Advanced Coding for the Allergist

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Allergy Services in 2016

- Drug Testing (95018)
  - Per the NCCI MUE portion there is a limit of 19 for this code on a calendar date.
  - Penicillin Testing
    - Charge for the percutaneous and the intradermal tests (95018)
    - Charge for the oral challenge (95076) – only if you meet the definition of the code
    - Clinically:
      - If penicillin skin testing is performed with only penicilloylpolylysine and penicillin G, initial administration of penicillin, depending on the pretest probability of the patient being allergic, may need to be done via **graded** challenge (ie, **1/100 of the dose, followed by the full dose,** assuming no reaction occurs during a brief observation period).
- Documentation to support this service????

Allergy Services in 2016

- Limits on the number of doses per payer
- Cigna
- United Health Care
- Aetna
  - Limits are from 80-120 units per year are common
- CMS determined that the contractor's discretion for coverage of allergen immunotherapy is most appropriate

Allergy Services in 2016

- FDA Approved SLIT Therapy
  - Grass, Ragweed approved for SLIT therapy
- SLIT Therapy not approved by FDA
  - Cash for patients
  - Do not use the 95165 since it doesn't meet the guidelines for a CPT code
- HyQvia – unlisted biologic J3590
  - Preauthorization
  - May need to send cost
  - Appeal letter to medical director/allergist

Aerosol Demo/Eval pt utiliz		94664
Bronchodilation responsiveness		94060
Bronchospasm Eval - Prolonged		94070
Laryngoscopy - flexible, dx		31575
Nasal endoscopy		31231
Nasopharyngoscopy		92511
Non pressured Inhalation trmt less than 1 hour		94640
Continuous inhalation tx with RX> 1hr		94644
Continuous inhalation tx with Rx ea addt'l 1hr		94645
Oximetry, single		94760
Oximetry, multiple		94761
Pulmonary Stress Test, Simple		94620
Respiratory Flow Volume Loop		94375
Spirometry, base		94010
Vital Capacity, total (separate P.)		94150
Nitric oxide expired gas determination		95012

Allergy

- Testing and ordering of immunotherapy needs to be done based on orders from the physician
- Testing is either percutaneous, intradermal per antigen, or intradermal sequential & incremental
- Not all carriers recognize testing code 95027
- RAST testing may be performed. Check for coverage per patient.
- Interpretation and report included in code for test
- Interpretation & report by physician is part of test

ALLERGY TESTING		
Puncture/Prick allergenic extract #_____		95004
Intradermals allergenic extract #_____		95024
Allergy test Prick and ID - venoms #		95017
Allergy test Prick & ID biologicals & drugs #___		95018
Skin end point titration		95027
Delayed ID testing #_____		95028
Patch Test #_____		95044
Inhalation bronchial challenge		95070
with antigens		95071
Ingestion challenge test initial 120 minutes		95076
Ingestion challenge test: ea additional 60 min		95079

ALLERGEN IMMUNOTHERAPY		
Allergen-Mult. Dose #____Doses		95165
Allergen - Single Dose #____		95144
Venom Antigen - 1 single stinging		95145
Venom Antigen - 2 single stinging		95146
Venom Antigen - 3 single stinging		95147
Venom Antigen - 4 single stinging		95148
Venom Antigen - 5 single stinging		95149
Whole Body - biting insect		95170
Rapid Desensitization #Hr____		95180

Allergy Immunotherapy

- Watch!!!
- Third party payers implementing the definition of a dose the same as Medicare
- Third party payers not allowing “off the board treatment”
- Limits on the number of doses allowed per the carrier guidelines per year or per date
- SLIT – correct code is 95199
- New tablets for grass, ragweed ----???

Allergy

- 95165 – two definitions
  - Medicare – per cc of the concentrated solution
  - CPT – a dose is the amount of antigen(s) administered in a single injection from a multiple dose vial
  - Check coverage for patient's – may be pharmaceutical benefit rather than a professional benefit

Immunotherapy

- 95170 Whole body biting insect fire ants
- 95180 Rapid desensitization

- Charge by time – time must be documented
- Only time of desensitization test, not time in office
- Doses given for desensitization may also be charged

Asthma Education

- S Code for BC/BS and Health Insurance Association of America
- S9441 – Asthma education non-physician provider per session
- 98960 – Education – for non-physician per patient – not specific to asthma

  Requires standardized curriculum

Peak Flow Reading

- For Medicare/Medicaid it is included in the E/M
- S code for third party payers –
- S8110 – Peak expiratory flow rate (physician services)

Modifiers for the Allergy Practice

Modifiers for 2016

- Modifier 25
- CPT Definition: Significant, Separately Identifiable E & M Service by the same physician or other qualified health care professional on the same day of the procedure or other service:
  - It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed……may be prompted by the symptom or condition for which the procedure and/or service was provided. As such different diagnoses are not required for reporting of the E/M on the same date.

Modifiers for 2016

- Medicare Definition per the NCCI:
- Modifier 25 may be appended to E&M services reported with minor surgical procedures (global period of 000 or 010 days) or procedures not covered by global surgery rules (global indicator of XXX). Since minor surgical procedures and XXX procedures include pre-procedure, intra-procedure, and post-procedure work inherent in the procedure, the provider should not report an E&M service for this work. Furthermore, Medicare Global Surgery rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure whether the patient is a new or established patient.

Modifiers for 2016

Modifier 59 – Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non E-M services performed on the same day.

Modifier 59 is used to identify procedures/services, other than E/M services that are not normally reported together, but are appropriate under the circumstances.

Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion or separate injury not ordinarily encountered or performed on the same day by the same individual.

