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Mastering the Three C's of Interpretation & Report

When billing diagnostic testing for a patient, you must document the order for each test as well as a separate interpretation and report for each test. Simply dictating a diagnosis is not what Medicare and other payors require. You must provide "The Three C's".

- **Clinical Findings.** The interpretation and report should summarize your clinical findings. It does not have to be lengthy, just the pertinent findings. It should not be scribbled within the body of the examination where it looks like part of the examination.
- **Comparative Data.** Medicare and other payors always like to know if something is better, worse, or just the same as before. This is true for interpretation and report requirements. If a vitreous hemorrhage has resolved, a visual field has worsened, choroidal neovascularization has progressed, or the size of a lesion size has changed, then these findings need to be noted.
- **Clinical Management.** Documenting the effect of the diagnostic test on your clinical management is the area that is usually lacking in the interpretation and report. Medicare and other payors want to know why it is paying you extra for a test, be it extended ophthalmoscopy, fluorescein angiography, or OCT. You must address how this is going to help you or affect your clinical management. Are you going to change/increase/stop medications? Are you going to recommend surgery? Are you suggesting further diagnostic testing? The answers to these pertinent questions need to be part of your written report.