalition is in the midst of challenging the findings of two different audits where the auditor failed to give credit for information in the medical record, Collins notes. In one case, an auditor admitted that she-d been misinterpreting a common clinical statement in the medical record for several years. She-d interpreted the term -no clubbing- as a component of a skin exam rather than a musculoskeletal exam.