Modifiers for 2016

- Modifier 59 – continued
- However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.
- Modifier 59 should not be appended to an E/M Service. To report a separate and distinct E/M service with a non- E/M service performed on the same date, see modifier 25.
- See also HCPCS Modifiers

Modifiers for 2016: Medicare

- XE – Separate Encounter: A service that is distinct because it occurred during a separate encounter
- XS – Separate Structure: A service that is distinct because it was performed on a separate organ/structure
- XP - Separate Practitioner: A service that is distinct because it was performed by a different practitioner
- XU – Unusual Non-overlapping service: The use of a service that is distinct because it doe not overlap usual components of the main service

E & M Chart Audit for the Allergy Practice

Auditing

- Physician documentation
- Patient account postings
- Credit balances
- Account receivables – outstanding balances greater than 90 days

Physician Documentation

- Verification that the coding is appropriate to the documentation
- Education and training if inappropriate coding
- Refunding third party payers if payments have been received

Components of the E & M

- History
- Exam
- Medical decision making

Requirement for New/Consult Patient vs. Established Patient

- History, exam & medical decision making need to be at the same level or higher to support the level of care
- **Two of the three of the components at the same level or higher to support the level of care**
- The history and exam must be appropriate to the patient's presenting problem

History Audit Sheet

- HPI: Chief Complaint –Reason for encounter
  - Location – specific to area of the body
  - Quality – describe the pain – dull sharp; wound jagged, dirty or clean
  - Severity – measure on a scale
  - Duration- how long, since when, etc
  - Context- how complaint occurred
  - Modifying factor- what has alleviated symptoms
  - Signs and symptoms – additional information from patient

History Audit Sheet

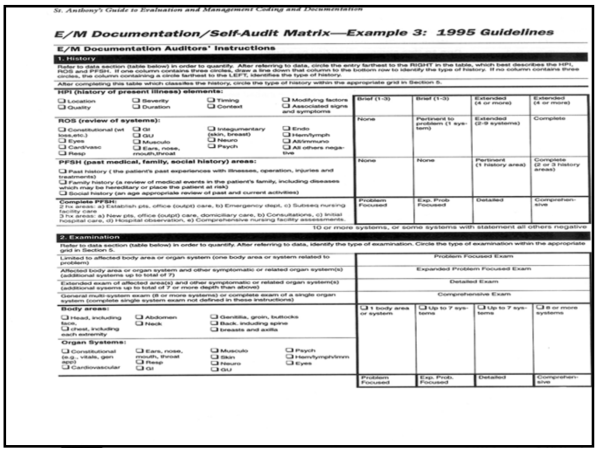
- Review of Systems:
  - Ten are required for a complete ROS
  - Pertinent positives and negatives must be documented
  - A notation of negative for the remaining review of systems may be documented for the remaining systems
  - Can be documented by staff patient
  - Must be reviewed by physician
  - Can be separate or part of the HPI
  - Cannot use one statement in both categories

History Audit Sheet

- Past, Family and Social History:
  - Past – Events in the patient's past medical/surgery history
  - Family – Diseases that impact patient's health
  - Social - Factors which are age appropriate that impact from an environmental and social pattern

Exam Audit Sheet

- The 1995 guidelines or the 1997 guidelines can be used for documentation
- Allergy has a specific exam for the specialty
- Abnormal findings must be described
- Normal findings can be indicated by negative



St. Anthony's Guide to Evaluation and Management Coding and Documentation

E/M Documentation/Self-Audit Matrix—Example 3: 1995 Guidelines

E/M Documentation Auditors' Instructions

1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the RIGHT in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the LEFT, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

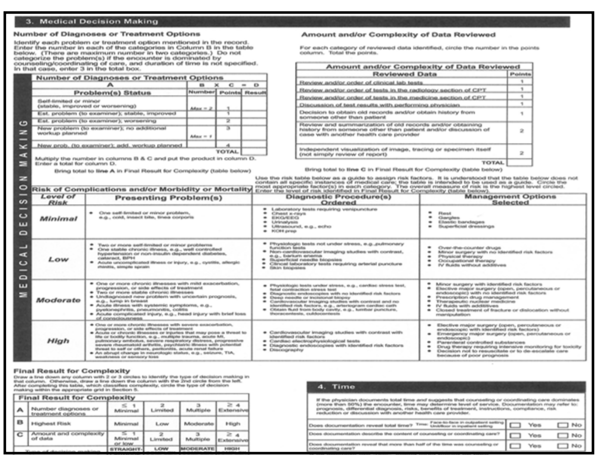
HPI (history of present illness) elements: ❑ Location ❑ Quality ❑ Severity ❑ Duration ❑ Timing ❑ Context ❑ Modifying factors ❑ Associated signs and symptoms	Brief (1-3)	Brief (1-3)	Extended (4 or more)	Extended (4 or more)
ROS (review of systems): ❑ Constitutional (wt loss,etc.) ❑ Eyes ❑ Card/vasc ❑ Resp ❑ GI ❑ GU ❑ Musculo ❑ Ears, nose, mouth,throat ❑ Integumentary (skin, breast) ❑ Neuro ❑ Psych ❑ Endo ❑ Hem/lymph ❑ All/immuno ❑ All others negative	None	Pertinent to problem (1 system)	Extended (2-9 systems)	Complete
PFSH (past medical, family, social history) areas: ❑ Past history (the patient's past experiences with illnesses, operation, injuries and treatments) ❑ Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) ❑ Social history (an age appropriate review of past and current activities)	None	None	Pertinent (1 history area)	Complete (2 or 3 history areas)
Complete PFSH: 2 hx areas: a) Establish pts, office (outpt) care, b) Emergency dept, c) Subseq nursing facility care 3 hx areas: a) New pts, office (outpt) care, domiciliary care, b) Consultations, c) Initial hospital care, d) Hospital observation, e) Comprehensive nursing facility assessments.	Problem Focused	Exp. Prob Focused	Detailed	Comprehensive

10 or more systems, or some systems with statement all others negative

2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.

