Clinical Scenarios

CODING AND BILLING 101

Daryn Eikner, Family Planning Council

Ann Finn, Ann Finn Consulting

Always remember…

- Follow coding guidelines
- "If you didn't write it down, it didn't happen"
- The clinician providing services owns the medical record and is solely responsible for contents and CPT / Diagnosis assignment
- The following scenarios are examples and should be used as a learning tool only. Providers must validate codes and bill according to guidelines.

Scenario # 1

- 19 year-old female presents with concerns about STI and wants to be tested
  - General exam with focus on clinical manifestations of STI
  - HIV counseling and testing ~15 minutes
  - Contraceptive counseling
  - Laboratory tests for chlamydia and gonorrhea, HIV Rapid Test
  - Established patient – does not need an annual
- What are the diagnoses and CPT codes for this visit?

Scenario #1 - CODES

- Diagnoses
  - (Primary) V72.31 Routine gynecological examination
  - V74.5 Special screening examination for venereal disease
  - V25.09 General family planning counseling and advice
  - V65.44 HIV Counseling

- Procedures
  - 9921x Established patient evaluation and management (last digit assigned based on clincal notes and level of service provided)
  - 99401 HIV counseling
  - 86703 HIV-1/2 (or CPT for test administered if different)
  - 87491 Chlamydia trachomatis, amplified probe technique
  - 87591 Neisseria gonorrhoeae, amplified probe technique

Scenario #2A – IUD Insertion

- 19 year-old female presents for IUD insertion
  - Decision was made at her previous exam 2 weeks ago
  - Pregnancy test given – results negative
  - IUD inserted without difficulty

- What are the diagnoses and CPT codes for this visit?

Scenario #2A - CODES

- Diagnoses
  - (Primary) V25.11 Insertion of intrauterine contraceptive device
    V72.41 Pregnancy exam or test, negative result
- Procedure Codes
  - 58300 Insertion of IUD
  - 81025 UPT
- Device:
  - J7300 Intrauterine copper contraceptive or
    J7302 Levonorgestrel-releasing intrauterine contraceptive system, with V25.11 Insertion of intrauterine contraceptive device
- Reminder: Only Bill an E/M with Modifier 25 if it is separate and distinct from the insertion procedure

Scenario #2B – ACOG on E/M

- 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 since the E/M services are minimal.
- 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.

Scenario #2B – ACOG on E/M

- 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 (history, physical examination, and medical decision making) or time spent counseling. Counseling must be documented as more than 50% of the time spent face-to-face with the patient.
- 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.

Scenario #2B – IUD and E/M

- Problem Focused:
  - 58300 with V25.11 Insertion of IUD
  - 992xx – Modifier 25 with V25.02 General counseling and advice, initiation of other contraceptive measures
- OR Preventive Visit
  - 58300 with V25.11 Insertion of IUD
  - 9939X or 9938X – Modifier 25 Preventive E/M service (based on age and whether a new or established patient)
- Device:
  - J7300 Intrauterine copper contraceptive or
    J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
    with V25.11 Insertion of intrauterine contraceptive device

Scenario #2C – OTHER IUD CODES

- What if I remove an IUD?
  - 58301 Removal of IUD with V25.12 Removal of intrauterine contraceptive device
- What if I remove and insert a new IUD?
  - 58301, 58300 –Modifier 51 with V25.13 Removal and reinsertion of intrauterine contraceptive device if both procedures are done
- IUD Check – E/M with V25.42 Surveillance of previously prescribed contraceptive method, intrauterine device
- Failed Insertion Attempt - 58300 with Modifier 53 (Discontinued Service for partial payment if applicable)

Scenario #2D – US with IUD (ACOG)

- Performance of 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. Therefore, this should not be routinely billed.
- However, ultrasonography may be used to confirm the location of the IUD when the physician incurs a difficult IUD placement (e.g., severe pain, uterine perforation, etc.):
  - Code 76857 Ultrasound, pelvic [non-obstetric], real time with image documentation; limited or follow-up, or
  - Code 76830 Ultrasound, transvaginal
- Occasionally, ultrasound is needed to guide IUD insertion. Code 76998 (Ultrasonic guidance, intraoperative).

http://www.acog.org/~/media/Departments/LARC/LARCQuickCodingGuide.pdf

Scenario #3A – Implant Insertion

- 20 year-old female presents for Implanon insertion
  - Decision was made at her previous exam 2 weeks ago
  - Implanon inserted without difficulty

- What are the diagnoses and CPT codes for this visit?

