

Occupational Health Clinic

Workload Coding

Session No. 46

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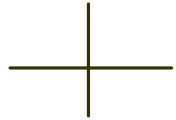
OBJECTIVES

- Be able to state the differences and uses between ICD-9 and CPT codes.
- Be able to discuss the factors that are involved in selecting the appropriate evaluation and management code for a visit.

OBJECTIVES

- Be able to discuss the limitation of ICD-9 and CPT coding for occupational medicine.
- Discuss using ICD-9 and CPT codes in workers' compensation claims review.

Basic Concepts of ICD and CPT Coding A Historical Prospective

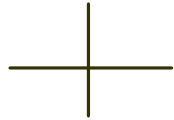


WORKLOAD RECORDING VS SERVICE
IDENTIFICATION

WORKLOAD

- Bean counting
- Medical Expense Performance Reading (MEPR) Military unique

Basic Concepts of ICD and CPT Coding A Historical Prospective



WORKLOAD RECORDING VS SERVICE
IDENTIFICATION

SERVICE

- Capitation
- Services out of provider-patient encounter
- Based on complexity

Basic Concepts of ICD and CPT Coding A Historical Prospective

HISTORICAL PROSPECTIVE

ICD-9

- Official Coding System in United States
- World Health Organization (WHO)
- Health Care Financing Administration (HCFA)
and National Center for Health Statistics (NCHS)
- Clinical Modification ICD-9CM
- ICD-10

Basic Concepts of ICD and CPT Coding A Historical Prospective

HISTORICAL PROSPECTIVE

ICD-9

- V Codes

- Driver's License Exam (V70.3)
- Medical Surveillance exam (V70.5).

- E Codes

- 883.0E920.5
 - a puncture wound to the finger (883.0)
 - due to a hypodermic needle (E920.5).

Basic Concepts of ICD and CPT Coding A Historical Prospective

HISTORICAL PROSPECTIVE

Common Procedural Terminology (CPT)

- Procedures performed
- American Medical Association (AMA)
- Five digit code
 - First two digits indicate specific type of service
 - Evaluation and Management E/M

Basic Concepts of ICD and CPT Coding A Historical Prospective

HISTORICAL PROSPECTIVE, ICD-9 and CPT

- Implementing the ICD-9/CPT Coding System
- The HCFA – 1500 Form and the billing cycle
- Consistent set of codes
- Problems of under-coding and over-coding
- Linked to outsourcing

PLEASE
DO NOT
STAPLE
IN THIS
AREA



APPROVED OMB-0938-0008

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BENEFIT OTHER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS (Single Married Other)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (Employed Full-Time Part-Time Student)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (MP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM DD YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? (YES NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS (EMT or Family Plan) UNITS	EMG	COB	RESERVED FOR LOCAL USE	
1										
2										
3										
4										
5										
6										

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (YES NO)

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

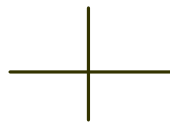
30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



HCFA-1500
OWCP-1500
Third Party Billing

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HEALTH INSURANCE CLAIM FORM

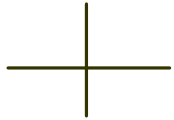
1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BENEFIT (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE (MM DD YY) M <input type="checkbox"/> F <input type="checkbox"/>
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>
CITY STATE	7. INSURED'S ADDRESS (No., Street)
ZIP CODE TELEPHONE (Include Area Code)	CITY STATE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/>
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) M <input type="checkbox"/> F <input type="checkbox"/>	b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
SIGNED DATE	SIGNED DATE
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (MP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM DD YY)
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN
19. RESERVED FOR LOCAL USE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)	20. OUTPATIENT? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES
1. _____ 3. _____	2. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
24. A. DATE(S) OF SERVICE FROM (MM DD YY) TO (MM DD YY) B. Place of Service C. Type of Service D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS CODE F. \$ CHARGES G. UNIT (EMG, COB, etc.) H. ICD-9-CM I. PSYCH J. PLAN (EMG, COB, etc.) K. RESERVED FOR LOCAL USE	26. FEDERAL TAX I.D. NUMBER SSN EIN 27. ACCEPT SIGNMENT? (Yes, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>
25. FEDERAL TAX I.D. NUMBER SSN EIN	28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
SIGNED DATE	33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PNI# GRP#



CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Block 21
Block 24D

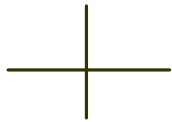
ICD-9CM Coding for Acute Care



INJURY AND ILLNESS CODING

- 1. Identify each service, procedure, or supply with an ICD-9 code**
- 2. Identify services for other than disease with V codes**
- 3. Code the primary diagnoses first, then the secondary, tertiary and so on**

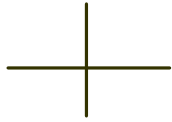
ICD-9CM Coding for Acute Care



INJURY AND ILLNESS CODING

- 4. Code to the highest degree of specificity, 4th or 5th digit when necessary**
- 5. Code a chronic disease as often as it is applicable to a patient's treatment**
- 6. When only ancillary services are provided, list the appropriate V code first**

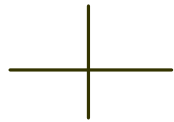
ICD-9CM Coding for Acute Care



INJURY AND ILLNESS CODING

- **No specific diagnosis**
- **Signs, symptoms, and ill defined conditions**
 - general symptoms 780
 - ill defined symptoms 799
- **Why employee sought care at OHC**

ICD-9CM Coding for Acute Care



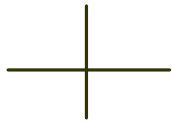
INJURY AND ILLNESS CODING*

- **OHC Codes** **Appendix A**
- **Family Practice Codes** **Appendix B**
- **Sentinel Event Codes** **Appendix C**

*CHPPM TG 249

<http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/Code1.pdf>

ICD-9CM Coding for Acute Care



INJURY AND ILLNESS CODING

E Codes

- hypodermic needle as cause of accident E920.5
- overexertion & strenuous movements from pulling, lifting, and pushing E927
- accidental poisoning by insecticides of the organophosphorus compounds E863.1
- accidental poisoning cause by motor vehicle exhaust E862.2

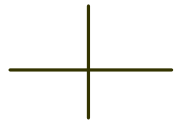
ICD-9CM Coding for Acute Care



INJURY AND ILLNESS CODING: E Codes

- accidental poisoning by unspecified solid & liquids
 - lead & its compounds & fumes E866.0
 - mercury E866.1
 - antimony E866.2
 - arsenic E866.3
 - other metals & their compounds E866.4
- falls from ladders or scaffolding E881.0

ICD-9CM Coding for Acute Care



Scenarios for Injury and Illness Coding

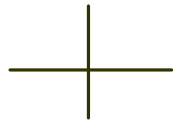
Scenario 1:

A drill press operator lacerates two fingers while operating the press. The injury does not result in tendon damage.

Primary Dx: 883.0

Secondary Dx: E919.3

ICD-9CM Coding for Acute Care



Scenarios for Injury and Illness Coding

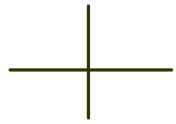
Scenario 2:

An employee is being evaluated by his primary care provider for possible hypertension. He regularly stops by the clinic for blood pressure checks.

Primary Dx: 769.2

Secondary Dx: none

ICD-9CM Coding for Acute Care



Scenarios for Injury and Illness Coding

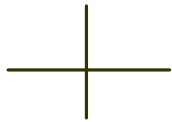
Scenario 3:

A construction foreman working in an enclosed space next to an operating gasoline engine collapses. Upon his presentation to the OM clinic the foreman was alert but his carboxyhemoglobin level is elevated.

Primary Dx: 780.2

Secondary Dx: E868.2

ICD-9CM Coding Surveillance Exams



UNIQUE VISITS TO THE OEM PRACTICE

- **Without specific symptoms or complaints**
- **Preventive measure**
- **Requirement for employment**

Medical necessity for healthy worker

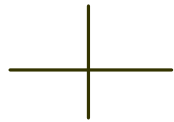
ICD-9CM Coding Surveillance Exams



UNIQUE VISITS TO THE OEM PRACTICE

- **Return to work (RTW) exams**
- **Disability evaluations (DE)**
- **Certifications**
- **Drivers' license exams**
- **Surveillance exams**
- **Occupational medicine consults**

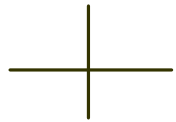
ICD-9CM Coding Surveillance Exams



RETURN TO WORK (RTW) EXAMS

- **Considerations are the current health status of the work and the safety sensitivity of the worker's job Other concerns involve the previous health care of the worker and extent of recovery gained by this care**