Limited to affected body area or organ system (one body area or system related to problem)	Problem Focused Exam			
Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)	Expanded Problem Focused Exam			
Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional sysems up to total of 7 or more depth than above)	Detailed Exam			
General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single system exam not defined in these instructions)	Comprehensive Exam			
Body areas: ❑ Head, including face, ❑ chest, including each extremity ❑ Abdomen ❑ Neck ❑ Genitilia, groin, buttocks ❑ Back, including spine ❑ breasts and axilla **Organ Systems:** ❑ Constitutional (e.g., vitals, gen app) ❑ Cardiovascular ❑ Ears, nose, mouth, throat ❑ Resp ❑ GI ❑ Musculo ❑ Skin ❑ Neuro ❑ GU ❑ Psych ❑ Hem/lymph/imm ❑ Eyes	❑ 1 body area or system	❑ Up to 7 systems	❑ Up to 7 systems	❑ 8 or more systems
	Problem Focused	Exp. Prob. Focused	Detailed	Comprehensive



3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.) Do not categorize the problem(s) if the encounter is dominated by counseling/coordinating of care, and duration of time is not specified. In that case, enter 3 in the total box.

Number of Diagnoses or Treatment Options			
A	B ×	C =	D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New prob. (to examiner); add. workup planned		4	
		TOTAL	

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to **line A** in Final Result for Complexity (table below)

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to **line C** in Final Result for Complexity (table below)

Risk of Complications and/or Morbidity or Mortality

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, e.g.,pulmonary function tests • Non-cardiovascular imaging studies with contrast, e.g., barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Minor surgery with no identified risk factors • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, e.g., lump in breast • Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis • Acute complicated injury, e.g., head injury with brief loss of consciousness	• Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath • Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous or endoscopic with identified risk factors) • Emergency major surgery (open, percutaneous or endoscopic) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
		STRAIGHT-	LOW	MODERATE	HIGH

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? Time: Face-to-face in outpatient setting Unit/floor in inpatient setting	❑ Yes	❑ No
Does documentation describe the content of counseling or coordinating care?	❑ Yes	❑ No
Does documentation reveal that more than half of the time was counseling or coordinating care?	❑ Yes	❑ No

CONSULT-HOSPITAL	**99251**	**99252**	**99253**	**99254**	**99255**
CONSULT-3 of 3	**99241**	**99242**	**99243**	**99244**	**99245**
NEW PT- 3 of 3	**99201**	**99202**	**99203**	**99204**	**99205**
HISTORY					
CHIEF COMPLAINT	Required	Required	Required	Required	Required
HX of PRESENT ILL	Brief***(1-3)***	Brief***(1-3)***	Extended**(4+)**	Extended**(4+)**	Extended**(4+**
REVIEW OF		Problem	Extended	Complete	Complete
SYSTEMS		Pertinent **(1)**	(**2-9** System)	(**10 +** system)	(**10+** system)
PAST HX			Pertinent-1	Complete-1ea	Complete-1ea
FAMILY HX			Pertinent-1	Complete-1ea	Complete-1ea
SOCIAL HX			Pertinent-1	Complete-1ea	Complete-1ea
	Perform/	Perform/	Perform/	Perform/	Perform
EXAM	document	document	document	document	document
	1-5 elements	at least **6**	at least **12**	all elements:	all elements:
		elements	elements	all elem-shade	all elem -shade
				1 ele-unshaded	1 ele-unshaded
MED. DEC MAKING	***(2 of the 3 must be met or exceeded)***				
MGMT OPT. & DX.	Minimal (1)	Minimal (1)	Limited (2)	Multiple (3)	Extensive(4)
AMT DATA &COMPLEX	Minimal(1)	Minimal (1)	Limited (2)	Moderate (3)	Extensive(4)
RISK OF COMPLICAT.	Minimal	Minimal	Low	Moderate	High

ESTABLISH PT					
2 OF 3	**99211**	**99212**	**99213**	**99214**	**99215**
HISTORY					
CHIEF COMPLAINT	Required	Required	Required	Required	Required
HX PRESENT ILL.		Brief	Brief	Extended	Extended
SYSTEM REVIEW			Prob. Pertinent	Extended	Complete
PAST HISTORY				Pertinent-1	Complete:
FAMILY HISTORY				Pertinent-1	Choice of 2
SOCIAL HISTORY				Pertinent-1	ele PFS Hx.
		Perform/	Perform/	Perform/	Perform/
EXAM		document	document	document	document
		1-5 elements	at least **6**	at least **12**	all elements:
			elements	elements	all elem-shade
					1 ele-unshaded
MED. DEC MAKING					
MGMT/OPTION DX		Minimal (1)	Limited (2)	Multiple (3)	Extensive(4)
AMT DATA/COMPLEX		Minimal(1)	Limited(2)	Moderate(3)	Extensive(4)
RISK OF COMPLICAT.		Minimal	Low	Moderate	High

Case Studies

Case CL

Patient: 1
Date of Birth xx/xx/xx
Date: 06/15/16 Time: 08:45 AM
Historian: mother
Visit Type: Office Visit

Case CL- History of Present Illness

1. Follow up visit for milk and egg allergy

This is a now 2-year-old male with documented milk and egg hypersensitivity and associated atopic dermatitis last year. He has tolerated daily baked milk and egg exposure for 1 year with associated improvement of skin rash. There are no signs of other atopic disease problems. He has no asthma or AR complaints. Mom reports that cheese products have been ingested without reaction. She requests repeat milk and egg tests to determine if diet can be liberalized.

Case CL-Review of Systems

System	Negative/Positive	Details
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain and weight loss.
ENMT	Negative	Dysphagia, ear drainage, esotropia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea, and sneezing.
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss.
Respiratory	Negative	Cough, dyspnea, known TB exposure, sputum, stridor, use of accessory muscles for respirations and wheezing.
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Abdominal pain, constipation, decreased appetite, diarrhea, nausea, reflux and vomiting
Neuro	Negative	Headache
Integumentary	Negative	Acne, pruritus, rash and skin lesion
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia

Case CL – Vital signs

Time	BP mm/Hg	Pulse/ min	Resp/ min	Temp F	Ht ft	Ht in	Wt lb	Wt kg	Weight %	BSA m2	O2 Sat %
8:48 AM							29.00	13.154	61		

Case CL-Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed, age appropriate, playful, interactive
Eyes	Normal	Conjunctiva-Right: Normal, Left: Normal. Pupil – Right: Normal, Left: Normal.
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal.
Nose/Mouth/Throat	Normal	Lips/teeth/gums – Normal. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal
Respiratory	Normal	Auscultation – Normal. Effort – Normal
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation – Normal. No abdominal tenderness.
Skin	Normal	Inspection – Normal.

