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Advanced Coding Case Studies Reproductive Health Care

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Case Study 1: Oral Contraceptive Refill

- Ms. A is a 28-year-old new client requesting refill of OCs
  - Mutually monogamous for 4 years
  - PMH negative, normal LMP 2 wks ago, non-smoker
  - *Detailed history (extended HPI, ROS + pertinent PFSH)*
- Weight: 175 lbs, Height: 5' 3", normal BP
- Breast and pelvic exam; cervical cytology sample sent
  - *Detailed examination (12 bullets)*
- Prescription for EE 20 mcg + LNG 100 mcg given
- Records from prior clinician requested
  - *Medical decision making: moderate complexity*
- Visit took 18 minutes; 7 minutes spent counseling

- There are no relevant financial relationships with any commercial interests to disclose

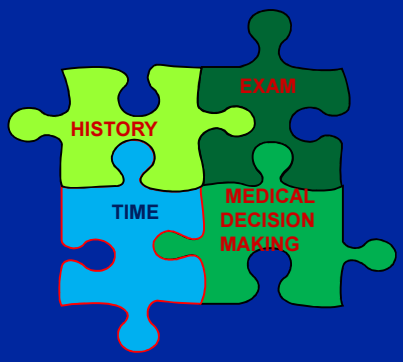
Outpatient Coding: Basic Questions

- Is the patient new, established, or a consult?
- Which procedures were done?
  - Office surgical procedures
  - Office laboratory tests or imaging studies done
  - Drugs administered or devices inserted
  - Billable supplies
- Which visit type and level of E/M?
  - Problem-oriented office visit
  - Office consultation
  - Preventive service
- Which modifiers are necessary?
- What is the (ICD-9) diagnosis for each CPT (+E/M)?

Objectives

- Describe the use of the three key components when assigning an E/M code
- Explain the difference between using "face-to-face" time and the three key components
- Discuss how chart documentation supports the coding decisions made
- Describe coding conventions for a problem oriented visit and a procedure on the same date of service

Problem Oriented E/M Visits



Either:
- Composite of 3 key components (Hx + PE + MDM)

Or
- TIME, when greater than 50% of time is spent in counseling

Summary: Problem-Oriented E/M

1. Score History
2. Score Physical exam
3. Score Medical decision making
4. Choose E/M based on 3 key elements
5. Compute counseling as a percentage of total face-to-face time
   - If >50%, find E/M based on time factor
6. Select the E/M code that is greater of 3 key elements or face-to-face time

Case Study 2: Family Planning Health Screening Visit

- Ms. B, a 17-year-old established patient seen for initiation of contraception and "check-up"
- Menses are regular; no complaints
- Sexual debut 6 months ago; 2 lifetime partners
- BP checked; urine sample for chlamydia NAAT
- FTF time: 25 min (5 min counselor, 20 min NP)
  - Total counseling time: 18 minutes
- Dispensed 9 norelgestromin/ethinyl estradiol transdermal patches

E/M Coding: New Patient Office Visit

Lesser component determines level of care

E/M	History	Exam	MDM
99201	PF	PF	Straightforward
99202	EPF	EPF	Straightforward
99203	Detailed	Detailed	Low complexity
99204	Compre-hensive	Compre-hensive	Mod complexity
99205	Compre-hensive	Compre-hensive	High complexity

Problem Oriented E/M Visit: *Time Factor*

- Average face-to-face (FTF) times listed for each level of E/M
- "Face-to-face Time" supersedes key indicators if ≥ 50% of total FTF time is spent in counseling & care coordination
  - Includes time spent with patient *and/ or* family members
  - Includes time spent on key components (e.g., exam)
  - Excludes pre- and post-encounter time
  - Excludes accommodation for disability or language
- Must document
  - Total FTF time *and* counseling time (or √ box for >50%)
  - Counseled regarding outcome, risks, benefits of…
  - Answered her questions regarding…

Case Study: Answer

	CPT code	ICD-CM code
Procedure	None	
Supplies	None	
Drug	None; pharmacy will bill for OCs dispensed	
Lab	None; lab will bill for cervical cytology	
E/M	99203	V25.41 (Contraceptive surveillance: OC)
Modifier	None	

Problem Oriented E/M: *Face-to-Face Time*

E/M new	Typical time (min)	E/M established	Typical time (min)
99201	10	99211	5
99202	20	99212	10
99203	30	99213	15
99204	45	99214	25
99205	60	99215	40

Problem Oriented E/M: Face-to-Face Time "Midpoints"

New	Time (typical)
99201	≤ 15 (10)
99202	16-25 (20)
99203	26-37 (30)
99204	38-53 (45)
99205	> 53 (60)

