



C/N: XXXXX

SAMPLE NEUROSURGERY CODING/BILL REVIEW

PATIENT: G, P  
INSURED: SAME  
I.D. NO: XXXXX

This review has been requested for U&C fees in the 80<sup>th</sup> percentile and to determine whether the claim has been coded properly. Provided for review are health insurance claim forms for three separate procedures as well as medical records and operative notes that detail each of these procedures and the patient's medical history before each of these procedures.

The latest procedure performed was a craniotomy performed on October 6, 2006 by Dr. B. This was a craniotomy for supratentorial tumor. It was actually a tumor that had been treated in the past and has recurred and required re-do surgery. He billed this case using code 61510 for the craniotomy for supratentorial tumor, code 61795 for stereotactic assistance, and code 69990 for use of the operative microscope. This is the way this procedure is standardly billed and it is appropriate. Codes 61795 and 69990 are both add-on codes and, therefore, do not require a reduction modifier.

There are two different sessions of stereotactic radiosurgery, one on February 22, 2006 and another on August 9, 2006. Both of these were for metastatic melanoma and there is adequate documentation in the medical records to support that these procedures were medically necessary. However, in my opinion these have not been billed properly. They were both billed using code 61795 for the stereotactic assistance and code 61793 for the stereotactic radiosurgery. 61793 is the only code that should be used for this particular procedure. Therefore, for dates of service February 22, 2006 and August 9, 2006, code 61795 should not be allowed.

In summary, for date of service October 6, 2006, codes 61510, 61795, and 69990 are all appropriate.

For dates of service February 22, 2006 and August 9, 2006 code 61793 is appropriate for each date and code 61795 should not be allowed for either date.

The U&C fees in the 80<sup>th</sup> percentile are:

61510 - \$22,667.00

61795 - \$4,836.00

61793 - \$22,364.00

69990 - Use of the operative microscope is generally allowed 20% of the primary procedure.

\*\*\*\*\*

The physician performing this review is Member, American Association of Neurological Surgeons; Member, Congress of Neurological Surgeons; Member of Society for Neuroscience; Member of his state Neurological Society; American College of Surgeons. He is an Associate Professor, Department of Neurological Surgery at a large University/Medical Center. He has had numerous publications and presentations in both pediatric and adult neurosurgery and research throughout the United States. He is licensed in two states.

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 this client in the adjudication of a claim. **Final responsibility for the adjudication of a claim remains solely with the client.**