Case CL- Office Diagnostics, Procedures/Services

Order	Interpretation	Result
Percutaneous Allergy Skin Tests-Foods	Negative	Repeat scratch tests to both commercial and natural milk & egg extracts were negative demonstrating loss of hypersensitivity

Case CL – Percut Allergy Skin Test

	06/01/2015 Commercial Extracts		06/10/2016 Retest 1	
Allergen: Concentration: Extract	**W**	**F**	**W**	**F**
VII. FOODS				
Milk 1:20 G	6	20	0	3
Egg 1:20 G	5	15	0	3
Wheat 1:20 G	0	0		
Peanut 1:20 G	0	0		
Tuna 1:20 AK	0	0		
Cod 1:20 AK	0	0		
Fresh milk			0	3
Natural egg			0	3

Negative : HAS AERO, AK	0	0
Positive: Histamine 1mgm/ml C	5	15

Case CL – Assessment/Plan

Description

1. Allergy to eggs (Z91.012)

The patient is no longer allergic to milk and egg.

Dietary restrictions are no longer needed. No special treatment or precautions are suggested

The patient had the following procedure (s) completed today Percut Allergy Skin Tests-Foods.

2. Allergy to milk products (Z91.011)

Actual Coding Used for MG Cases: Case CL

- CPT Codes: 99213 (Level 3 Office visit); 95004(percutaneous skin tests) x 6 units;
- ICD 10 Codes: Z91.012(Status Egg allergy); Z91.011 (Status milk allergy)

Case KP

Patient: 2
Date of Birth xx/xx/xx
Date: 06/15/16 Time: 09:30 AM
Historian: parents
Visit Type: Office Visit

Case KP- History of Present Illness

CC: Possible Penicillin allergy

This 23-month-old female is brought in by her parents, who were referred by Dr. Xxx for Penicillin testing.

Mrs. P has a history of severe anaphylaxis 8 years ago following injection of Penicillin with surgery (despite a history of past Penicillin allergy). Unfortunately she reports that KP had 1 dose of Amoxicillin in January for treatment of bilateral otitis media and became lethargic without any hives. Mrs. P called the patient's pediatrician who reassured Mrs. P, but switched her to a 10 day course of Cefdinir which according to Mrs. P, the patient tolerated well. However, in April, the patient had a second ear infection that led to treatment again with Cefdinir which triggered hives after 2 days. The patient broke out in a diffuse rash without swelling, wheezing or SOB. No medication was given after the hives and symptoms resolved.

KP was referred in to clarify presence of immediate hypersensitivity.

The patient is otherwise doing well, is playful and active in the examination room.

HPI for KP, Continued

Dad is a high school science teacher. Mom works as a practice administrator for a veterinary clinic.
We discussed the pros and cons of testing procedure and agreed to perform the test and challenge after the mother expressed understanding of the elective procedure.
Both scratch and intradermal allergy skin tests to the pre-penicillin mixture, penicillin G at 10,000 units/mL, and ampicillin at 12.5 mg/mL , and cefazolin were placed with no reactions seen to the allergy test.
An oral challenge with penicillin VK was given in the office in split doses with a total of 90 minute observation period with no reaction.
To prove that there will not be a delayed hypersensitivity reaction to an oral penicillin treatment, Amoxicillin will be given as an outpatient at 250 mg twice a day for 10 days sometime in the future.

Case KP – Social History

Tobacco Status	No smokers in the home
Siblings	No siblings
Environment	Forced hot air heating system
Animals	1 dog

Case KP-Review of Systems

System	Negative/Positive	Details
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain and weight loss.
ENMT	Negative	Dysphagia, ear drainage, esotropia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea, and sneezing.
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss.
Respiratory	Negative	Cough, dyspnea, known TB exposure, sputum, stridor, use of accessory muscles for respirations and wheezing.
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Abdominal pain, constipation, decreased appetite, diarrhea, nausea, reflux and vomiting
Neuro	Negative	Headache
Integumentary	Positive	Hives
Integumentary	Comments	Hives are reportedly associated to ingestion of Cefdinir
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia
Allergic/Immuno	Positive	Animals at home (Animals include dogs)

Case KP – Vital signs

Time	BP mm/Hg	Pulse/ min	Resp/ min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	Weight %	BSA m2	O2 Sat %
9:34 AM					2.0	11.59	90.17	30.00	13.608	91		

Case KP-Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed, age appropriate, playful, interactive
Eyes	Normal	Conjunctiva-Right: Normal, Left: Normal. Pupil – Right: Normal, Left: Normal.
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal.
Nose/Mouth/Throat	Normal	Lips/teeth/gums – Normal. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal
Respiratory	Normal	Auscultation – Normal. Effort – Normal
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation – Normal. No abdominal tenderness.
Skin	Normal	Inspection – Normal.

Case KP – Medications

Medication	Directions
Amoxicillin 250 mg/5 ml oral suspension	Take 5 milliliters by oral route every 12 hours

Case KP- Office Diagnostics, Procedures/Services

Order	Interpretation	Result
Percutaneous Allergy Skin Tests-Antibiotic	Negative	Both scratch and intradermal allergy skin tests to the pre-Penicillin mixture, Penicillin G at 10,000 unites/mL, and Ampicillin at 12.5 mg/mL, and Cefazolin solution were placed with no reactions seen to the allergy test. An oral challenge with Penicillin VK was given in the office.