Established	Time (typical)
99211	≤ 7 (5)
99212	8-12 (10)
99213	13-20 (15)
99214	21-33 (25)
99215	>33 (40)

Case Study: Answer

	CPT code	ICD9-CM
Procedure	None	
Supplies	None	
Drug	J7304 (patchx9 units)	
Lab	None; lab will bill for CT NAAT	Lab slip: V73.88 (Ct screening)
E/M	• 99214 (problem visit, 25 min) or • 99394 (preventive svc,12-17yo) or • 99402 (prevent med couns,30m)	1º: V 72.31 (routine GYN exam) 2º: V 25.9 (unspecified contracept mgt)

E/M: Preventive Medicine Services

- Preventive medicine: "check-up" visit

Age	New patient	Established
12-17 yrs old	99384	99394
18-39 yrs old	99385	99395
40-64 yrs old	99386	99396
65 yo or older	99387	99397

- Preventive medicine: individual counseling *only*
  - 99401: 15 minutes; 99402: 30 minutes
  - 99403: 45 minutes, 99404: 60 minutes

Which E/M Code to Use?

- Does the payer for this patient cover?
  - Preventive services [check-up visit] (99394)
  - Preventive medicine counseling *only* (99402)
  - Problem oriented visit, established (99214)
- What are the comparative reimbursement rates for the covered codes? Code for the highest supported code
- If *only* problem oriented visit codes (9920x, 9921x) are covered, code for the higher E/M level
  - By the 3 key components, or
  - Time

E/M: Preventive Medicine Services

- Components
  - Comprehensive history and physical exam
  - Counseling, anticipatory guidance, and risk reduction
  - Order lab, diagnostic procedures
  - Indicate immunizations with separate codes
- If insignificant or trivial problem(s) without extra work to evaluate, do not add separate E/M
- If additional work-up for pre-existing or new problem, may add problem-oriented E/M (-25)

Which Tests to Check on the Encounter Form?

- Taking cervical or vaginal samples for STI tests?
  - No…included in the E/M code
- Performing a cervical cytology test?
  - No…included in E/M code (except Medicare)
- Gonorrhea/ Chlamydia NAAT tests?
  - Usually not…the lab bills for these
  - *BUT…the practice may bill the payer (then pays the lab) or the lab test code may be required by the payer*
- Point of care tests (pregnancy test, wet mount, etc.)
  - Yes…modifier -25 on the E/M code is not necessary

Office (Point of Care) Lab Tests

Test	Code	Description
UA dipstick	81000 81002	UA dipstick with microscopy UA dipstick without microscopy
Urine microscopy	81015	Urine microscopy
Urine pregnancy test	81025	Urine pregnancy test
Vaginal pH determination	83986	pH determination
Microscopic of urine and vaginal smears	Q0111 87210	Wet prep: point of care Wet prep for infectious agent: clinical lab

ACOG on CPT + E/M Visit

- If reporting both an E/M service and a procedure, the documentation must indicate a significant, separately identifiable E/M service. Documentation must indicate either the key components or time spent counseling
- Modifier 25 (significant, separately identifiable E/M service on the same day as a procedure or other service) is added to the E/M code.
  - This indicates that two distinct services were provided: an E/M service and a procedure

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Case Study 3: STI Check and IUS Insertion

- Mr. L is 19 year-old established client who presents with concerns about STI and wants to be tested
- She also received contraceptive counseling (10 minutes); asked to have a 3 year LN-IUS inserted
- Samples sent for GC/CT NAAT, HIV serology
- Office urine pregnancy test negative
- Bimanual exam performed; then IUS inserted easily
- Pelvic ultrasound with vaginal probe to check placement
- What are the CPT and diagnoses and codes for this visit?

ACOG on Ultrasound with IUD Insertion

- An ultrasound to check IUD placement is not bundled into the IUD insertion (code 58300), and it is not common practice to use ultrasound to confirm placement. This should not be billed.
- Ultrasonography may be used to confirm the location when the clinician incurs a difficult IUD placement (e.g., severe pain)
  - Code 76857 Ultrasound, pelvic, limited or follow-up, or
  - Code 76830 Ultrasound, transvaginal
- Occasionally, ultrasound is needed to guide IUD insertion. Code 76998 (Ultrasonic guidance, intraoperative)

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ACOG on CPT + E/M Visit

- If clinician and patient discuss a number of contraceptive options, decide on a method, and then an implant or IUD is inserted during the visit, an E/M service may be reported, depending on the documentation
- If the patient comes into the office and states, "I want an IUD," followed by a brief discussion of the benefits and risks and the insertion, an E/M service is not reported
- If the patient comes in for another reason and, during the same visit, a procedure is performed, then both the E/M services code and procedure may be reported