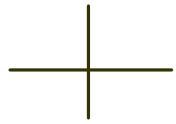
ICD-9CM Coding Surveillance Exams



DISABILITY EVALUATIONS (DE) or FFD

- **An examination oriented towards defining the extent of the examinee's disability. Outcome of this exam is a rating or opinion which is the extent of the disability compared to a whole or fully functional person**

ICD-9CM Coding Surveillance Exams



CERTIFICATIONS

- **As a result of this visit the employees has a doctor's certificate to continue a specific job or wear specific personal protective equipment. To obtain this certificate the employee must not have any disqualifying medical conditions.**

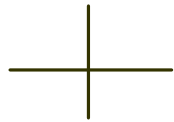
ICD-9CM Coding Surveillance Exams



DRIVER'S LICENSE EXAMS

- **A specific type of certification based on Department of Transportation requirements for motor vehicle operators or operators of heavy equipment.**

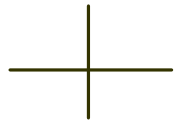
ICD-9CM Coding Surveillance Exams



SURVEILLANCE EXAMS

- **Identifies the earliest reversible biologic effects so that the exposure can be reduced or eliminated before the employee sustains irreversible damage.**

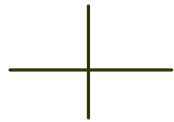
ICD-9CM Coding Surveillance Exams



OCCUPATIONAL MEDICINE CONSULTS

- **The OEM practice receives consults to address concerns of otherwise healthy workers or non-employees. A primary reason for consults is to address concerns about possible overexposure.**

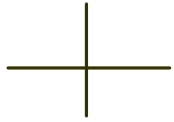
ICD-9CM Coding Surveillance Exams



V CODE CLASSIFICATION

- **Medical care other than injury or illness**
- **V15 may not be used as primary diagnoses**
- **All may be used as secondary diagnoses**
- **Services for:**
 - communicable disease
 - health hazards
 - reproductive and developmental circumstances

ICD-9CM Coding Surveillance Exams



**V CODE CLASSIFICATION
UNIQUE TO OEM**

- **V68.0**
- **V70.3**
- **V70.5**

ICD-9CM Coding Surveillance Exams

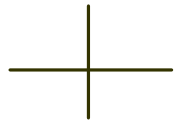


V CODE CLASSIFICATION UNIQUE TO OEM

V68.0

- **Administrative purposes**
 - issuance of a medical certification
 - rating
 - statement

ICD-9CM Coding Surveillance Exams



V CODE CLASSIFICATION UNIQUE TO OEM

V68.0

- **Primary diagnosis**

- **OSHA mandated certification program,**
 - **respiratory protection program**
- **secondary diagnosis for the RTW,**
 - **issuance of a fitness for duty statement**

ICD-9CM Coding Surveillance Exams

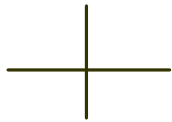


V CODE CLASSIFICATION UNIQUE TO OEM

V70.3

- **Examinations for administrative purposes**
 - drivers license under Department of Transportation guidelines
 - military specific motor vehicle operating permits including crane operator exams

ICD-9CM Coding Surveillance Exams

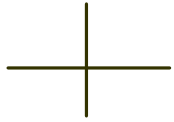


V CODE CLASSIFICATION UNIQUE TO OEM

V70.3

- **Secondary diagnosis**
 - for a disability evaluation when the physician completes an impairment rating
 - other insurance certificate.
- **For the DE, the primary diagnosis is the numeric code for the injury**

ICD-9CM Coding Surveillance Exams

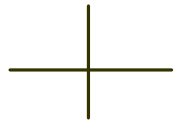


V CODE CLASSIFICATION UNIQUE TO OEM

V70.5

- **Health exams for defined populations**
 - **medical surveillance**
- **May use additional secondary V codes for more detail**

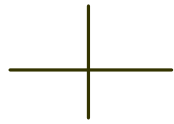
ICD-9CM Coding Surveillance Exams



V CODE CLASSIFICATION UNIQUE TO OEM

V Code	Title of Examination	Worker Population (examples)
V72.0	eye & vision	sight conservation
V72.1	ears, hearing	hearing conservation
V15.3	irradiation	radiation workers
V15.84	asbestos	abatement workers
V15.85	hazardous body fluids	health care workers
V15.86	lead	abatement workers
V15.89	other stressors	other programs for stressors

