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# PM&R Coding Companion

aaPM&R

American Academy of  
Physical Medicine and Rehabilitation

*Physicians Adding Quality to Life®*



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## Clinical Scenario

A 69-year-old right-handed female presents to the office describing a 6-month history of severe right hand paresthesias in a median nerve distribution. She is beginning to notice hand weakness and incoordination as well as nocturnal awakening secondary to the dysesthesias. A trial of nocturnal splinting, hand therapy and activity modification has not been beneficial.

Impression: Carpal tunnel syndrome

Intervention: Injection of right carpal tunnel with ultrasound-guided injection.

The reportable services include:

CPT/ Modifier	Description
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Medication is billed separately.

A separate written record of the ultrasound visualization procedure should be maintained in the patient record. Many ultrasound codes require the production and retention of image documentation. It is recommended that permanent images, either electronic or hardcopy, from all ultrasound services be retained in the patient record or sonographer's archive, even in those instances where the CPT code descriptor does not specifically require it.

## NCCI

G0463, J0670, J2000, J2001, 0232T, 10160, 11900, 20526, 20552, 20553, 29075, 29105, 29125, 29260, 29261, 29262, 29263, 29264, 29265, 29266, 29267, 29268, 29269, 29270, 29271, 29272, 29273, 29274, 29275, 29276, 29277, 29278, 29279, 29280, 29281, 29282, 29283, 29284, 29285, 29286, 29287, 29288, 29289, 29290, 29291, 29292, 29293, 29294, 29295, 29296, 29297, 29298, 29299, 29300, 29301, 29302, 29303, 29304, 29305, 29306, 29307, 29308, 29309, 29310, 29311, 29312, 29313, 29314, 29315, 29316, 29317, 29318, 29319, 29320, 29321, 29322, 29323, 29324, 29325, 29326, 29327, 29328, 29329, 29330, 29331, 29332, 29333, 29334, 29335, 29336, 29337, 29338, 29339, 29340, 29341, 29342, 29343, 29344, 29345, 29346, 29347, 29348, 29349, 29350, 29351, 29352, 29353, 29354, 29355, 29356, 29357, 29358, 29359, 29360, 29361, 29362, 29363, 29364, 29365, 29366, 29367, 29368, 29369, 29370, 29371, 29372, 29373, 29374, 29375, 29376, 29377, 29378, 29379, 29380, 29381, 29382, 29383, 29384, 29385, 29386, 29387, 29388, 29389, 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# Exam Templates

## EMG

[Patient Name]

[MRN]

[Date]

### REHABILITATION MEDICINE – NEW OUTPATIENT EMG EVALUATION

#### CHIEF COMPLAINT

#### HISTORY OF PRESENT ILLNESS

Context	
Duration	
Timing	
Severity	
Quality	
Location	
Modifying factors	
Associated signs	

#### REVIEW OF SYSTEMS

Constitutional	No fevers
Cardiovascular	No swelling in arms or legs
Gastrointestinal	No incontinence
Genitourinary	Normal voiding
Musculoskeletal	No joint swelling/redness/tenderness
Integumentary	No open wounds
Neurological	No numbness/tingling
Endocrine	No thyroid disease
Hem/Lymphatic	No cancer
All/Immunologic	No autoimmune disease

#### PAST MEDICAL HISTORY

#### PAST SURGICAL HISTORY

#### MEDICATIONS

#### ALLERGIES

NKDA

#### FAMILY HISTORY

Negative for

#### SOCIAL HISTORY

Tobacco use	None
Alcohol use	None
Drug use	
Occupation	

#### MUSCULOSKELETAL EXAMINATION

Constitutional: VS	Wt/BMI
Appearance	Well developed, well nourished, normal body habitus, no deformities, well groomed
Circulation	No swelling, varicosities, edema or tenderness; normal pulses and temperature
MSK	No lymphadenopathy in neck or popliteal areas
	Ambulates independently, balance intact
Head/Neck	Normal inspection, palpation, range of motion, stability, strength and tone
Spine/Neck	Normal inspection, palpation, range of motion, stability, strength and tone
Upper limb	Normal inspection, palpation, range of motion, stability, strength and tone
Lower limb	Normal inspection, palpation, range of motion, stability, strength and tone

# Audit Tools

## Evaluation & Management

### E/M Documentation Auditor's Instructions

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the **RIGHT** in the table that 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.