Testing results & Challenge Flow chart

- Scratch & ID allergy tests for Penicillin derivatives & Cephalosporin ID charted in EHR
- Split oral challenge with symptom reporting documented over a 95 minute period (in EHR)

Case KP – Assessment/Plan

Description

1. Allergy status to PCN (Z88.0)

In light of negative skin testing and a negative oral challenge, this patient has demonstrated she is not allergic to Penicillin. No restriction of this family of antibiotics is necessary, if the she tolerates the week long Amoxicillin challenge.

The patient had the following procedure(s) completed today Percut Allergy Skin Tests- Antibiotic.

2. Family history of other specified conditions (Z84.89)

Mother has an anaphylactic reaction to Penicillin but I reassured her that specific reactivity is not familial passed on.

3. Allergic Urticaria (L50.0)

Skin rash in April could be related to infection or Cephalosporin exposure. Would avoid Cephdinir until controlled challenge is elected (after Amoxicillin challenge is complete)

Actual Coding Used for MG Cases: Case KP

- CPT Codes: 99243 (Level 3 New consult); 95018(Biologic/drug skin tests) x14 units; 95076 (Oral challenge) first 2 hrs.
- ICD 10 Codes: Z88.0 (Status Penicillin allergy); Z84.89 (Family hx of other unspecified condition); L50.0 (Allergic urticaria)

Case AG

Patient: 3
Date of Birth xx/xx/xx
Date: 06/15/16 Time: 10:15 AM
Historian: self
Visit Type: Office Visit

Case AG- History of Present Illness

1. Worsening asthma and nasal ocular inflammation

This 28-year-old female, who works as a children crisis clinician, presents for evaluation of GI issues over the past three years and progressively worsening asthma symptoms. She describes that for years she has been experiencing nausea, abdominal bloating and HAs. She was evaluated by a GI specialist and after an endoscopy, was told that she has inflammation seen which was "related to food reactivity" although it is NOT clear that celiac disease changes were noted. She was then referred to a Naturopath who did an IgG and IgE specific antibody tests. The test revealed IgE specific antibodies against dog dander and dust mites only with NO reactivity to any food. The IgG specific antibody test (which I feel strongly has NO clinical benefit or information) was reactive to a wide list of foods (which would be seen if exposure to any food ever occurred) and was told to avoid all the foods listed.

Case AG - HPI continued

Unfortunately the diet restriction, which was difficult to follow provided NO BENEFIT. She informs that the Naturopath recommended specifically removing vanilla and dairy from her diet but the patient does not think she was successful at avoiding these foods.

The patient also notes that she has had more frequent SOB and wheezing episodes. In the past she only had these symptoms with exercise. She is looking to have inhaler prescription renewed. She does not have nocturnal complaints.

She is otherwise doing well. She lives with her cat and husband who is self employed.

I did agree to place allergy skin tests to milk, wheat, vanilla and dog & dust mite to demonstrate whether immediate hypersensitivity reaction will be seen.

Case AG-Review of Systems

System	Negative/Positive	Details
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain and weight loss.
Constitutional	Positive	Fatigue. The patient reports feeling fatigued lately
. ENMT	Negative	Dysphagia, ear drainage, esotropia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea, and sneezing.
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss.
Respiratory	Negative	Known TB exposure, sputum, stridor, use of accessory muscles for respirations.
Respiratory	Positive	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Constipation, decreased appetite, diarrhea, reflux and vomiting
GI	Positive	Abdominal pain, Bloating, and Nausea.
Neuro	Negative	Headache
Integumentary	Negative	Acne, pruritus, rash and skin lesion
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia

Case AG– Vital signs

Time	BP mm/Hg	Pulse/ min	Resp/ min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	Weight %	BSA m2	O2 Sat %
10:22 AM					5.0	1.00	154.94	125.00	56.69			

Case AG-Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed, age appropriate, playful, interactive
Eyes	Normal	Conjunctiva-Right: Normal, Left: Normal. Pupil – Right: Normal, Left: Normal.
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal.
Nose/Mouth/Throat	Normal	Lips/teeth/gums – Normal. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal
Lymph Detail	Normal	No cervical or supraclavicular adenopathy
Respiratory	Normal	Auscultation – Normal. Effort – Normal
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Vascular	Normal	Pulses- Dorsalis Pedis: Normal
Abdomen	Normal	Inspection - Normal. Auscultation – Normal. No abdominal tenderness.
Skin	Normal	Inspection – Normal.

Case AG – Medications

Medication	Directions
Budesonide 32 mcg/actuation nasal spray	Spray 2 sprays by intranasal route every day in each nostril
Montelukast 10 mg tablet	Take 1 tablet by oral route every day in the evening
ProAir HFA 90 mcg/actuation aerosol inhaler	Inhale 2 puff by inhalation route every 4 – 6 hors as needed

Case AG-Office Diagnostics, Procedures/Services

Order	Interpretation	Result
Percutaneous Allergy Skin Tests-Environmental	Positive	The patient had an environmental skin test positive for dog dander and dust mite hypersensitivity
Percutaneous Allergy Skin Tests-Foods	Negative	The patient had a food skin test negative for Vanilla, Milk and Wheat hypersensitivity

Testing results

- Scratch & ID allergy tests for food and environmental allergens charted in her EHR

Case AG – Assessment/Plan

Description

1. Perennial Allergic rhinitis (J30.89)

ongoing congestion and exposure to multiple environments suggest benefit for treatment with nasal steroid spray daily.
I recommended using Rhinocort spray 1 squirt per nostril once a day.

The patient had the following procedure(s) completed today Percut Allergy Skin Tests- Antibiotic.

2. Mild persistent asthma, uncomplicated (J45.30).

The patient had a Spirometry test. I explained the results of the test to the patient.
I recommended treating preventatively with Singulair daily in the afternoon. She was also instructed to use her Albuterol inhaler when needed.

Case AG – A/P continued

3. Allergic rhinitis due to dog dander (J30.81).

I recommended avoidance.

The patient had the following procedure(s) completed today Percut Allergy Skin Tests- Environmental.