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Case Study 3: Answer

	CPT/ HCPCS II Code	ICD-CM Code
Procedure	58300 Insert IUD	V25.11 Insertion of IUC
Supply	none	
Drug	J7301 LNG-IUS, 13.5 mg	V25.11 Insertion of IUC
Lab	81025 UPT	V72.41 Preg exam or test, negative
E/M	9921x	V 25.09 Other FP advice
Modifier	9921x-25	

- -25 indicates that a significant and separately identifiable E/M was provided on the same date of service as a procedure

Case Study 4: Implant Removal

- Mrs. D is an established client who had a contraceptive implant placed 2 years ago
- She requests removal of the implant so that she can become pregnant
- The physician provides 15 minutes of counseling about timing intercourse to achieve pregnancy and preconception counseling, then removes the implant
- How should Dr. B code for this visit?

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Case Study 4: Answer

	CPT code	ICD-CM code
Procedure	11982 (implant removal)	V25.43 (surveillance, implant)
Supply	no	
Drug	no	
Lab	no	
E/M	99401 (preventive med counseling, 15 min, *OR* 99213 (established, 15 min)	V26.49 procreative counseling and advice
Modifier	99401-25 (or 99213-25)	

- 25 indicates that a significant and separately identifiable E/M service was provided on the same day as a procedure

Office Surgical Procedures

- Procedure CPT includes
  - Brief focused history
  - Checking use of medications and allergies
  - Administration of local anesthesia
  - Performance of procedure
  - Post-operative observation
- Bill *only* the procedure CPT code when…
  - Counseling provided was in the context of the procedure
  - Other cognitive services given on same day did not require significant history, exam, or medical decision making

Case Study 5: Pain at Insertion Site

- Ms. C had an implant inserted 2 weeks ago
- Now complains of pain at insertion site and dizziness
- Dr. D examines the insertion site and has a 15 minute discussion re: whether to keep or remove the implant
- Ms. C decides not to remove the implant; will return to the office in a month if symptoms continue
- The total time for the visit was 20 minutes, including the 15 minutes of counseling
- How should Dr. D code for this visit?

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Office Surgical Procedures

- Procedure + E/M visit on same day
  - May also bill E/M if patient requires a "significant, separately identifiable" E/M service
  - Apply modifier –25 (distinct E/M services) to E/M
  - ICD-9 diagnosis codes should be *different* for CPT, E/M
- Payment policies
  - Some will pay *both* CPT + E/M, with same ICD-9 code
  - Some will pay E/M only if a separate diagnosis from CPT
  - Others will pay *either* the E/M *or* the CPT

Case Study 5: Answer

	CPT code	ICD-CM code
Procedure	none	
Supply	none	
Drug	none	
Lab in-house	none	
E/M	99213 established outpatient	• V25.43 (Surveillance, implant) • 729.5 (pain in limb) • 780.4 (dizziness)
Modifier	none	

- More than half of the time spent face-to-face with the patient was for counseling → E/M code 99213

Case 6: Implant Removal with Reinsertion

- Ms. H has had an implant for 3 years
- She is not planning on having a child for 3–5 years, and would like another implant
- Dr. I asks a few questions about any problems she has had with the implant; Ms. H signs a consent form
- Dr. I removes the old implant and inserts a new one all during this one visit
- How should Dr. I code for this visit?

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Case Study 6: Answer

	CPT code	ICD-CM
Procedure	•11983 (removal with reinsertion, non-biodegradable drug delivery implant	V25.43 (Surveillance, implant)
Supply	None; included in J code	
Drug	J 7307 (Nexplanon®)	
Lab	None	
E/M	None	
Modifier	None	

- No E/M services are reported for the brief discussion with the patient prior to the removal and reinsertion procedures

Case 7: Post-SAB IUC Insertion

- Ms. N is 10 weeks pregnant and sees Dr. O because of vaginal bleeding
- She had seen Dr. O previously for obstetric care
- Dr. O performs an exam, asks questions, and performs a limited ultrasound
- She decides Ms. O is having a miscarriage and suggests immediate treatment
- Ms. N also requests insertion of a copper IUD
- Dr. O completes the miscarriage surgically and inserts an IUD during this visit

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Case Study 7: Answer

	CPT code	ICD-CM code
Procedure	59812 (incomplete abortion completed surgically)	634.71 (spontaneous ab with other specified complications, incomplete)
	58300-51 (IUD insert)	V25.1 (insertion of IUD)
	76817 (transvag UTZ)	634.71
Drug	J7300 (copper IUD)	V25.1
Supplies	Check with payer	
Lab	Rh type	
E/M	None	
Modifier	None	