<b>HISTORY</b>	<b>HPI: Status of chronic conditions:</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 1 condition <input type="checkbox"/> 2 conditions <input type="checkbox"/> 3 conditions				None	Pertinent to problem (1 system)	Extended (2-9 systems)	*Complete
	<b>OR</b>							
	<b>HPI (history of present illness) elements:</b>							
	<input type="checkbox"/> Location <input type="checkbox"/> Severity <input type="checkbox"/> Timing <input type="checkbox"/> Modifying factors <input type="checkbox"/> Quality <input type="checkbox"/> Duration <input type="checkbox"/> Context <input type="checkbox"/> Associated signs and symptoms							Extended (4 or more)
	<b>ROS (review of systems):</b>							
	<input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Card/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> GU <input type="checkbox"/> Musculo <input type="checkbox"/> Integumentary (skin, breast) <input type="checkbox"/> Neuro <input type="checkbox"/> Psych				None	Pertinent to problem (1 system)	Extended (2-9 systems)	*Complete
	<b>PFSH (past medical, family, social history) areas:</b>							
	<input type="checkbox"/> Past history (the patient's past experiences with illnesses, operation, injuries and hospitalizations) <input type="checkbox"/> Family history (a review of medical events in the patient's family including diseases that are hereditary or place the patient at risk) <input type="checkbox"/> Social history (an age appropriate review of past and current habits)				None	Pertinent (1 history area)	**Complete (2 or 3 history areas)	
					<b>PROBLEM FOCUSED</b>	<b>EXP. PROB. FOCUSED</b>	<b>DETAILED</b>	<b>COMPREHENSIVE</b>

\*Complete ROS: 10 or more systems or the pertinent negatives of some systems with a statement.

\*\*Complete PFSH: 2 history areas: a) Established Patient Care (Office, Outpatient, Home Care, etc.) b) Emergency Department.

3 history areas: a) Office (Outpatient) Care, Home Care, Home Care; b) Initial Hospital Care; c) Initial Hospital Care, Home Care, Home Care.

**NOTE:** For certain E/M services, if only an interval history, it is not necessary to record information about the past history.

## 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 appropriate grid in Section 5.

Limited to affected body area or organ system (area or system related to problem)	<b>PROBLEM FOCUSED EXAM</b>
Affected body area or organ system (symptomatic or related organ system(s) (additional systems up to 7 systems))	<b>EXPANDED PROBLEM FOCUSED EXAM</b>
Extended exam of affected body area or organ system (symptomatic or related organ system(s) (additional systems up to 7 systems, more depth than above))	<b>DETAILED EXAM</b>
Multi-system exam (multiple systems) or complete exam of a single organ system (complete single exam not described in the instructions)	<b>COMPREHENSIVE EXAM</b>

  

<input type="checkbox"/> Chest, including breasts and axillae <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Genitalia, groin, buttocks <input type="checkbox"/> Each extremity	<input type="checkbox"/> 1 body area or system <input type="checkbox"/> Up to 7 systems <input type="checkbox"/> Up to 7 systems <input type="checkbox"/> 8 or more systems
<input type="checkbox"/> Constitutional (wt loss, etc) <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose, mouth, throat <input type="checkbox"/> Card/vasc <input type="checkbox"/> Resp <input type="checkbox"/> GI <input type="checkbox"/> Musculo <input type="checkbox"/> Skin <input type="checkbox"/> Neuro <input type="checkbox"/> Psych <input type="checkbox"/> Hem/lymph/imm	<b>PROBLEM FOCUSED</b> <b>EXP. PROB. FOCUSED</b> <b>DETAILED</b> <b>COMPREHENSIVE</b>