Case AG – A/P continued

4. Abdominal pain (R10.9).

It is unclear what is the etiology behind the GI symptoms. Celiac disease is an inflammatory bowel disease that is not related to IgE specific antibodies to gluten, but is linked to bowel inflammation if gluten is ingested. This diagnosis apparently still might be present. However I am confident in stating that the GI symptoms are NOT related to immediate Hypersensitivity to any food at this time and anaphylaxis is not an issue..
I recommended an elimination diet with a focus on eliminating common foods such as wheat, corn, eggs, and milk for 1 week or two at a time. She was also given instructions on a gluten free diet.

Although there is NO IgE mediated disease , I did encourage a trial of dietary manipulation, and concomitant Symptom scoring to allow the parent to determine if specific dietary restriction is helpful. The diet restriction would not be harmful.

The patient had the following procedure(s) completed today Percut Allergy Skin Tests- Foods.

Actual Coding Used for MG Cases: Case AG

- CPT Codes: 99203 (Level 3 New OV); 95004 (Percutaneous skin tests) 7 units; 94060 (Pre & Post bronchodilator spirometry)
- ICD 10 Codes: J45.30 (Mild persistent asthma); J30.89 (perennial AR); R10.9 (Abdominal pain)

Case JM

History of Present Illness

- JM returns to review her status for both the atopic dermatitis and asthma. She had to discontinue allergy desensitization therapy in the fall because of inconvenience of treatment. Unfortunately, she did not feel that the allergy shots actually help her skin problems but actually potentially made it worse. She did feel the respiratory symptoms were improved however with the shots. She now feels that she's having increased respiratory problems with coughing or shortness of breath related to viral infections. She still an active lacrosse coach exposing himself to pollen allergens on a regular basis while coaching her team. She is experiencing more shortness of breath and was wondering if we could switch away from:

HPI continued

- Symbicort which isn't controlling her respiratory symptoms. Her skin problems are stable although a chronic eczema is an ongoing issue. She is followed closely by dermatologist who was treating her with phototherapy. She continues on the variety of steroid creams on a regular basis as well.
- There are no other new exposures that would account for symptoms

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain, and weight loss
ENMT	Negative	Dysphagia, ear drainage, esotrophia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea and sneezing
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss
Respiratory	Positive	Cough, dyspnea, wheezing
Respiratory	Negative	Known TB exposure, sputum, stridor, use of accessory muscles for respirations
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Abdominal pain, constipation, decreased appetite, diarrhea, nausea, reflux and vomiting
Neuro	Negative	Headache
Integumentary	Positive	Pruritus, Rash, skin lesion
Integumentary	Negative	Acne
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed
Eyes	Normal	Conjunctiva - Right: normal, Left: normal. Pupil – right: Normal, Left. Normal. Fundus – Right: Normal, Left: Normal
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal. Hearing – Right: Normal, Left: Normal
Nose/Mouth/Throat	Normal	External nose – Normal. Nares – Right: Normal, Left: Normal. Nasal Mucosa – Normal. Turbinates – Right: Normal, Left: Normal. Lips/Teeth/Gums – Normal. Buccal mucosa – Normal. Breathe odor – None. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal. Palpation – Normal. Thyroid Gland – Normal.
Lymph detail	Normal	No cervical or supraclavicular adenopathy
Breast	Normal	Inspection – Bilateral: Normal. Palpation – Bilateral: Normal
Respiratory		Inspection: Normal. Auscultation – Normal. Effort – Normal
Cardiovascular		Regular rate and rhythm. No murmurs, gallops, or rubs
Vascular		Pulses – Dorsalis pedis: Normal
Abdomen		Inspection – Normal. Auscultation – Normal. No abdominal tenderness. No hepatic enlargement. No spleen enlargement.
Skin	Comments	Chronic changes from chronic eczema involving the face and chest and arms. She's had severe erythema of the skin of her face which she feels has been stable. Excoriations and papules on the arms again raises my concerns about possible skin infections
Musculoskeletal		Visual overview of all four extremities is normal
Extremity		No edema
Neurological		Memory – Normal. Sensory – Norma. DTRs – Normal
Psychiatric		Orientation – Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgement.

Medications

- Albuterol sulfate 0.63 mg/3 mL solution for nebulization; inhale 1 cartrige by oral route 4 times per day
- Breo Ellipta 200 mcg-25 mcg/dose powder for inhalation; inhale 1 puff for inhalation route every day at the same time each day
- Cephalexin 750 mg capsule; take 1 capsule by oral route 2 times every day
- Elidel 1% topical cream
- Folic Acid
- Hydroxyzile HCl
- Ipratropium-albuterol 0.5 mg- 3 mg (2.5 mg base)/ 3 mL nebulization solution; inhale 3 mL by nebulization route every 8 hours
- Mometasone 0.1% topical ointment; apply by topical route every day a thin layer to the affectd area(s)
- Montelkast 10 mg tablet, take 1 tablet by oral route every day in the evening
- ProAir HFA 90 mcg/actuation aerosol inhaler; inhale 2 puffs by inhalation route 4-6 hours as needed
- Valtrex
- Zyrtec

Impression & Plan

- Moderate persistent asthma, uncomplicated (J45.40)
  - Because of the increased respiratory problems and recommend changing therapy. I would suggest trying Montelukast pills 10 mg daily to see if this brings about improvement, and a trail of Breo, 200/25 was given in place of the Symbicort to be used daily.
- Atopic Dermatitis, unspecific (L20.9)
  - Continue the conservative management of the skin as before
- Impetigo (L01.00)
  - Treating the overgrowth of bacteria again with a course cephalosporin (Keflex) was suggested. It's possible this would clear some chronic sinusitis that might be exacerbating the respiratory symptoms as well.