Case 8: IUD Removal and Implant Insertion

- Ms. P, an established patient, sees Dr. Q
- She had an IUD inserted 5 years ago but is now experiencing bleeding and cramping
- Dr. Q does an expanded problem-focused exam and takes additional history
- They discuss removal of the IUD and other possible contraceptive methods.
- After a brief discussion, Ms. P requests an implant
- Dr. Q removes the IUD and inserts an implant

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Case Study 8: Answer

	CPT code	ICD-CM code
Procedure	11981 (implant insertion)	V25.5 (implant insertion)
	58301-51 (IUD removal)	V25.42 (IUD removal)
Supplies	Check with payer for IUC removal, none for implant	
Drug	J7307 (ETG implant)	V25.5
Lab	None	
E/M	99212 or 99213	626.4(Irreg.menstruation)
Modifier	11981-51	

- Code 11981 reported 1st because it has higher RVU (2.67 vs. 2.54)
- Modifier 51 (multiple procedures) is added to the lesser procedure

Case 9: Difficult IUC Insertion

- Ms. T sees Dr. U, and requests insertion of a copper intrauterine contraceptive
- Ms. T weighs 220 lbs and has a BMI of 40.2
- Dr. U inserts an IUD with some difficulty due to Ms. T's body habitus
- How should Dr. U code for this visit?

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Case Study 10: Answer

	CPT code	ICD-CM code
Procedure	58300 IUC insertion	V25.11 (Insert IUC)
Supply or Drug	J7300 (intrauterine copper contraceptive)	
Lab	None	
E/M	99203 (new patient) for counseling portion	V25.01 (Initiate OCs) or V25.09 (Other FP advice)
Modifier	58300-53 99203-25	

- Modifier 53 indicates that the procedure was attempted but unsuccessful

Case Study 9: Answer

	CPT code	ICD-CM code
Procedure	58300 (IUD insertion)	V25.1 (insertion of IUD) 278.01 (morbid obesity)
Supply	Check with payer for IUC insertion	
Drug	J7300 (copper IUC)	V25.1
Lab	None	
E/M	None	
Modifier	58300-22	

- Dr. U documents the additional work, complexity, and risk to the patient to support use of the modifier – 22
- Include med record note or explain in claim "remarks box"

Case 11: Missing IUC String

- Ms. Z had LNG-IUS inserted 3 months ago, but now can't feel string
- She wants it removed; other BC options discussed
- Exam showed normal cervix…no string seen
  - Clinician could not tease the string from canal
- Pregnancy test negative
- Vaginal ultrasound in office : IUC in uterus
- Alligator forceps used to extract: embedded
- Scheduled for office hysteroscopy to remove under conscious sedation; she will start OCs then

Case 10: Discontinued IUC Insertion

- Ms. X, a new patient, requests insertion of an IUD
- After consent, Dr. Y attempts to insert a copper IUD
- Dr. Y tries to insert the IUC several times, but the patient has a stenotic cervical os and having pain. Dr. Y desists
- Dr. Y discusses other methods of contraception with Ms. X and she decides to try OCs
- This conversation lasts 20 minutes. The total time of the office visit was 35 minutes

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Case Study 11: Answer (Day1)

	CPT code	ICD-CM code
Procedure	76830 Transvaginal ultrasound, non-OB)	V45.51 Presence of IUC
	58301 IUD removal	V25.42 IUD removal
Supply	None	
Lab	81025 Ur Preg test	V72.41 Preg test/ neg
E/M	99213	V 25.42 Contraceptive surveillance, IUC
Modifier	58301-53	

- Modifier 53 indicates that the procedure was attempted but unsuccessful

Case Study 11: Answer (Op day)

	CPT code	ICD-CM code
Procedure	58558 Operative hysteroscopy	996.32: Mechanical complication of GU device or implant, due to IUC
	99144 Mod sedation (30 min)	996.32
Supply	OCs x 3 (local code)	V25.01 (Initiate OC)
Lab	None	
E/M	None	
Modifier	None	

ICD-9-CM Codes for Cervical Conditions

Cytology Diagnoses	ICD-9-CM
AGC	795.00
ASC-US	795.01
ASC-H	795.02
LSIL	795.03
HSIL	795.04
HR HPV+	795.05
Leukoplakia	622.2

Biopsy Diagnoses	ICD-9-CM
Dysplasia, NOS	622.10
CIN I	622.11
CIN II	622.12
CIN III	233.1
Endocervix cancer	180.0
Exocervix cancer	180.1
Cervix cancer NOS	180.9

