

MCCG212-Advanced ICD Diagnostic Coding

Week 6 Medical Necessity Scenario

Susan Colatosti

- 1.) After reading the scenario about Amy visiting her gynecologist for her annual visit, and Amy had some concerns about her painful cramps during the time of her period as well as an abnormally heavy flow. She was also worried that she might pass out at work due to how weak she feels at times. The way I feel this scenario should be diagnosed is as follows:

N94.6- Dysmenorrhea, unspecified

The gynecologist has her coming back during her next period for lab work to check her iron levels. There wasn't a specific ICD-10-CM code for the abdominal ultrasound.

I feel that medical necessity has been met as best that could be, since the gynecologist is going to do a follow-up with Amy the next time, she is having her period to do blood work.

- 2.) After reading the scenario regarding Tina, the 60-year-old female who arrived at the urgent care clinic due to falling down her porch steps while chasing after her dog, and now is complaining of pain in her left ankle and lower calf. She also informed the provider that she has type 1 diabetes, and it is the time of day when she takes her random sugar count. The way I feel this scenario should be diagnosed is as follows:

M79.662-Pain in left lower leg.

T50.3X5- Random glucose

The physician did order a x-ray of Tina's left lower leg, but there isn't a ICD-10-CM code for the x-ray, but there is a CPT code that can be documented which would be 73600. Medical necessities were met in this scenario.

- 3.) In the scenario pertaining to Annmarie, the auditor, informing Dr. Jacob's should not be ordering the same test for every patient, I feel that as long as Dr. Jacob has a legitimate reason for why he ordered PSA test on his patient's then there shouldn't be a problem with him ordering the test. Doctors shouldn't be ordering unnecessary test. Being a phlebotomist, there are times when I am ordering patient's blood test and if they have recently had a specific test done recently, for instance a hemoglobin A1C, the computer will alert me. I will ask the patient if they want to refuse the test because their insurance

might not pay for it. I feel if the auditor notices that Dr. Jacob isn't coding for the test properly, then Annmarie would be correct in this scenario, and the Doctor shouldn't get paid.

- 4.) After reading the scenario, and according to what has been mentioned, I feel that the only one who has tried to resolve any relief to Karen's back pain is Karen herself. I feel her orthopedic specialist should have her try physical therapy, and other types of procedures before he moves forward with a spinal nerve ablation in her lower lumbar and sacral area. There are times insurance companies will refuse procedures right away without the physicians providing information showing other options they have tried.