

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

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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)	
	А	99202	Z30.015	
	В	99202	Z30.09	
	С	99201	Z30.018	
	D	99213	Z30.09	
April 19, 2018				

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 contraceptiveZ30.018 Encounter for initial prescription of other contraceptivesZ30.09 Encounter for other general counseling and advice on contraception

E/M - U	Jsing	Time					
• Cindy is	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	<u>< 15</u>	(10)	99211	<u>≤</u> 7	(5)	
	99202	16-25	(20)	99212	8-12	(10)	
	99203	20-37	(30)	99213	13-20	(15)	
	99204	38-53	(45)	99214	21-33	(25)	
	99205	> 53	(60)	99215	>33	(40)	
							1

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3) C	3) Capturing the Visit: Implant Check						
the cl exami wheth impla Total	 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)				
	А	11982	Z30.46				
	В	99213-25, 11983	Z30.09				
	С	99213-25, 11983	Z30.017				
		99213	Z30.46, M79.622, R42				
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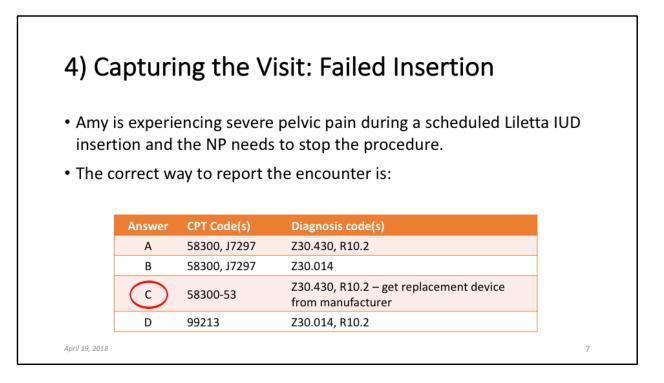
The correct answer is D. Allison was evaluated and counseled about the wound and continued use of the implant. No procedural service was performed and, therefore, it can't be billed. It is necessary to report ICD diagnosis codes to support the infection and concern being addressed — D is the only answer 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



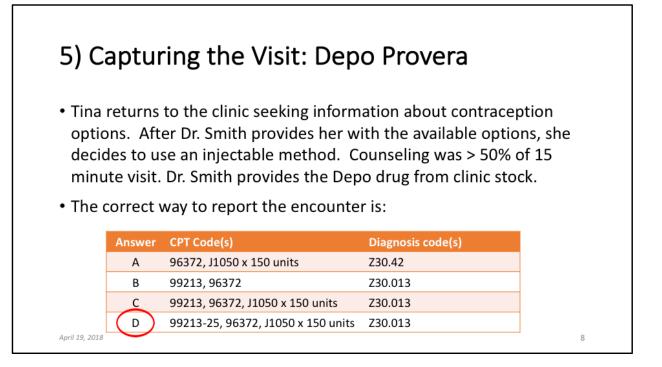
The correct answer is C. Since the IUD insertion was stopped and not completed, we must add a modifier 53 to indicate a discontinued procedure. Typically these procedures are reimbursed at 50% depending on the payer so we would be overcharging for the service if we did not include the correct modifier. 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



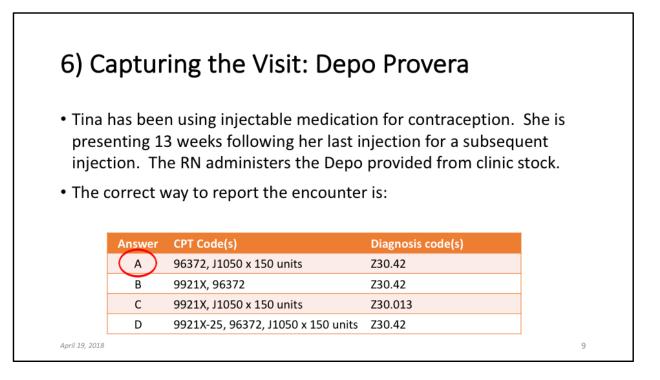
The correct answer is D. A separate E/M service is separately billable because of the counseling service. A modifier 25 must be billed with the E/M service to indicate it is separate and distinct from the injection service due to National Correct Coding Initiative (NCCI) payer edits. If the modifier 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