Case 12: Colposcopy

- 24-year-old new patient referred by family physician for high grade SIL cervical cytology last month
  - On OCs; no problems
- No other problems reported
- Procedure explained; consent obtained
- Cervical block administered
- Colposcopy with 1 cervical biopsy and ECC

Case Study 12: Answer

	CPT code	ICD-CM code
Procedure	57454 (colpo + biopsy+ ECC)	795.04 (HSIL on Pap)… not 233.1 (CIN III)
Supply	Check payer	
Drug	None	
Lab in-house	None	
E/M	None	
Modifier	None	

CPT Codes for Colposcopy

CPT Code	Procedure
56820	Vulvar colpo only (56821: with biopsy)
57420	Vaginal colpo only (57421: with biopsy)
57452	Cervical colposcopy only
57454	Cervical colpo with biopsy & ECC
57455	Cervical colpo with biopsy
57456	Cervical colpo with ECC
57505	ECC only
58100	Endometrial biopsy
58110	Cervical colpo with endometrial biopsy

Colposcopy, Part 2

- Same patient as last case, but also complains of vaginal and vulvar itching
- Before colpo, vaginal samples taken, office microscopy done; diagnosis = candidiasis
- Dispensed clotrimazole cream
- Questions:
  - Which additional codes should be added?
  - Is a modifier necessary?

Case Study: Answer

	CPT code	ICD-CM code
Procedure	57454 (colpo + biopsy+ ECC)	795.04 (HSIL on Pap)
Supply	Check with payer	795.04
Drug	Check with payer (no HCPCS for this drug)	112.1 (VV candidiasis)
Lab	87210 (microscopic evaluation of vaginal discharge)	616.10 (vaginitis/vulvitis/BV)
E/M	99202 or 99203	112.1 (VV candidiasis)
Modifier	99203-25	

- 25 indicates that a significant and separately identifiable E/M service was provided on the same day as a procedure

Case 14: Repeat Cervical Cytology Visit

- 24-year-old woman seen for "annual exam"
- Pap report: "Unsatisfactory smear; air dried"
- Patient advised to return in 2 mo. for repeat smear
- Question 1
  - How should the visit for repeat smear be coded?
- Repeat Pap = ASC-US; plan to repeat Q6 mos twice
- Question 2
  - How should for follow-up smears be coded?
  - What if the first follow-up Pap is normal?

Case 13: External Genital Warts

- 24-year-old woman seen 6 months ago now sent by PCP for consultation for genital warts
- After pelvic (with Pap), multiple vulvar, vaginal, and perianal warts were treated with TCA
- Returned weekly to PCP for TCA application x4
- Questions…
  - Consult or referral of established patient?
  - CPT codes for visit? Modifiers?
  - How should follow-up visits be coded?

Case Study 14: Answers

- Question 1
  - E/M: 99212 (focused exam, established patient)
  - ICD-9: 795.08 (unsatisfactory Pap smear)
- Question 2
  - First follow-up after ASC-US Pap
    - E/M: 99212 (focused exam, established patient)
    - ICD-9: 795.01 (ASC-US)
  - If 1st F/U Pap is normal, for the 2nd F/U Pap visit use
    - V72.32 (confirm recent normal Pap after abnormal Pap)

Case Study 13: Answer

	CPT code	ICD-CM code
Procedure	(1) 56515 (Destruction of vulvar warts, extensive) (2): 57065 (Destruction of vaginal warts, extensive) (3): 46924 (Destruction of perianal warts, extensive)	078.11 (condyloma accuminatum)
Supply	None	
Lab	None	
E/M	99243 (Outpatient consultation)	078.10 (viral warts, NOS)
Modifier	57065-51, 46924-51; 99243-25	

- - 51 Multiple procedures (similar operation)
- - 25 significant and separately identifiable E/M service was provided on the same day as a procedure

Case Study 15: Immunizations

- A 21-year-old established patient comes in for her wellness examination
- She has questions about the HPV vaccine
- In addition to the history, counseling, exam, and Pap, she is given information regarding the vaccine
- Her questions are answered and she requests that the first of the series of three vaccinations be given.

