

Post-Operative Fee Ticket



Patient

Name: Caldwell, Walter S.
 Patient ID: 234-TEST011
 Birthdate: 4/13/1939 (72 years old)
 Gender: Male

Provider

Jean-Andre Venel
 Medical Arts Building
 555 SW 10th St Ste 14D
 Portland, OR 97209

Surgery Information

Facility: Goodman Medical Center
 POS: 21 - Inpatient Hospital

Surgery Date: 6/27/2011

Primary Insurance

Patient Insurance: Medicare
 Payer: Medicare
 Contract: Medicare 2011
 RVU Year/CF: 2011/\$33.9764

Assistants / Co-Surgeons

Yves Pierre Ankeny, MD
 Michelle Luzon, PA

Surgery Summary

L3-4 posterior interbody fusion (PLIF)

Diagnoses

| Dx | ICD-9 | Description |
|----|--------|---|
| A | 738.4 | Acquired spondylolisthesis |
| B | 724.02 | Spinal stenosis, lumbar region, without neurogenic claudication |
| C | 722.52 | Degeneration of lumbar or lumbosacral intervertebral disc |

Procedures

| LN | Description | POS | CPT / HCPCS | Units | Base RVUs | Calculated Charge | Dx | Contractual Expected |
|----|---|-----|-----------------------|-------|-----------|-------------------|----|----------------------|
| 1 | L3-4 posterior interbody fusion (PLIF) | 21 | 22630 -79 | 1 | 42.6641 | \$4,538.00 | B | \$1,449.57 |
| 2 | L4-5 and L5-S1 additional levels posterior interbody fusion (PLIF) | 21 | 22632 | 2 | 08.9646 | \$1,840.00 | A | \$609.17 |
| 3 | Bilateral L4-5 Laminotomy, with decompression (including partial facetectomy, foraminotomy, and/or disk excision), reexploration | 21 | 63042 -59 -79 -50 -62 | 1 | 36.0720 | \$1,794.38 | A | \$574.50 |
| 4 | Left and Right L4 Laminectomy, facetectomy and foraminotomy (unilat or bilat), with decompression for spinal or lateral recess stenosis | 21 | 63047 -59 -79 | 1 | 30.4555 | \$1,628.00 | A | \$517.38 |
| 5 | L3-4 posterolateral fusion | 21 | 22612 -79 -62 -51 | 1 | 44.4017 | \$1,464.69 | A | \$471.44 |
| 6 | L5-S1 additional level posterolateral fusion | 21 | 22614 | 1 | 11.0256 | \$1,128.00 | A | \$374.61 |

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|----|---|-----|---------------|-------|-----------|-------------------|----|----------------------|
| 7 | L4-5 additional level posterolateral fusion | 21 | 22614 -59 -62 | 1 | 11.0256 | \$705.00 | A | \$234.13 |
| 8 | L3, L4, L5 and S1 posterior segmental instrumentation | 21 | 22842 -22 | 1 | 21.5234 | \$2,755.00 | A | \$914.11 |
| 9 | Insertion interbody devices [Cage] at L3-4 and L4-5 | 21 | 22851 | 2 | 11.4732 | \$2,356.00 | A | \$779.64 |
| 10 | microsurgical techniques, requiring use of operating microscope (list separately in addition to code for primary procedure) | 21 | 69990 | 1 | 05.9889 | \$615.00 | A | \$0.00 |

\$5,924.55

PQRI

| LN | Description | CPT / HCPCS |
|----|---|-------------|
| 1 | PQRI #20: Documentation of order for prophylactic antibiotics to be given within one hour prior to surgical incision | G8629 |
| 2 | PQRI #21: Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis | 4041F |
| 3 | PQRI #22: Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively | 4046F |
| 4 | PQRI #22: Documentation of medical reason(s) for not discontinuing prophylactic antibiotics within 24 hours of surgical end time | 4049F -1P |
| 5 | PQRI #23: Documentation that an order was given for VTE prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time | 4044F |

Billing Details

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Line 3, Code 63042: Medicare requires no supporting documentation if two specialty requirements for co-surgeons are met.
Line 5, Code 22612: Medicare requires no supporting documentation if two specialty requirements for co-surgeons are met.
Line 7, Code 22614: Medicare requires no supporting documentation if two specialty requirements for co-surgeons are met.
Line 8, Code 22842: Modifier -22 applied due to extensive scar tissue and conjoint nerve roots.

Line 3, Code 63042 is marked with -59 distinct:

- Line 4, Code 63047 (CCI bundled into). Modifier -59 applied due to a different operative location.

Line 4, Code 63047 is marked with -59 distinct:

- Line 1, Code 22630 (CCI bundled into). Modifier -59 applied due to a different operative location.

Line 10, Code 69990 is not distinct. Modifier -59 is NOT allowed. The expected payment has been set to \$0.00.

- Line 1, Code 22630 (CCI bundled into another service with no exceptions allowed).
- Line 3, Code 63042 (CCI bundled into another service with no exceptions allowed).
- Line 4, Code 63047 (CCI bundled into another service with no exceptions allowed).
- Line 5, Code 22612 (CCI bundled into another service with no exceptions allowed).

Coding Notes

(None)