

Podcast Transcript

Title: ICD-10 Diagnosis Code Changes for Contraceptive Management Effective October 1, 2016

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NCTCFP: Welcome to this podcast sponsored by the National Clinical Training Center for Family Planning. The National Clinical Training Center for Family Planning is one of the training centers funded through the Office of Population Affairs to provide training to enhance the knowledge of family planning staff. Our guest speaker today is Ann Finn from Ann Finn Consulting, LLC. Ann is a healthcare reimbursement consultant and a national trainer with many reproductive health care organizations. Welcome, Ann!

Ann Finn: Thank you for the introduction and thanks for joining us today. This podcast will focus on the Fiscal Year 2017 ICD-10 diagnosis code changes pertaining to contraception management that went into effect October 1, 2016.

ICD-10 stands for the International Classification of Diseases 10th Revision – which is an update to the old ICD-9 code set the United States was using up through October 1, 2015. The Centers for Medicare and Medicaid Services or CMS along with the National Center for Health Statistics, which are two departments within the U.S. Federal Government’s Department of Health and Human Services, maintain the code sets and provide updates and guidelines for coding and reporting. Although reimbursement is typically based on procedure codes, ICD diagnosis codes also must be included on a claim to establish medical necessity and ensure accurate reimbursement. It is important to be able to select the most specific ICD code available at the time of service describing the why the service was provided.

As you may recall under ICD-9, contraceptive management codes fell into the family of codes under V25. There were specific ICD-9 codes for LARC or “long acting reversible contraceptives” including the IUD and implant, which described the insertion, routine checking, removal, and reinsertion of each method. There were also specific codes used for the initial prescription or refill of oral contraceptives, but the remaining methods such as injectable, vaginal rings, hormonal patches and other barrier methods all fell under non-specific codes which was confusing and not helpful for healthcare tracking and billing purposes.

Let’s look at what happened when CMS released the first version of ICD-10 back in October 2015.

- The new Z30 family of codes for contraceptive management replaced the old ICD-9 V25 codes. V25 no longer described contraceptives.
- There were 2 new specific codes added to be used for initiating and surveillance or refill visits describing the injectable contraceptive or Depo Provera. This was a helpful addition.

- There were still no specific codes for vaginal rings, hormone patches, and other barrier methods such as the diaphragm, sponges, condoms etc., which was disappointing to family planning clinicians and coders who were hoping for specific codes for each method.
- And, much to everyone's surprise, the specific codes for implants that had been in place under ICD-9 were now deleted, and there were no new specific codes for implants to replace them.

ICD-10 left clinicians and coders still feeling vague about what codes to choose for the different contraceptive methods, but we all made the big transition to ICD-10 and did the best we could with these codes for the time being.

Each fall, CMS publishes new updates and changes to the existing ICD code set that go into effect each October 1st for the new fiscal year through an Addendum. CMS collects suggestions throughout the year and luckily recognized the confusion and the need for specific ICD-10 codes for each contraceptive method and included these changes in their latest update for Fiscal Year 2017. These code changes along with the complete code lists can be viewed on the CMS website at cms.gov.

The Fiscal Year 2017 Addenda which takes effect October 1, 2016 includes two types of updates: 1) new codes, and 2) edits to descriptive language of current codes that will clarify use of these codes. A new code may better represent health care services that are currently provided and should be incorporated into use with its effective date. A new description to a current code may provide better insight into the appropriate use of codes, or may correct an error that created confusion. Using incorrect or outdated codes when billing for services may impact your reimbursement of services negatively.

Let's take a further look at the specific changes. Remember, for dates of service prior to October 1, 2016, the codes Z30.018, encounter for initial prescription of other contraceptives, and Z30.49, encounter for surveillance of other contraceptives, were used for implants, rings, patches, and barrier methods. These 'other contraceptive' codes were not method specific, and were not being used consistently across providers, facilities and payers.

Following the FY2017 update by CMS for services provided after October 1, 2016, we should be using the new, more specific method codes. Let's talk about implants first. We now use the new codes:

- Z30.017 Encounter for initial prescription of implantable subdermal contraceptive for the insertion of the implant.
- And, Z30.46 Encounter for surveillance of implantable subdermal contraceptive which includes the routine checking, removal, or the reinsertion of the implant.

As a billing reminder, if we are providing separate and distinct contraceptive options prior to the patient deciding on a method that best suits her and then providing a same day LARC insertion or removal, we would document and code the counseling CPT code along with a modifier 25 to indicate the counseling visit was separate and distinct from the procedure along with the ICD-10 code Z30.09 for contraceptive options counseling as well as the LARC insertion CPT code, the LARC device, and the related IUD or implant

specific ICD-10 codes in order to be reimbursed for all services.

Ok, let's look next at vaginal rings. We now would use the new ICD-10 codes:

- Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive for the initiation of the method, or
- Z30.44 Encounter for surveillance of vaginal ring hormonal contraceptive device for the checking and refill visits.

The new codes describing the hormonal patch include:

- Z30.016 Encounter for initial prescription of transdermal patch hormonal contraceptive device, or
- Z30.45 Encounter for surveillance of transdermal patch hormonal contraceptive device for the routine checking and refills.

Z30.018 and Z30.49 are still active codes for the contraceptive management, but the descriptors have been clarified and add the following wording:

- Encounter for initial prescription of barrier contraception or
- Encounter for initial prescription of diaphragm for the Z30.018 code, and
- Encounter for surveillance of barrier contraception or
- Encounter for surveillance of diaphragm for the existing code Z30.49.

This is a positive change and the new code set includes individual codes for the IUD, the implant, the injectable Depo Provera, vaginal rings, hormonal patches, diaphragm and other barrier methods, emergency contraception, sterilization, and contraceptive options counseling. Ensure your HER, or superbills, and all billing forms are updated with the new codes and that your reimbursement stays consistent during the crossover.

Sometimes there are mechanical issues with the LARC device and coders would select the applicable codes under the T83 family of codes. The T83.32 group of codes describes the "Displacement of the IUD". This code now includes the descriptor "Missing string of intrauterine contraceptive device" for clarity. An example would be code T83.32xA for an initial encounter for a Displacement of the IUD or missing strings

Remember:

- ICD codes explain why the services were provided and support medical necessity
- Contraceptive management codes all start with Z30 under ICD-10
- Be specific in both your chart documentation and your code selection for each contraceptive method and services provided
- Use different codes for initiating a method and refills or surveillance visits

- There are now specific codes for the following methods: IUDs, implants, vaginal rings, hormonal patches, injectable such as Depo Provera, and barrier methods including the diaphragm
- Avoid unspecified codes when possible
- ICD-10 coding is still relatively new to most clinicians and billers. Users still need continued support for a long-term successful transition. Chart and remittance reviews, follow-up training, and feedback are all essential steps to protecting coding compliance and revenue in your practice.

Thanks for joining us today.

NCTCFP: Thank you Ann for this information. For more information and resources for clinicians, please visit the National Training Centers' website at www.fpntc.org or call the National Clinical Training Center for Family Planning at 1-866-91-CTCFP, that's 1-866-912-8237. Thank you.