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CPT: Immunization Administration

Code	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or IM injections); one vaccine (single or combination vaccine/toxoid)
+90472	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure

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Case Study 16: Answer

	CPT code	ICD-CM code
Procedure	90471 Vaccine administration	V04.89 Need for prophylactic vaccination—viral disease
Supplies	None	
Drug	90649 HPV-4 vaccine or 90650 HPV-2 vaccine	V04.89 Need for prophylactic vaccination—viral disease
Lab	81000 Urinalysis	788.1 Dysuria
E/M	99211 Office visit (nursing encounter)	788.1 Dysuria
Modifier	99211–25	

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Case Study 15: Answer

	CPT code	ICD-CM code
Procedure	90471 Vaccine administration	V04.89 Need for prophylactic vaccination—viral disease
Supplies	None	
Drug	90649 HPV-4 vaccine or 90650 HPV-2 vaccine	V04.89 Need for prophylactic vaccination—viral disease
Lab	None	
E/M	99395 Periodic comp preventive med 18–39	V72.31 Gyn exam with Pap
Modifier	None	

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Case Study 17: Immunization

- 28-year-old new patient presents with severe dysmenorrhea
- She also requests an influenza vaccine
- A detailed history is taken and a detailed physical examination is performed
- The medical decision making is of low complexity
- Given information regarding the influenza vaccine and the vaccine is administered by the office nurse

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Case Study 16: Immunizations

- The 21-year-old established patient mentioned in the prior case returns to the clinic in 1 month for the 2nd of three HPV vaccines.
- She reports dysuria
- The nurse checks her BP, completes the vaccine informed consents, orders a urinalysis…negative
- The nurse administers the HPV vaccine and asks the patient to make a follow-up appointment with her physician to assess her report of dysuria

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Case Study 17: Answer

	CPT code	ICD-CM code
Procedure	90471 Vaccine administration	V04.81 Need for prophylactic vaccination—influenza
Supplies	None	
Drug	90658 Influenza vaccine IM	V04.81 Need for prophylactic vaccination—influenza
Lab	None	
E/M	99203–25 Office visit-new pt	625.3 Dysmenorrhea
Modifier	None	

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ACOG Quick Guide: Immunizations

- Both CPT and Medicare use CPT codes 90476–90749 to report the vaccine drug charges
- Third-party payers may or may not reimburse for vaccinations provided at the time of a covered evaluation and management (E/M) service
- Some will disallow the vaccine administration codes at the time of an E/M service unless the E/M service is documented as separate and significant
- ACOG.org*: Immunization Coding for Ob–Gyns 2011*

E/M Coding: Established Patient Office Visit

The "99211" Visit

- Nurse, tech, medical assistant, counselor sees patient at clinician request
- Examples: BP check, review medications, provide injection (e.g., vaccine, DMPA), and patient education
- Used only for established patients
- Must document visit, but not key components or time
- *Medicare* requires that a clinician be on site (but not CPT)

Case 18: Routine DMPA Injection

- 24-year-old established patient seen for DMPA injection
- DMPA stocked on site; drug cost covered by health plan
- Very short history update by nurse, then IM injection given

Case 19: In-house Consultation

- 30-year-old patient seen by NP with c/o vulvar irritation
- NP performs exam, microscopy but unsure of dx
- Patient is scheduled for consult visit with OBG in same practice, whom the pt has not seen before
- Seen by OBG as scheduled and diagnosis made
- Questions…
  - Can initial visit with NP be billed?
  - Is visit with MD a consult, new patient, or established?
  - Can MD bill for the same evaluation done by NP?

Case Study 18: Answer

	CPT code	ICD-CM code
Procedure	None	
Supplies	None	
Drug	J1055 (DMPA)	V25.40 (surveillance BCM)
Lab	None	
E/M	•99211 (E/M minimal: •Injection only:90782	V25.40 (surveillance BCM)
Modifier	None	

- E/M pays better; less likely to be rejected, but must have supporting documentation. Do not bill both codes!!

Case Study 19: Answers

- Can initial visit with NP be billed?
  - Yes, using standard E/M code + CPT for microscopy
- Is visit with MD a consult, new patient, or established?
  - Established patient, since seen previously in this practice
- Can MD bill for the same evaluation done by NP?
  - Yes; work-up not identical

Case 20: Contraceptive Sterilization

- 38-year-old G_3 P_3 new patient
- Visit 1: seen in family planning clinic (FPC) with request for tubal ligation
- Visit 2: preoperative H+P done in FPC, then referred to an OB-GYN for a laparoscopic TL
- Visit 3: seen in family planning clinic for 2 week post-op follow up visit
- Question…
  - How does the FPC bill for each of the visits?