Actual Coding Used for MG Cases: Case JM

- CPT Codes: 99214 (Level 4 OV);
- ICD 10 Codes: J30.1 (Pollen allergy)

Case JMD

History of Present Illness

1. Facial Swelling

- 33-year-old female, referred by Dr. GB because of persistent rashes associated with vague malaise that has lead to severe patient anxiety. She had previously been seen by my partner Mick Bedard in 2015 because of concerns about insect venom allergy that proved NOT to be present. I agreed to consult for this new list of patient problems.
- She believes that the rashes might initially be due to possible allergic reaction although no specific linkage between reactivity and specific exposure have been noted. Two weeks ago she raised concerns that the rash was linked to "fungal infection" because she believed she recently had thrush with numbness of the tongue and white film on tongue. This was treated with Nystatin for 2 days. She reports she had to stop the Nystatin because of immediate reaction with possible lip angioedema blistering of the skin around the mouth. Even though she took only two days of Nystatin, she believes that her generalized popular rash improved and overall her rash and malaise were better.

HPI continued

- Clearly she describes a history of 2 separate skin reaction. For 10 months she reports a persistent popular rash over back and arm with central pustule, that do not burst or blister. The lesions linger and do not leave residual scars.
- She also describes recurrent facial flushing and erythema and itching WITHOUT hives were transient rash. The facial flushing rash is consistent with increased blood flow to the face and ears, and was associated with severe itching. She also reports that the facial flushing rash was initially noted in November. She began with episodes of hot and inflamed ears followed by intractable scalp itching. Additionally, in December she began to get night sweats which continued through January and February.

HPI continued

- Since the Nystatin doses she reports starting to feel better. However, she notes sporadic episodes of SOB with exercise with difficulty in filling her lungs with air which she reports exists over the last 6 months.
- In the last couple of months, she had a battery of lab test performed without a definitive diagnosis. According to her lab test there is no indication for obvious infection of inflammatory disease. The test results include the following:
- Glucose 100, +Anti Streptolysin 332, normal Paravirus titers, Normal CBC and metabolic panels, and normal immunoglobulins, negative celiac lab work up
- Negative dsDNA, low ANA, Low CRP, Low ESR, Low CH50, low C3c, C4C normal, low cyclin peptide, TSH is in normal range, Lyme is normal
- Dr. GB asked me to review the case because of patient anxiety related to the tongue and lip discomfort and facial flushing and persistent unexplained popular and shoulder rash

Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Night Sweats
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain, and weight loss
ENMT	Negative	Dysphagia, ear drainage, esotrophia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea and sneezing
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss
Respiratory	Positive	Cough, dyspnea, pleuritic pain
Respiratory	Negative	Known TB exposure, sputum, stridor, use of accessory muscles for respiratory and wheezing
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Abdominal pain, constipation, decreased appetite, diarrhea, nausea, reflux and vomiting
Neuro	Negative	Headache
Integumentary	Positive	Pruritus, skin lesion
Integumentary	Negative	Ache and rash
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia

Office Diagnostics

Pre_fvc	Pre_FEV1	Interpretation
4.012	3.149	Normal Spirometry although flow rates slightly obstructed, with some FEF 25-75 after bronchodilator, although NOT statistically significant. This does support trial of bronchodilators.

Vital Signs

Time	BP	Pulse	Resp	Temp F	Ht in	Ht cm	Wt lb	Wt kg	BMI
4:34 pm	122/84				5.0	60.0	153.0	64.4	24.69

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed
Eyes	Normal	Conjunctiva - Right: normal, Left: normal. Pupil – right: Normal, Left. Normal. Fundus – Right: Normal, Left: Normal
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal. Hearing – Right: Normal, Left: Normal
Nose/Mouth/Throat	*	Tongue – brownish film posterior
Nose/Mouth/Throat	Normal	External nose – Normal. Nares – Right: Normal, Left: Normal. Nasal Mucosa – Normal. Turbinates – Right: Normal, Left: Normal. Lips/Teeth/Gums – Normal. Buccal mucosa – Normal. Breathe odor – None. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal. Palpation – Normal. Thyroid Gland – Normal.
Lymph detail	Normal	No cervical or supraclavicular adenopathy
Breast	Normal	Inspection – Bilateral: Normal. Palpation – Bilateral: Normal
Respiratory		Inspection: Normal. Auscultation – Normal. Effort – Normal
Cardiovascular		Regular rate and rhythm. No murmurs, gallops, or rubs
Vascular		Pulses – Dorsalis pedis: Normal
Abdomen		Inspection – Normal. Auscultation – Normal. No abdominal tenderness. No hepatic enlargement. No spleen enlargement.
Skin	Comments	Skin generally clear with no dramatic perioral rash. Scattered raised papules on shoulders and back with central "blackhead" and central peeling around the black head.

Medications

- Montelukast 10 mg tablet; take 1 tablet by oral route every day in the evening
- Ranitidine 150 mg tablet; take 1 tablet by oral route 2 times every day

Impression & Plan

- Dermatitis (L30.9)
  - I do not know the etiology behind the ongoing popular rash. I fell Mrs. McCann Dineen needs to see a dermatologist who hopefully will biopsy one of those persistent lesions to discover pathophysiology explanation.
  - Although I felt the skin flushing was related to vascular irritability AND NOT allergic in nature I did suggest symptomatic relief treatment to stop the itching.
  - Fexofenadine 180 mg once a day in the morning or Cetirizine 10 mg once a day at night.
- Thrush (B37.9)
  - She should have the film on her tongue cultured for fungal growth to clarify thrush is present
- SOB (R06.02)
  - The patient had a spirometry test in our office today to determine if bronchospasm is present. It did not show clear dramatic obstruction but there was some improvement of flow rates.
  - Try Montelukast 10 mg daily to see if respiratory complaints resolve.
- GERD w/o esophagitis (K21.9)
  - I suspect that the patient's symptoms could be related to reflux. We will try a reflux medication and see if she has improvements.
  - Rantitdine 150 mg twice a day
- Pruritus, unspecified (L29.9)
  - Fexofenadine 180 mg once a day in the morning or Cetirizine 10 mg once a day at night

