

Coding and Billing Fix-It ANSWER KEY

Group Activity – Ann Finn Consulting, LLC



April 19, 2018

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1) Capturing the Visit: Well Visit and IUD

- Lisa is a 32 year-old new client and presents for her well woman preventive visit. The NP counsels Lisa about her reproductive life plan, contraceptive options and other risk reduction practices. NP inserts a Liletta IUD during the same appointment, which came from the clinic's stock. The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	58300, J7297	Z30.014
B	99385-25, 58300, J7297	Z01.419, Z30.430
C	99201, 58300, J7297	Z30.430
D	99385-25, 58300, J7297	Z30.01

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The correct answer is B. A separate preventive E/M service was provided and a 25 modifier is necessary. The correct code is 99385 based on Lisa being new to the practice and being between 18 and 39 years old. We would code ICD Z01.419 to support the preventive portion of the visit and Z30.430 for the insertion procedure.

CODE DESCRIPTIONS:

99385 New patient preventive, 18-39 years

99201 New patient problem focused visit

58300 IUD insertion

J7297 Liletta IUD

Modifier 25 Significant, separately identifiable evaluation and management service by the same clinician on the same day of the procedure or other service

Z01.419 Encounter for GYN examination (general) (routine) without abnormal findings

Z30.09 Encounter for other general counseling and advice on contraception (family planning advice)

Z30.430 IUD Insertion

Z30.014 Initial prescription of the IUD

2) Capturing the Visit: Contraceptive Counseling

- Cindy is 15 year-old new client who is considering becoming sexually active. She is looking for guidance on the different birth control methods. Clinician discusses the various alternatives, her life goals, safe sex and other risk reduction practices during a 15 minute discussion. Cindy would like to think it and discuss her options with her mother before starting on a method. Her total face-to-face time with the NP was 20 minutes.
- The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	99202	Z30.015
B	99202	Z30.09
C	99201	Z30.018
D	99213	Z30.09

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The correct answer is B. Since Cindy received general family planning advice on contraception but did not initiate a specific method, the correct code to use is Z30.09. Because over 50% of the total face-to-face encounter with the Nurse Practitioner was spent counseling Cindy on methods, avoiding pregnancy and other risk reduction practices, time can be used to pick the E/M code level. As a new client service, 20 minutes is the typical time associated with 99202.

CODE DESCRIPTIONS:

99201 New patient level 1 problem focused visit (<= 15 minutes)

99202 New patient level 2 problem focused visit (16-25 minutes)

99203 New patient level 3 problem focused visit (26-37 minutes)

99213 Established patient level 3 problem focused visit (13-20 minutes)

Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive

Z30.018 Encounter for initial prescription of other contraceptives

Z30.09 Encounter for other general counseling and advice on contraception

E/M - Using Time

- Cindy is 15 year-old new client
- She was counseled for 15 minutes of a total face-to-face visit with the clinician for 20 minutes

New	Time (typical)	Established	Time (typical)
99201	≤ 15 (10)	99211	≤ 7 (5)
99202	16-25 (20)	99212	8-12 (10)
99203	26-37 (30)	99213	13-20 (15)
99204	38-53 (45)	99214	21-33 (25)
99205	> 53 (60)	99215	>33 (40)

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CODE DESCRIPTIONS:

99201 New patient level 1 problem focused visit (<= 15 minutes)
 99202 New patient level 2 problem focused visit (16-25 minutes)
 99203 New patient level 3 problem focused visit (26-37 minutes)
 99213 Established patient level 3 problem focused visit (13-20 minutes)

Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive
 Z30.018 Encounter for initial prescription of other contraceptives
 Z30.09 Encounter for other general counseling and advice on contraception

3) Capturing the Visit: Implant Check

- Allison had an implant inserted 1 week ago into her left upper arm. She returns to the clinic with complaints of pain at the insertion site and dizziness. Dr. Smith examines the insertion site and has a 15 minute discussion with Allison about whether to keep or remove the implant. Allison decides not to remove the implant at this time, and will return to the clinic in a month if symptoms continue. Total face-to-face time with Dr. Smith is 20 minutes.
- The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	11982	Z30.46
B	99213-25, 11983	Z30.09
C	99213-25, 11983	Z30.017
D	99213	Z30.46, M79.622, R42

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The correct answer is D. Allison was evaluated and counseled about the wound and continued use of the implant. No procedural service was performed and, therefore, it can't be billed. It is necessary to report ICD diagnosis codes to support the infection and concern being addressed — D is the only answer in which that occurred.