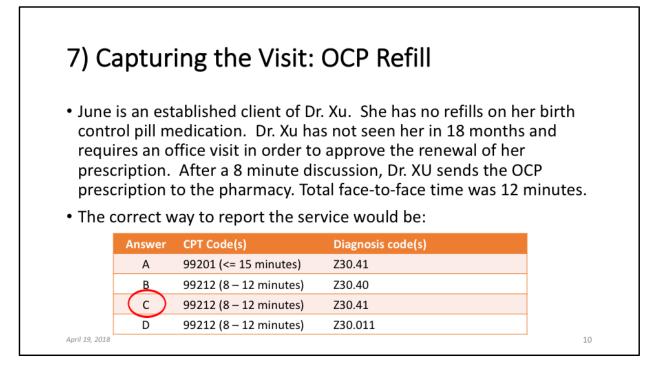
The correct answer is A. Tina is presenting for a refill injection and only meets with the nurse today. A separate E/M service is not separately billable. The injection administration fee should be billed, as well as the injectable materials. It is important to accurately report the units of drug administered 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



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, unspecifiedZ30.41 Encounter for surveillance of contraceptive pillsZ30.011 Encounter for initial prescription of contraceptive pills

8) Ca	8) Capturing the Visit: Vaginal Ring						
bleed contr and c suppl	 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)				
	А	9920X	Z30.015				
	В	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 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.

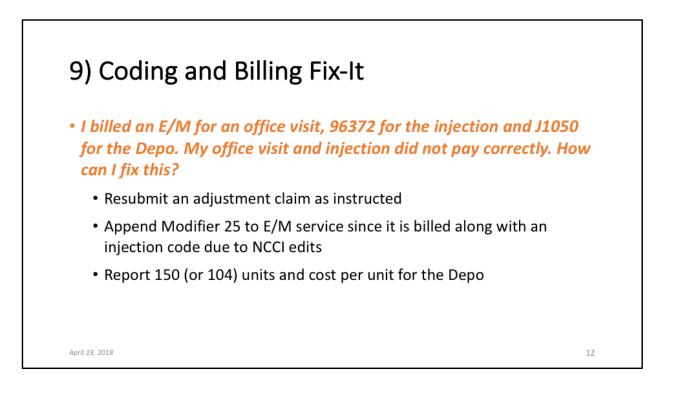
CODE DESCRIPTIONS

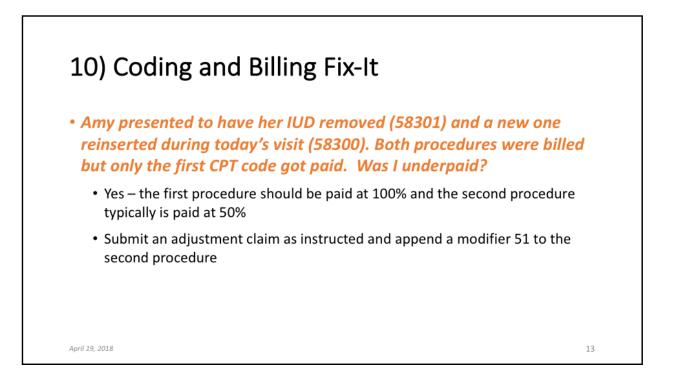
9920x New patient problem focused visit (levels 1-5) J7303 Vaginal rings

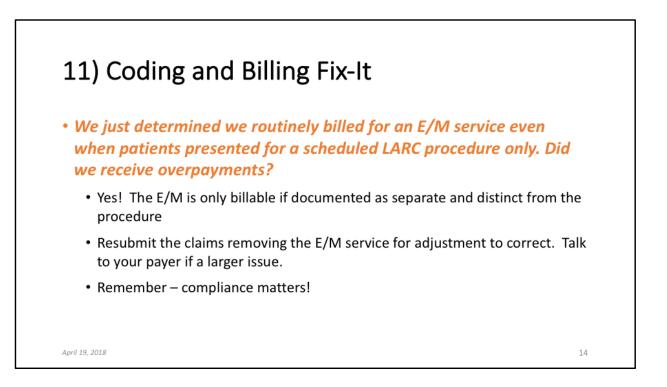
Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive Z30.09 Encounter for other general counseling and advice on contraception (Family planning advice)

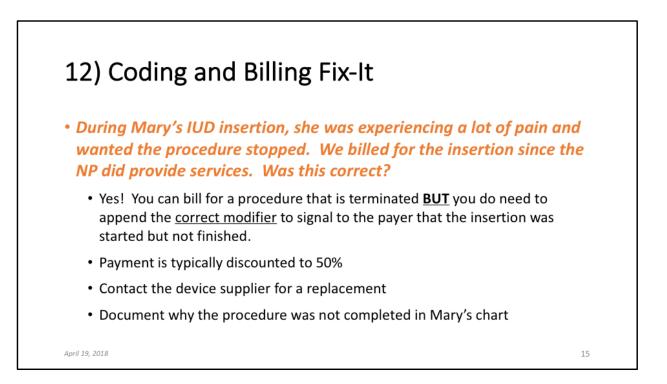
Z30.018 Encounter for initial prescription of other contraceptives