ICD-9CM Coding Surveillance Exams

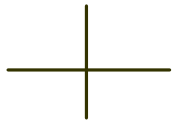


RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

RTW

- **Primary code**
 - provisional symptoms
 - specific diagnoses
- **Secondary code: V68.0**

ICD-9CM Coding Surveillance Exams

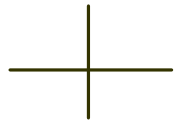


RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

DE

- **Primary code**
 - primary diagnosis
 - provisional symptoms
 - specific diagnoses
- **Secondary code: V70.3**

ICD-9CM Coding Surveillance Exams

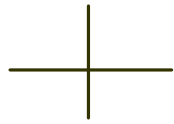


RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

PROVISIONAL SYMPTOMS

- **Drunkenness** 303.02
- **Hangover** 305.02
- **Sleeping** 780.54
- **Chest pain** 786.51
- **Malaise, tired** 780.7

ICD-9CM Coding Surveillance Exams

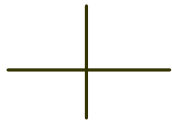


RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

SPECIFIC DIAGNOSIS

- **Cocaine abuse** **304.23**
- **Ankle sprain** **845.01**
- **Herniated nucleus
pulposus with
myelopathy** **722.73**

ICD-9CM Coding Surveillance Exams



Scenarios for Surveillance Exams Coding

Scenario 1:

The middle aged assembly line worker is returning to the job after a four week recuperation following an anterior myocardial infarction. Although the recovery was uneventful, the company policy requires a medical evaluation prior to returning the employee to work on the assembly line.

- Primary Dx: 410.01
acute anterolateral myocardial infarction
- Secondary Dx: V68.0
return-to-work exam

ICD-9CM Coding

Surveillance Exams



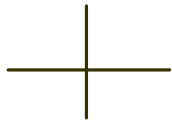
Scenarios for Surveillance Exams Coding

Scenario 2:

When reporting for his shift this bus driver has a brief conversation with his supervisor. The smell of alcohol prompts the supervisor to request a fitness for duty evaluation. The physician finds the driver unfit for duty because of acute intoxication.

- Primary Dx: 303.02
drunkenness, acute
- Secondary Dx: V68.0
DE/FFD exam

ICD-9CM Coding Surveillance Exams



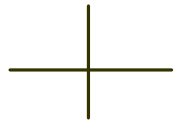
Scenarios for Surveillance Exams Coding

Scenario 3:

The OEM physicians has performed a DE on a material handling worker who suffered herniation of L4 - L5 intervertebral disk several years ago. Laminectomy failed to relieve sciatic pain and the patient now has the diagnosis of post laminectomy syndrome.

- Primary Dx: 722.83
post laminectomy syndrome, lumbar region
- Secondary Dx : V70.3
disability evaluation rating

ICD-9CM Coding Surveillance Exams



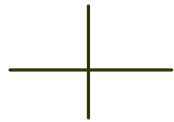
Scenarios for Surveillance Exams Coding

Scenario 4:

A health care worker requests medical clearance for use of a respirator as part of the hospital's respiratory protection program

- Primary Dx: V68.0
 medical certification
- Secondary Dx: none
 return-to-work exam

ICD-9CM Coding Surveillance Exams



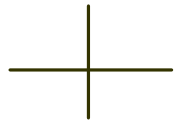
Scenarios for Surveillance Exams Coding

Scenario 5:

A retired asbestos worker who reports no symptoms, receives an asbestos medical surveillance exams as required by his company

- Primary Dx: V70.5
surveillance exam
- Secondary Dx: V15.84
asbestos type exam

ICD-9CM Coding Surveillance Exams



Scenarios for Surveillance Exams Coding

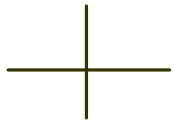
Scenario 6:

A worker enters the clinic visibly upset after a dispute with his co-workers. Blood pressure is initially elevated but returns to normal as the patient "cools down". He is referred to the Human Relations Department and released.

