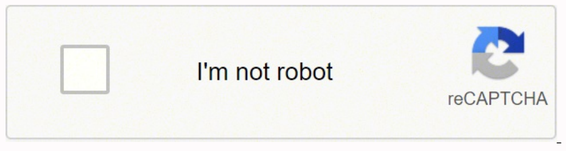

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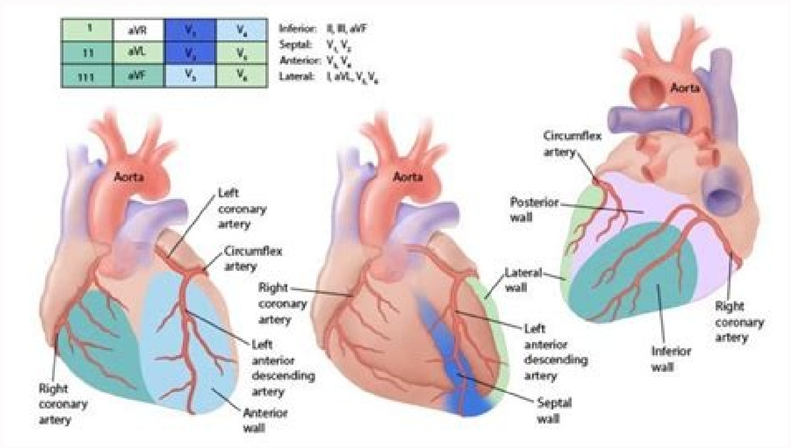
Ekg interpretation documentation guidelines

Study Interpretation	TCD Criteria for MCA/ACA		TCD Criteria for PCA/BA/VA	
	PSV (cm/s)	MV	PSV (cm/s)	MV
Normal	140	100	< 100	< 60
Mild abnormality	140-200	100-160	100-160	60-120
Severe abnormality	>200	>160	>160	>120
	Artery occlusion/reversal of flow		Artery occlusion/reversal of flow	

ACA indicates anterior cerebral artery; BA, basilar artery; MCA, middle cerebral artery; MV, mean velocity; PCA, posterior cerebral artery; PSV, peak systolic velocity; TCD, Transcranial Doppler; VA, vertebral artery.



Nicholson, Raelyn A

From: Adames, Madelin **Sent:** Mon 9/3/2012 3:32 PM
To: Streelman, Marisa L
Cc: Shiskowsky, Kaycee; Paul, Marcee A; Nicholson, Raelyn A
Subject: Words of praise
Attachments:

Marisa,

Raelyn floated to our unit on Wednesday, August 29th, during a night shift. Floating, in and of itself, is perhaps, never as gratifying or rewarding as working on one's unit. More displeasing is floating to a unit that is short-staffed. At 12:00 a.m. or so, I sent one of my RN's to the ER for right-sided facial droop, numbness, dizziness, and visual perception changes. This naturally meant that we all absorbed an additional patient. Raelyn was unfortunately tasked with a 6 patient load, rather than the traditional 5. Nevertheless, she responsively accepted the patient load and ensured all patient needs were met. Her night was taxing and quite demanding, but she flourished in spite of the controlled chaos.

I thought you should know how grateful we were to have her working as a diligent member of our team. Working together, we all triumph!

Madelin N. Adames RN, CMSRN, BSN, BA
Charge RN - 6 East, Medicine Sub-Specialties
University of Colorado Hospital
"UCH Nursing. Quality. Excellence. Always"

"When patterns are broken, new worlds emerge."

Anticoagulant Drugs

Cheat Sheet

Vitamin K Antagonist	*Route*	*Indications for Use*	*Adverse Effects*
Warfarin (Coumadin)	PO	Prevention of venous thrombosis, PE, prevention of thrombosis in patients with prosthetic heart valves, and thrombosis in atrial fibrillation	Bleeding
Factor Xa and Thrombin Inhibitors	***Route***	***Indications for Use***	***Adverse Effects***
Heparin	IV, subcutaneously	PE, evolving stroke, DVT, adjunct to thrombolytic therapy in acute MI	Bleeding, HIT, thrombocytopenia
Low Molecular Weight Heparins			
Dalteparin (Fragmin)	subcutaneously	Prevention and treatment of DVT, PE	Bleeding
Enoxaparin (Lovenox)	subcutaneously	Prevention and treatment of DVT, PE	Bleeding
Tinzaparin (Innohep)	subcutaneously	Prevention and treatment of DVT, PE	Bleeding
Direct Thrombin Inhibitors	***Route***	***Indications for Use***	***Adverse Effects***
Argatroban (Acova)	IV	Treatment/prevention of thrombosis in patients with HIT	Bleeding
Bivalirudin (Angiomax)	IV	ACS, PCI	Bleeding, back pain, nausea
Lepirudin (Refludan)	IV	Treatment/prevention of thrombosis in patients with HIT	Bleeding
Desirudin (Iprivask)	subcutaneously	Prevention of DVT in patients undergoing hip replacement surgery	Bleeding
Dabigatran (Pradaxa)	PO	Atrial fibrillation (nonvalvular etiology)	GI bleed, abdominal pain, dyspepsia
Selective Factor Xa Inhibitors	***Route***	***Indications for Use***	***Adverse Effects***
Apixaban (Eliquis)	PO	Atrial fibrillation (non-valvular etiology	Bleeding
Fondaparinux (Arixtra)	subcutaneously	Acute DVT treatment (in conjunction with warfarin), DVT prophylaxis, acute PE	Bleeding, thrombocytopenia
Bivalirudin (Angiomax)	IV	ACS, PCI	Bleeding, back pain, nausea
Rivaroxaban (Xarelto)	PO	DVT prophylaxis, Atrial fibrillation	Bleeding