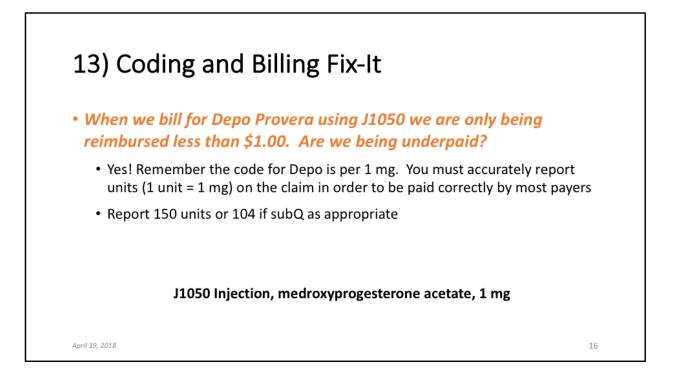
N92.0 Excessive and frequent menstruation with regular cycle

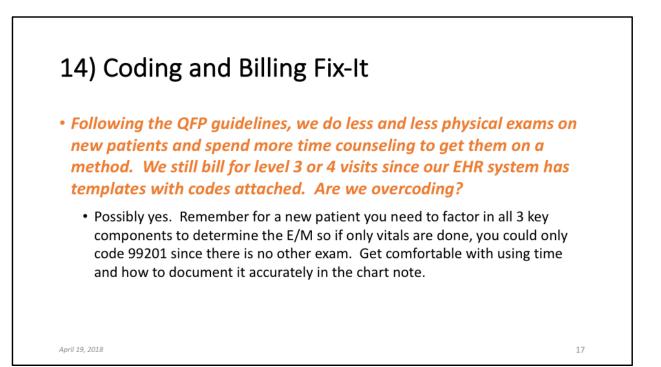


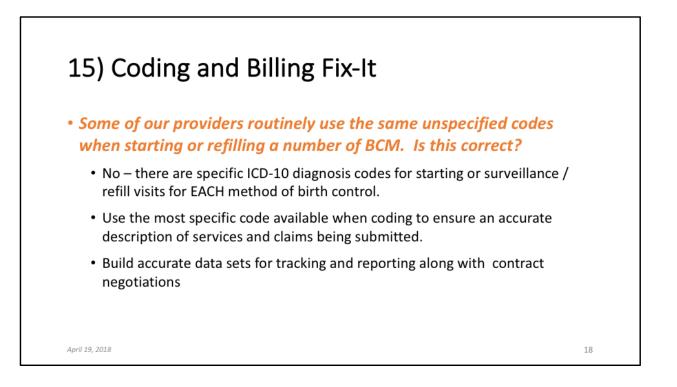


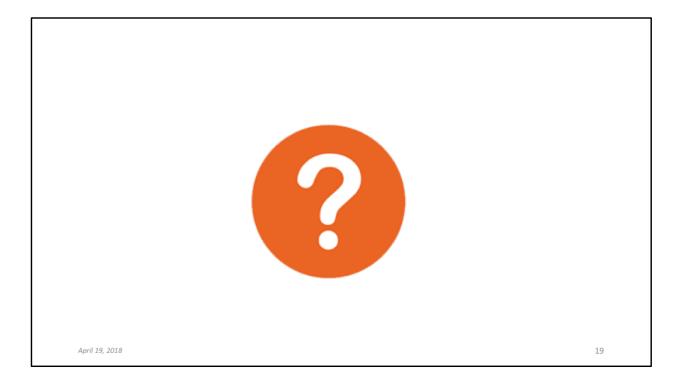


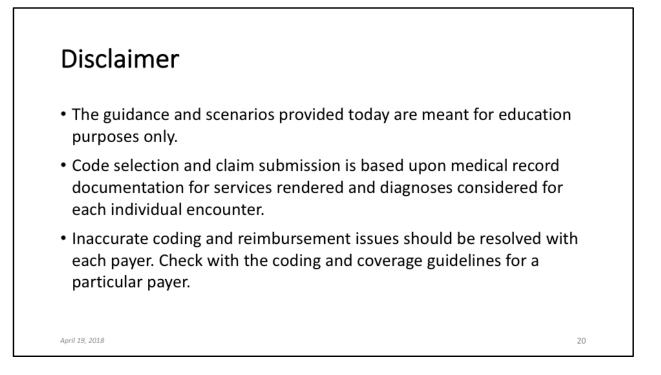












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