Case Study 21: Answer

	CPT code	ICD-CM code
Procedure	None	
Supplies	None	
Drug	None	
Lab	87210 (microscopy) 83986 (vaginal pH)	V01.6 (exposure to STD) or V69.2 (HRSB*)
E/M	99203	V01.6 (exposure to STD) or V69.2 (HRSB*)
Modifier	None	

- Unnecessary tests: HPV-DNA, Hepatitis B,C

* HRSB: high risk sexual behavior

Case Study 20: Answers

- Visit 1
  - 99203 or 99204
- Visit 2
  - 99213 or -14
  - -56 modifier (Pre-op management only)
- Visit 3
  - 99212 or -13
  - - 55 modifier (Post-op management only)

Case 22: Contact with Gonorrhea

- Ms. D is a 28-year-old woman whose male partner was diagnosed with gonorrhea
  - She has no symptoms
  - Using NuvaRing as contraceptive method
- No abnormalities on pelvic exam
- Diagnostic tests for gonorrhea and chlamydia obtained and sent to lab
- Dispensed
  - Ceftriaxone 250 mg IM injection
  - Azithromycin 1 gm PO

Case 21: "Screen Me For Everything"

- 28-year-old established patient with request for STI screening…asymptomatic
- Monogamous relationship till 4 months ago; unprotected sex with new partner 6 weeks ago
- Pelvic exam negative; sampled for GC, Ct, HPV
- Microscopy: negative for candida, trich, BV
- Vaginal pH: 4.0
- Blood drawn for VDRL, HIV, Hepatitis B, Hep C

Case Study 22 : Answer

	CPT code	ICD-CM code
Procedure	None	
Supply	None	
Drug	NDC Azithromycin J0696 Ceftriaxone IM	V01.6 (exposure to STD)
Lab in-house	None; lab will bill for 87800 (GC + Ct NAAT)	V01.6
E/M	99213 or -14	V 01.6
Modifier	None	

- Use the ICD-9 code that indicates she was exposed to an index case

Case 23: Perimenopausal Woman

- Ms. E is a 49-year-old new patient with irregular menses and hot flashes
- In a new relationship; unprotected sex 2 days ago
- Counselor discussed contraceptive options for 10 min
- Clinician counseling for 18 minutes
- Physical examination was unnecessary
- Since menopausal status is unclear, serum FSH ordered
- Dispensed 4 cycles of OCs and 2 packs of Plan B

Case Study 24: Answer

	CPT code	ICD-CM code
Procedure	None	
Supply	Condoms	No HCPCS code; check with payer
Drug	None	
Lab	81002 (UA dipstick without microscopy)	V01.6 (exposure to STD)
E/M	99213	V01.6
Modifier	None	

Case Study 23: Answer

	CPT code	ICD-CM code
Procedure	None	
Supply	None	
Drug	OCs x4 cycles Plan B x2 packets	No HCPCS code; check with payer
Lab	Serum FSH: lab will bill	
E/M	99203 28 min aggregate time	V25.01 (initiate oral contraceptives)
Modifier	None	

- If the FSH is in menopausal range, the patient may no longer eligible for family planning services

Case 25: Start OCs *and* a UTI Diagnosis

- Ms. H has an initial family planning office visit, which includes a history, physical exam and counseling about all contraceptive methods
- A pregnancy test is performed in-house because of late period
- A dipstick urinalysis is performed in the office for symptoms of urinary tract infection (UTI)
- A blood specimen for glucose is drawn in the office and sent to an outside laboratory due to family history of diabetes, high BMI
- The client is given a prescription for OCs and an antibiotic
- The clinician PA dispenses condoms and foam for quick start

Case 24: Male Client Wants STI Check

- Mr. F is a 42-year-old established client
- Partner has vaginal discharge; he "wants to be checked"
- Genital examination negative
- Laboratory
  - Urine dip performed for WBC and nitrites
  - Urine sample obtained for GC and Ct screening
  - Blood drawn for HIV, syphilis serologies
- 30 condoms dispensed
- Interested in contraceptive sterilization; referred for vasectomy counseling

Case Study 25: Answer

	CPT/ HCPCS II Code	ICD-CM Code
Procedure	99000 (blood draw)	
Supplies	A4267 (condoms) A4269 U1 (foam spermicide)	
Drug	None	
Lab	81025 (pregnancy test) 81002 (UA dipstick, no microscopy)	595.0 (acute cystitis)
E&M	99204	V25.01 (initiate OCs)
Modifier	99203-U7	

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Case 26: Perimenopausal Bleeding

- 52-year-old woman referred for abnormal vaginal bleeding
- Seen by PCP 6 mo ago; 1st visit to this OBG
- Reports hot flashes, vaginal dryness
- Breast, abdominal, and pelvic exam done
- EMB done without difficulty
- 20 minute discussion of menopause treatment alternatives; total visit= 45 min

Breast Disease: US MEC 2010

	OC/ P/R	POP	DMPA	Imp-plant	LNG-IUS	Cu-IUC
Undiagnosed breast mass	2	2	2	2	2	1
Family history of breast cancer	1	1	1	1	1	1
Benign breast disease	1	1	1	1	1	1
Breast cancer; current	4	4	4	4	4	1
Past breast cancer (no evidence of current disease for 5 years)	3	3	3	3	3	1