Actual Coding Used for MG Cases: Case JM-D

- CPT Codes: Wanted to use "Established Pt with New Consult" but Medicaid doesn't recognize that code, so billed 99215(Level 5 office visit);
- ICD 10 Codes: B37.9(Thrush); R06.02(SOB);L29.9 (Pruritis); L23.9 (Unspecified dermatitis); K21.9 GE reflux

Patient SS

Seen on 5/25/2016

History of Present Illness

- Patient SS, 68-year-old male with hx of allergic rhinitis to pollen, DM, atherosclerosis, presents for a follow up visit for chronic steroid dependent urticaria. The patient was last seen in October. I had tried tapering Prednisone but the patient had breakthrough symptoms. In the past I had also attempted Xolair for the patient which was approved but too expensive for the patient and he elected not to do it. Since then, he continues to be steroid dependent. He recently reduced the Prednisone dose and is now taking 5 mg daily. He additionally is taking Cetirizine and Zantac daily. He notes significant improvement with these medications. He reports doing well, he has lost weight and blood sugar is doing better. He has been taking calcium supplements and getting routine blood work. His recent blood test normal. He denies nocturnal complaints.

Review of Symptoms

System	Neg/Pos	Details
Constitutional	Negative	Chills, decreased activity, fever, fussiness, irritability, lethargy, weight gain, and weight loss
ENMT	Negative	Dysphagia, ear drainage, esotrophia, hearing loss, nasal congestion, otalgia, pharyngitis, rhinorrhea and sneezing
Eyes	Negative	Eye discharge, eye redness, tearing and vision loss
Respiratory	Negative	Cough, dyspnea, pleuritic pain, Known TB exposure, sputum, stridor, use of accessory muscles for respiratory and wheezing
Cardio	Negative	Chest pain, irregular heartbeat/palpitations and syncope
GI	Negative	Abdominal pain, constipation, decreased appetite, diarrhea, nausea, reflux and vomiting
Neuro	Negative	Headache
Integumentary	Negative	Ache and rash
MS	Negative	Bone pain, joint pain, joint swelling, muscle weakness and myalgia

Vital Signs

Time	BP	Pulse	Resp	Temp F	Ht in	Ht cm	Wt lb	Wt kg	BMI
2:27 pm	120/70				5.0	9.0	175.2	111.13	36.18

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed
Eyes	Normal	Conjunctiva - Right: normal, Left: normal. Pupil – right: Normal, Left. Normal. Fundus – Right: Normal, Left: Normal
Ears	Normal	Inspection – Right: Normal, Left: Normal. Canal – Right: Normal, Left: Normal. TM – Right: Normal, Left: Normal. Hearing – Right: Normal, Left: Normal
Nose/Mouth/ Throat	Normal	External nose – Normal. Nares – Right: Normal, Left: Normal. Nasal Mucosa – Normal. Turbinates – Right: Normal, Left: Normal. Lips/Teeth/Gums – Normal. Buccal mucosa – Normal. Breathe odor – None. Tonsils – Normal. Oropharynx – Normal.
Neck Exam	Normal	Inspection – Normal. Palpation – Normal. Thyroid Gland – Normal.
Respiratory	Normal	Inspection: Normal. Auscultation – Normal. Effort – Normal
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs
Abdomen	Normal	Inspection – Normal. Auscultation – Normal. No abdominal tenderness. No hepatic enlargement. No spleen enlargement.
Skin	Normal	Inspection - Normal
Musculoskeletal		Visual overview of all four extremities is normal
Extremity	Normal	No edema

Medications

- AndroGel 20.25 mg/1.25 gram (1.62%) Transdermal Gel Pump; apply (20.25 mg) by topical route every day in the morning to each upper arm and should for a total dose of 40.5 mg
- Aspirin 325 mg tablet; take 1 tablet (325 mg) by oral route every day
- Cetirizine 10 mg tablet; take 1 tablet (10 mg) by oral route every day
- Cograd; instill 1 drop by ophthalmic route every 12 hours into affected area
- Gabapentin; take 1 tablet by oral route every day
- Insulin aspart 100 until/mL Sub Q Pen; injected by subcutaneous route as per insulin sliding scale protocol
- Levemir 100 until/mL subcutaneous solution; inject subcutaneous route per prescriber's instructions. Insulin dosing requires individuation
- Losartan 50 mg tablet; take 1 tablet by oral route every day
- Nasonex 50 mcg nasal spray; spray 2 squirts per nostril every day or as needed in the spring
- Plavix
- Prednisone 1 mg tablet; take 1-4 tabs (1mg) by oral route every day taper as directed and able as needed for urticaria;
- Prednisone 1 mg tablet; take 1-4 tabs (1mg) by oral route every day taper as directed and able as needed for urticaria;
- Prednisone 5 mg tablet; take 1-4 tabs by mouth every day –taper as directed and able as needed for urticaria;
- Ranitidine 150 mg capsule; take 1 capsule (150mg) by oral route 2 times every day
- Trazadone

Assessment/Plan

- Allergic rhinitis due to pollen (J30.1)
  - The patient should continue his Cetirizine and Zantac as before
- Type 2 Diabetes mellitus with unspecified complications
- Drug-induced adrenocortical insufficiency (E27.3)
  - The patient is steroid dependent. The patient was instructed to continue taking calcium supplements. I will follow up with him in 6 months.
- Idiopathic urticaria (L50.1)

TT1

Actual Coding Used for MG Cases: Case SS

- CPT Codes: 99213 (Level 3 OV);
- ICD 10 Codes: L50.0 (Allergic Urticaria)
- MG wanted to also diagnose steroid dependence (E11.8) and Diabetes (E27.3), Atherosclerosis (L25.810), Seasonal AR (J30.1) but biller didn't send those in –left off superbill

Slide 93

TT1 The E 11.8 is not addresssed in body of note. The E27.3 requires an additional code to indicate medication causing the dependence. What about eh allergic urticaria?
Teresa Thompson, 6/20/2016

Questions

- Thank you