CODE DESCRIPTIONS:

99213 Established patient level 3 problem focused visit (13-20 minutes)

11982 Implant removal

11983 implant reinsertion

Modifier 25 Significant, separately identifiable evaluation and management service by the same clinician on the same day of the procedure or other service

Z30.46 Encounter for surveillance of implantable subdermal contraceptive (includes routine checking, removal and reinsertion)

Z30.09 Encounter for other general counseling and advice on contraception

Z30.017 Encounter for initial prescription of implantable subdermal contraceptive

R42 Dizziness

M79.622 Pain in left upper arm

4) Capturing the Visit: Failed Insertion

- Amy is experiencing severe pelvic pain during a scheduled Liletta IUD insertion and the NP needs to stop the procedure.
- The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	58300, J7297	Z30.430, R10.2
B	58300, J7297	Z30.014
C	58300-53	Z30.430, R10.2 – get replacement device from manufacturer
D	99213	Z30.014, R10.2

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The correct answer is C. Since the IUD insertion was stopped and not completed, we must add a modifier 53 to indicate a discontinued procedure. Typically these procedures are reimbursed at 50% depending on the payer so we would be overcharging for the service if we did not include the correct modifier. It is a best practice to seek a replacement device from the manufacturer before billing for it so that if Amy decides to try again – the device successfully inserted is still billable.

CODE DESCRIPTIONS:

99213 Established patient level 3 problem focused visit (13-20 minutes)

58300 IUD insertion

J7297 Liletta IUD

Modifier 53 Discontinued service

Z30.430 IUD Insertion

Z30.014 Initial prescription of the IUD

R10.2 Pelvic and perineal pain

5) Capturing the Visit: Depo Provera

- Tina returns to the clinic seeking information about contraception options. After Dr. Smith provides her with the available options, she decides to use an injectable method. Counseling was > 50% of 15 minute visit. Dr. Smith provides the Depo drug from clinic stock.
- The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	96372, J1050 x 150 units	Z30.42
B	99213, 96372	Z30.013
C	99213, 96372, J1050 x 150 units	Z30.013
D	99213-25, 96372, J1050 x 150 units	Z30.013

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The correct answer is D. A separate E/M service is separately billable because of the counseling service. A modifier 25 must be billed with the E/M service to indicate it is separate and distinct from the injection service due to National Correct Coding Initiative (NCCI) payer edits. If the modifier is not billed, the E/M service will typically go unpaid. The injection administration fee should also be billed, as well as the injectable materials. It is important to accurately report the units of drugs administered such as 150 or 104 if SubQ.

CODE DESCRIPTIONS:

99213 Established patient problem focused visit (15 min)

96372 Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular.

J1050 Injection, medroxyprogesterone acetate, 1 mg

Modifier 25 Significant, separately identifiable evaluation and management service by the same clinician on the same day of the procedure or other service

Z30.013 Encounter for initial prescription of injectable contraceptive

Z30.42 Encounter for surveillance of injectable contraceptive

6) Capturing the Visit: Depo Provera

- Tina has been using injectable medication for contraception. She is presenting 13 weeks following her last injection for a subsequent injection. The RN administers the Depo provided from clinic stock.
- The correct way to report the encounter is:

Answer	CPT Code(s)	Diagnosis code(s)
A	96372, J1050 x 150 units	Z30.42
B	9921X, 96372	Z30.42
C	9921X, J1050 x 150 units	Z30.013
D	9921X-25, 96372, J1050 x 150 units	Z30.42

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The correct answer is A. Tina is presenting for a refill injection and only meets with the nurse today. A separate E/M service is not separately billable. The injection administration fee should be billed, as well as the injectable materials. It is important to accurately report the units of drug administered such as 150 (or 104 if SubQ). The diagnosis code Z30.42 correctly supports the service being a surveillance or refill prescription vs. an initial prescription.

CODE DESCRIPTIONS:

9921x Established patient problem focused visit (levels 1-5)

96372 Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular.

J1050 Injection, medroxyprogesterone acetate, 1 mg

Modifier 25 Significant, separately identifiable evaluation and management service by the same clinician on the same day of the procedure or other service

Z30.013 Encounter for initial prescription of injectable contraceptive

Z30.42 Encounter for surveillance of injectable contraceptive

7) Capturing the Visit: OCP Refill

- June is an established client of Dr. Xu. She has no refills on her birth control pill medication. Dr. Xu has not seen her in 18 months and requires an office visit in order to approve the renewal of her prescription. After a 8 minute discussion, Dr. XU sends the OCP prescription to the pharmacy. Total face-to-face time was 12 minutes.
- The correct way to report the service would be:

Answer	CPT Code(s)	Diagnosis code(s)
A	99201 (<= 15 minutes)	Z30.41
B	99212 (8 – 12 minutes)	Z30.40
C	99212 (8 – 12 minutes)	Z30.41
D	99212 (8 – 12 minutes)	Z30.011

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The correct answer is C. This is the surveillance (refill) of an existing OCP prescription for an established client and 99212 is the appropriate E/M code for a brief (12 minute) counseling encounter.