Scenario #3A - CODES

- Diagnoses
  - (Primary) V25.5 Encounter for contraceptive management, insertion of implantable subdermal contraceptive
- Procedure Codes
  - 11981 Insertion, non-biodegradable drug delivery implant
- Device:
  - J7307 Etonogestrel [contraceptive] implant system, including implant and supplies
- Reminder: Only Bill an E/M with Modifier 25 if it is separate and distinct from the insertion procedure

Scenario #3B – Removal/Reinsertion

- Diagnoses
  - (Primary) V25.43 Surveillance of previously prescribed contraceptive method; implantable subdermal contraceptive.
    - This code is reported for checking, reinsertion, or removal of the implant.
- Procedure Codes
  - 11982 Removal, non-biodegradable drug delivery implant; OR
  - 11983 Removal with reinsertion, non-biodegradable drug delivery implant
- If reinserted add device:
  - J7307 Etonogestrel [contraceptive] implant system, including implant and supplies

Scenario #4 A & B

- A: 35 year-old female presents for Depo-Provera regimen
  - Brief GYN and general exam with a Nurse Practitioner for medical clearance to start Depo-Provera
  - Labs: Urine pregnancy test
  - Injection I/M Depo-Provera

- B: Return visit for second Depo-Provera shot (provided by a nurse)
  - Injection I/M Depo-Provera (as ordered by a NP)

- What are the diagnoses and CPT codes for this visit?

Clinical Scenario #4 A & B CODES

- Claim A: Diagnoses
  - (Primary) - V25.02 Encounter for initiation of other contraceptive measures
  - V72.31 - Routine gynecological examination
  - V72.41 - Pregnancy exam or test, negative result

- Claim B: Diagnoses
  - (Primary) - V25.49 Surveillance of previously prescribed contraceptive methods

Scenario #4 A & B - CODES

- Claim A: Procedures
  - 992xx-25 — Office visit established patient with modifier to show separate and distinct from injection (level depends on services documented)
  - 81025 — Urine pregnancy test
  - 96372 — Injection administration
  - J1055 — Depo-Provera
- Claim B:
  - 99211 — If your state allows for billing of Nurse Visits
  - 96372 — Injection administration
  - J1055 — Depo-Provera

Scenario # 5

- 31 year-old female returns to receive a refill on her oral contraceptive pills and has her annual exam
- She also states that she has abdominal pain, bladder pressure, and urgency
  - NP provides a comprehensive exam and focuses on complaints of pelvic pain, urge to urinate, and dysuria; a bladder infection is identified
    - Labs ordered: Urinalysis, wet mount, chlamydia and gonorrhea, PAP, immunoassay for infectious agent antibodies, hemoglobin, hematocrit and Urine pregnancy test
- What are the diagnoses and CPT codes for this visit?

Scenario #5 - CODES

- Diagnoses
  - (Primary) V25.41 - Surveillance of previously prescribed contraceptive pill
  - 595.9 Cystitis, unspecified
  - V72.31 Routine GYN examination
  - V74.5 Special screening examination for venereal disease
  - V76.2 Screening for malignant neoplasms of cervix (PAP)
  - V72.41 Pregnancy exam or test, negative result

- Note: If the provider felt that the cystitis dominated services, 595.9 could be selected as the primary diagnosis

Scenario #5 - CODES

- Procedures
  - 99395 Periodic Comprehensive Exam (for annual)
  - 99213-25 Established patient evaluation and management (bladder infection)
  - 81000 Urinalysis
  - 88142 Cytopathology, cervical or vaginal (PAP)
  - 86318 Immunoassay for infectious agent antibodies
  - 87210 Wet mount
  - 87491 Chlamydia trachomatis
  - 87591 Gonorrhea
  - 85018 Hemoglobin
  - 85014 Hematocrit
  - 81025 Urine pregnancy test

Scenario #6

- 43 year-old male presents with penile warts and requests a STI screening
  - Concerned with exposure to STI
  - Saturday 9 am appointment
  - HIV counseling and testing - 15 minutes
  - Smoking Cessation counseling - 8 minutes
  - Labs ordered: Chlamydia and Gonorrhea, HIV Rapid Test, Syphilis
  - Assessed STI, prescribed medications and provided education

- What are the diagnoses and CPT codes for this visit?

Scenario #6 - CODES

- Diagnoses
  - (Primary) 078.11 Condylomata
  - V01.6 Contact with or exposure to venereal disease
  - V74.5 Special screening examination for venereal disease
  - V65.44 HIV counseling
  - 305.1 Tobacco use disorder

Clinical Scenario #6 - Answers

- Procedure Codes
  - 54056 Destruction of lesions, penis cryosurgery
  - 992xx-25 E/M
  - 87491 Chlamydia
  - 87591 Gonorrhea
  - 86592 Syphilis test
  - 36415 Venipuncture
  - 99401 HIV Counseling (~15 minutes)
  - 86703 HIV-1/2
  - 99406 Smoking Cessation Counseling 3 to 10 minutes
  - 99051 After hours