Case Study 26: Answer

	CPT code	ICD-CM code
Procedure	58100 (EMB)	627.1 (PM bleeding)
Supply	None	
Drug	None	
Lab	None	
E/M	99203	627.2 (menopausal syndrome)
Modifier	99203-25	

- - 25 indicates that a significant and separately identifiable E/M service was provided on the same day as a procedure

Coding for Breast Conditions

- Clinical breast exam is included in the E/M code for a well woman visit
  - Preventive med codes: no additional credit
  - Problem visit code: 1 physical exam "bullet" or "time of breast exam" included in total time
- If a breast complaint or finding is the reason for the visit, use E/M code + numerical ICD-9 code
- If a follow-up visit for a previously noted problem, use E/M code and V 71.1 if no further findings

Case 27: Breast Mass in OC User

- 41 year old G_2P_2 lawyer using OC's for 9 years
- CC: "my right breast feels different then the left"
- Past history is unremarkable
- Breasts nodular; 3 x 3 cm "prominence" R-UOQ
  - No fixation; no nipple discharge
- Consultation request submitted to Breast Center
- Diagnostic mammogram ordered
- At breast clinic, told that biopsy not needed
  - Plan to "observe" over the next 3 months
  - "Up to GYN" to decide whether to continue OC's

ICD Coding for Breast Conditions

V code	Description
V10.3	Personal history of malignant neoplasm:breast
V16.3	Family history of malignant neoplasm: breast
V71.1	Observation for suspected malignant neoplasm
V76.10	Breast screening, unspecified
V76.11	Screening mammogram for high-risk patient
V76.12	Other screening mammogram
V76.19	Other screening breast examination
V84.01	Genetic susceptibility to malignant neoplasm of breast

Coding for Breast Conditions

ICD code	Description
174.x	Malignant neoplasm of female breast
610.0	Solitary cyst of breast
610.1	Diffuse cystic mastopathy (FCC)
610.2	Fibroadenoma
611.6	Galactorrhea not associated with childbirth
611.71	Mastodynia
611.72	Lump or mass in breast
611.79	Other sxs: induration of breast, inversion of nipple, nipple discharge, retraction of nipple
611.89	Other specified disorders: occlusion of breast duct
793.80	Abnormal mammogram, unspecified
793.81	Mammographic microcalcification

Obstetrical Care

- Global OB care includes
  - Initial OB, then regular PNC visits (4-13 visits)
  - Admission H&P, L&D, post-delivery care
  - Post-partum care for up to 6 weeks
- Additional billing expected for
  - Antepartum (non-delivery) admissions
  - (Non-OB) medical problems, outside of PNC
  - Procedures: UTZ, NST, BPP, injections, RhoGam
  - Med complications of pregnancy IF routine antepartum care goes beyond 13 visits

Case Study 27: Answer

	CPT code	ICD-CM code
Procedure	None	
Supply	None	
Drug	None	
Lab	None	
E/M	99213 (office visit, established)	611.72 Lump or mass in breast
Modifier	None	

Obstetrical Care: No Delivery

- Applies if patient changes practice, transfers care, or ends pregnancy with SAB or TAB
- Antepartum care only
  - 1-3 visits: use office visit E/M codes
  - 4-6 visits: use 59425
  - >7 visits: use 59426
- Post-partum care only: 59430
  - May not pay if global OB also submitted
- Code with E/M (consult, estab) if no later global

Case 28: Pregnancy Evaluation

- A 23-year-old G_1 P_0 new patient, LMP 6 wks ago
- Seen with vaginal bleeding and a positive home pregnancy test
- Office pregnancy test positive
- Office ultrasound confirmed 6 week IUP
- She stated that this was a desired pregnancy and she was planning to start PNC with your practice
- *How should these visits be billed?*
- *Are ultrasounds included in the OB global?*

Pregnancy Confirmation Visit

- Visit to establish a pregnancy diagnosis
  - Before 10/1/2005: 626.8 (missed period)
  - After 10/1/2005: V72.42 (pregnancy, confirmed)
  - Do not record this visit in the PNC record
  - Do not do "Initial OB" history and physical
  - Ultrasounds may be billed separately
- Global OB care starts with the visit that initiates PNC record, whether RN, CNM, or MD visit

Case Study 28: Answer

	CPT code	ICD-CM code
Procedure	76801 (pelvic ultrasound, pregnant <14 weeks)	640.0 (Threatened SAB)
Supply	None	
Drug	None	
Lab	81025 (urine preg test)	
E/M	99203	V 72.42 (pregnancy test/ exam, positive)
Modifier	None	

Some payers will cover ultrasound only if pregnancy abnormality