- Primary Dx: V62.2
 psychosocial maladjustment
- Secondary Dx: 796.2
 elevated blood pressure

Evaluation and Management CPT

Service Codes

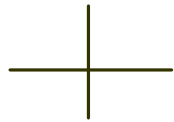


CPT CODING - OEM SERVICES

- **Injury and illness care**
- **Occupational unique**
- **Common services**

Evaluation and Management CPT

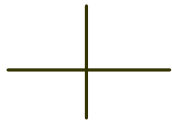
Service Codes



CPT CODING - OEM SERVICES

- **Same as other primary care clinics**
- **Five different levels of complexity**
 - **history**
 - **examination**
 - **medical decision making**

Evaluation and Management CPT Service Codes

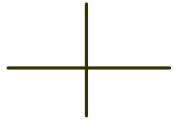


Subsections of the documentation guidelines					
Level	History	Examination	Medical decision-making	Severity of presenting complaint	Time
1	—	—	—	Minimal	5 min.
2	Problem focused	Problem focused	—	Minor or self-limited	10 min.
3	—	—	—	Low to moderate	15 min.
4	—	—	—	Moderate to high complexity	25 min.
5	—	—	—	Moderate to high complexity	40 min.

Minimal
 Minor (self-limited)
 Low to moderate
 Moderate to High
 High

Evaluation and Management CPT

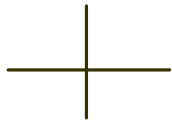
Service Codes



Evaluation and Management

- **Complexity**
- **New vs. established patient**
 - record established
 - three years

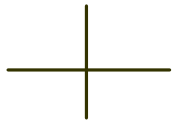
Evaluation and Management CPT Service Codes



Evaluation and Management

<u> </u>	<u>New Patient Code</u>	<u>Established Patient Code</u>
problem focused	99201	99211 (exam by technician)
expanded	99202	99212
detail	99203	99213
comprehensive	99204	99214
comprehensive, high	99205	99215

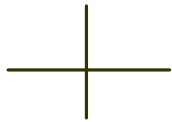
Evaluation and Management CPT Service Codes



SCENARIOS USING E/M CODING

- | | |
|--|--------------|
| 1. Initial office visit for a contusion of a finger | 99201 |
| 2. Employee needs a medication refill because her physician is out of town | 99201 |
| 3. Initial evaluation of an older employee with a significant threshold shift where both noise induced hearing loss and presbycusis are diagnoses | 99202 |

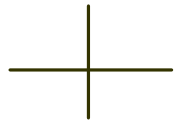
Evaluation and Management CPT Service Codes



SCENARIOS USING E/M CODING

- 4. Initial evaluation of a 48 year old worker with low back pain radiating to the leg 99203**
- 5. Initial evaluation of a long time worker exposed to chromium who now presents with nasal discharge, blood, and sometimes obstruction. Detailed exam includes use of topical anesthesia. 99203**

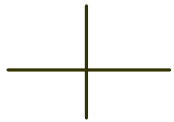
Evaluation and Management CPT Service Codes



SCENARIOS USING E/M CODING

- | | |
|--|--------------|
| 6. Office visit for a worker previously treated by a local physician for a cold who has symptoms of sore throat and fever during work shift | 99212 |
| 7. Pesticide application seen yesterday for skin itching, who now returns with eruptions on both arms from poison ivy | 99213 |
| 8. Agitated employee seen frequently in occupational health clinic with hypertension after argument with his supervisor | 99213 |

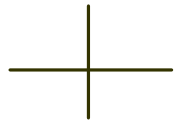
Evaluation and Management CPT Service Codes



UNIQUE SERVICES FOR OEM PRACTICE

- Preventive Medicine Services (99381-99397)
 - new and established patients.
- Preventive Medicine Counseling
 - individuals (99401-99404)
 - groups (99411-99412)
 - time differentiates these groups

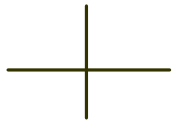
Evaluation and Management CPT Service Codes



UNIQUE SERVICES FOR OEM PRACTICE

- Specials Evaluations and Conferences
 - disability exam (99445/6)
 - walk through (99362)
 - record review (99358/9)

Evaluation and Management CPT Service Codes



UNIQUE SERVICES FOR OEM PRACTICE

- Case Management Services
 - team conference (99361/2)
 - telephone call (99371/2/3)

Occupational Health Clinic Workload Coding



Auditing Billing Records for Fraud

- Bundling
- Unbundling
- ICD-9 / CPT Code Mismatch
- ICD-9 / Accepted Claim Mismatch
- Other Billing Record Features

Occupational Health Clinic
Workload Coding

+

Conclusion/Questions?