CODE DESCRIPTIONS

99201 Office visit new patient, typical time 10 minutes (<= 15 minutes)

99212 Office visit established patient, typical time 10 minutes (8 – 12 minutes)

Z30.40 Encounter for surveillance of contraceptives, unspecified

Z30.41 Encounter for surveillance of contraceptive pills

Z30.011 Encounter for initial prescription of contraceptive pills

8) Capturing the Visit: Vaginal Ring

- Jeanie, a new client to the clinic, presents with a complaint of heavy bleeding during her periods. She also desires to begin a form of birth control. After evaluation and a discussion on her reproductive life goals and contraceptive options, she decides to try the vaginal ring. A 3-month supply is dispensed to Jeanie during the visit.
- The correct way to report the service would be:

Answer	CPT Code(s)	Diagnosis code(s)
A	9920X	Z30.015
B	9920X, J7303	Z30.09, Z30.018
C	9920X, J7303	N92.0, Z30.015
D	9920X	N92.0, Z30.018

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The correct answer is C. Jeanie is a new patient so it is appropriate to bill a 9920x E/M code. The last digit used to describe the level of service would be based on the 3 key components (history, exam and medical decision-making) documented in the Jeanie's chart. The diagnosis code N92.0 describes the heavy bleeding Jeanie has described and Z30.015 supports the initial prescription of the vaginal ring as contraception. Since vaginal rings were dispensed from the clinic stock, J7303 is also billed to the claim.

CODE DESCRIPTIONS

9920x New patient problem focused visit (levels 1-5)

J7303 Vaginal rings

Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive

Z30.09 Encounter for other general counseling and advice on contraception (Family planning advice)

Z30.018 Encounter for initial prescription of other contraceptives

N92.0 Excessive and frequent menstruation with regular cycle

9) Coding and Billing Fix-It

• I billed an E/M for an office visit, 96372 for the injection and J1050 for the Depo. My office visit and injection did not pay correctly. How can I fix this?

- Resubmit an adjustment claim as instructed
- Append Modifier 25 to E/M service since it is billed along with an injection code due to NCCI edits
- Report 150 (or 104) units and cost per unit for the Depo

10) Coding and Billing Fix-It

• *Amy presented to have her IUD removed (58301) and a new one reinserted during today's visit (58300). Both procedures were billed but only the first CPT code got paid. Was I underpaid?*

- Yes – the first procedure should be paid at 100% and the second procedure typically is paid at 50%
- Submit an adjustment claim as instructed and append a modifier 51 to the second procedure

11) Coding and Billing Fix-It

- *We just determined we routinely billed for an E/M service even when patients presented for a scheduled LARC procedure only. Did we receive overpayments?*
 - Yes! The E/M is only billable if documented as separate and distinct from the procedure
 - Resubmit the claims removing the E/M service for adjustment to correct. Talk to your payer if a larger issue.
 - Remember – compliance matters!

12) Coding and Billing Fix-It

• *During Mary's IUD insertion, she was experiencing a lot of pain and wanted the procedure stopped. We billed for the insertion since the NP did provide services. Was this correct?*

- Yes! You can bill for a procedure that is terminated **BUT** you do need to append the correct modifier to signal to the payer that the insertion was started but not finished.
- Payment is typically discounted to 50%
- Contact the device supplier for a replacement
- Document why the procedure was not completed in Mary's chart

13) Coding and Billing Fix-It

- *When we bill for Depo Provera using J1050 we are only being reimbursed less than \$1.00. Are we being underpaid?*
 - Yes! Remember the code for Depo is per 1 mg. You must accurately report units (1 unit = 1 mg) on the claim in order to be paid correctly by most payers
 - Report 150 units or 104 if subQ as appropriate

J1050 Injection, medroxyprogesterone acetate, 1 mg

14) Coding and Billing Fix-It

- *Following the QFP guidelines, we do less and less physical exams on new patients and spend more time counseling to get them on a method. We still bill for level 3 or 4 visits since our EHR system has templates with codes attached. Are we overcoding?*
 - Possibly yes. Remember for a new patient you need to factor in all 3 key components to determine the E/M so if only vitals are done, you could only code 99201 since there is no other exam. Get comfortable with using time and how to document it accurately in the chart note.

15) Coding and Billing Fix-It

- *Some of our providers routinely use the same unspecified codes when starting or refilling a number of BCM. Is this correct?*

- No – there are specific ICD-10 diagnosis codes for starting or surveillance / refill visits for EACH method of birth control.
- Use the most specific code available when coding to ensure an accurate description of services and claims being submitted.
- Build accurate data sets for tracking and reporting along with contract negotiations



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Disclaimer

- The guidance and scenarios provided today are meant for education purposes only.
- Code selection and claim submission is based upon medical record documentation for services rendered and diagnoses considered for each individual encounter.
- Inaccurate coding and reimbursement issues should be resolved with each payer. Check with the coding and coverage guidelines for a particular payer.

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