



C/N: XXXXXXXX

SAMPLE CARDIOLOGY PEER REVIEW  
MEDICAL NECESSITY OF CHARGES & CODING

PATIENT: B, R  
INSURED: SAME  
I.D. NO: xxxxx

**CASE SUMMARY:**

54-year-old male who was seen on February 15, 2007 for evaluation. No history of angina, no history of MI. He has a history of increased lipids, erectile dysfunction, and increased PSA. No hypertension or diabetes mellitus and no history of smoking. One of the impression was Atypical Chest Pain. Most of the scribbling on this initial office visit were difficult to decipher as they were not legible. It appears that once he had chest pressure but no other description of the symptom.

He is on no medications except Viagra as needed. Blood pressure is 110/60. Electrocardiogram shows sinus rhythm with minor nonspecific S-T changes. The physical examination was negative. Labs were remarkable for a total cholesterol of 304, triglycerides of 163, LDL of 220 and an HDL of 51.

The following codes were billed:

- 99244 - initial office visit of moderate complexity.
- 93000 - 12 lead EKG.
- 93307 - 2-D echocardiogram, transthoracic.
- 93320 - Doppler echocardiogram with pulse wave and continuous wave.
- 93325 - Doppler echocardiogram with color flow velocity.
- 93015 - Treadmill stress test.
- 78465 - Tomographic SPECT imaging at rest and exercise.
- 78478 - Myocardial perfusion was wall motion.
- 78480 - Myocardial perfusion with ejection fraction.
- 36415 - Routine venipuncture.
- 99000 - Specimen handling.
- 99214 - Office visit for established patient with detailed history, detailed examination and moderate complexity decision-making.

**QUESTION FOR REVIEW:**

Medical necessity of all charges.

RE: B, R  
PAGE TWO

**DISCUSSION:**

This 54-year-old male presented with atypical symptom of chest pressure once with hyperlipidemia as the risk factor for coronary artery disease. There is no history of hypertension, no diabetes, no family history, and no history of smoking. The electrocardiogram did not have any changes that preclude adequate reading of the S-T segment. This showed minor, nonspecific S-T-T changes. This patient could be screened for coronary artery disease with a plane treadmill stress test (93015). 78465, A9500, 78478, and 78480 were not medically necessary. There was no information on the history or physical examination to justify the 2-D echocardiogram. So, 93307, 93320, and 93325 were not medically necessary.

Code 93000 for 12 lead echocardiogram was medically necessary.

The records did not include notes for office visit of March 5, 2007 and, therefore, 99214 for the date of service of March 5, 2007 could not be billed until this note is available. This code indicates that this is for an office visit for an established patient with detailed history, detailed examination, and moderate complexity decision making.

Therefore, 93015, 99244, 93000, 36415, and 99000 were medically necessary. But 93307, 93320, 93325, 78465, A9500, and 78480 were not medically necessary. 99214 can be allowed if office notes are available to warrant the code.

\*\*\*\*\*

The physician performing this review is Board Certified, American Board of Internal Medicine, Subspecialty in Cardiovascular Disease; Certified, Geriatric Medicine. She has been in practice since 1985. She also received her JD and was accepted to her State Bar in 1999.

The opinions rendered herein are based solely upon review of the written records and information submitted by the client for review and evaluation. No verbal information whatsoever is obtained or used during the retrospective review and evaluation process. PPR cannot be responsible for the accuracy of the information submitted for review. It is the sole responsibility of the client to provide PPR all information necessary for a thorough and objective review and opinion. A reconsideration of an opinion may be warranted and undertaken if the information submitted was incomplete, inaccurate or certain circumstances have changed. UCR database quotations are data-based and not contingent upon physician review.

This review was requested by and provided to a PPR client as consultatory information for use in conjunction with other relevant information; i.e., policy language including definitions, terms and provisions, and limitations and exclusions, that is available to and needed by the client in the adjudication of a claim. **Final responsibility for the adjudication of a claim remains solely with the client.**