Select the ekg interpretation documentation guidelines. Cms documentation guidelines for ekg interpretation.

Please! Tiffany, CPC EKG's Rule per CMS EKGs ¢ÃÂ¢Â Document the interpretation of the tracing in a separate section of the ED chart. EKG Interpretation with today's technology- is it acceptable that a physician clicks "accept" on a template to accept the machine interp? "An EKG with interpretation must have the full graphic tracings with formal written or printed interpretation on file for review. The interpretation should appear on the designated sections of a page formatted EKG or written in the clinical records. Would this support us billing the global charge if he/she didn't perform a personally documented interp? I know the following; that an order needs to be present there must be documentation in the medical record supporting the need for the EKG there must be a separate, signed, written and retrievable report and an interpretation of the EKG that includes at least 3 of the 6 elements - axis; rhythm; rate; PR intervals, ST wave changes; comparison to a prior EKG (if reviewed) The physicians at our hospital provide a signed order, sign off on the EKG report and they include in their ED dictation 'EKG shows' or 'EKG reviewed' and they will list the 3-6 elements of the EKG, but rarely will not elaborate any further. I was looking for the same information in writing from Medicare. Hope it helps Samson, do you have any resources or links for this info? Medicare CAC, June 1995 For example: - EKG reveals normal sinus rhythm, no axis deviation, no acute changes. Because we don't have anything on our website that old." So...I provided them with what I did find in writing. Is this sufficient enough documentation to bill 93010? The ED dictation is signed by the physician and it always lists diagnoses that cover the order of the EKG. Not that I don't believe you...just happen to be working on this issue with a doc who wants it "in writing" and I cant find anything on the CMS site or our local carrier site. Can anyone Clarify the documentation requirements of electrocardiogram interpretation for ED (CPT 93010)? I understand that this post is a good time behind; However, I'm trying to find the information below inside the CMS manual and I can not. Electrocardiogram reveals atrial fibrillation, fast ventricular response, Nonpecific Wave changes - The electrocardiogram reveals normal sinus rhythm, normal axis, V3 and V4 wave inversion and flattening From the wave t and high sideways. The representative responded quickly with â € œAnd certainty that is so old so? The electrocardiogram was not available for comparison. However, they can be billed when performed at a different time from the ECG and when the motion requirement of the rhythm strip is clear. For proper payment and commercial payers an element is sufficient to code and / or EKG interpreted by me is enough to encode EKG. This comes from the office of emergency groups dated 22.01.2010. For electrocardiograms, the interpretation should include appropriate comments on any 3 of the following 6 elements: (1) pace or frequency (2) axis, (3) intervals, (4) segments, (5) notice Of a comparison with an earlier electrocardiogram if it were available for the PS physician, and (6) Summary of the clinical condition. Thank you very much! In the ECG coding (93010), for government contributors revision of 3 elements by the doctor is necessary to encode ECG. I contacted a Noridian representative to see if they had Medicare CAC dated June 1995. Linda I'm having the same discussion in my office. The electrocardiogram reveals normal sinus rhythm with a frequency of 66, PR and QRS ranges within the normal limits, some QRS complexes in the III derivation and T-wave abnormalities in I and AVL, but when compared to the previous electrocardiogram they do not There is no acute change noticed. At They should include appropriate comments on rhythm, axle intervals, acute or croncal changes and a comparison with the most recent tracing. Documented change in the condition of a patient or response to the medication would allow Report of a rhythm track after an EKG was made. - EKG reveals the normal axis and intervals, there is no previous ekg for comparison. Thank you, Mandy Tracey Olha friends, I know this is a question dated, but still a problem. This is not a LCD policy, but a documentation requirement that is no longer available for impressions. When clearly necessarily, each can be billed separately. Rhythm strips The interpretations of rhythm tracks can not be billed when they are made at the same time as a complete EKG. Here is the link to this full article: ADVIS / XRAY_EKG_ADVICE_JAN_2010.DOC The final page (8/8) has the quotation The direct of politics citing the CAC Medicare of June 1995. Or does the doctor need to declare 'Ekg as interpreted by me?' Can anyone help me, please? Can anyone guide me, please where this is located? Although each parameter is not required for each tracing, the appropriate measurements should be mentioned if the objective of the repeated EKGs is to monitor the effects of a given parameter, for example, the QT interval . interval.

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